

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	26/10/2018 14:58
Date Of Accident	25/10/2018 15:50
Exact Location Of Accident	OUTSIDE MUSTAFA CENTRE @ SYED ALWI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9681A
Insured/Policyholder	
Name Of Registered Owner	HUALIAN TRADING P/L
Co Reg No	201113816H
Email Address	SKYONG1991@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97386706
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 D F24 (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-005645
Cover Note Number	

Driver

Name of Driver	HARI CHANDRAN S/O RAJASAGARAN
NRIC No	S9128008F
Date Of Birth	13/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2017
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87525056
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	26 SIN MING IND. EST. SECTOR A #02-110
Postcode	570026
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO:

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC862T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SEET TENG WEE
NRIC/Passport Number	S0137080D
Contact Number	81611991
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	HARI CHANDRAN S/O RAJASAGARAN
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

GBE9681A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to my insurer and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN

Sketch Plan on grid paper showing:

- Handwritten: "Sued Alwi Rd"
- Handwritten: "Maha Centre" with a small diagram of a building.
- Handwritten: "A" GB 9681A
- Handwritten: "B" SHC 8627

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per police report D=:

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

☐ Claim own policy
☐ Claim third party
☒ Claim OD / TP at the workshop
☐ For record purposes

Policy No. DMCP17-005645
 Insurer ZQ Veh. No. GB 9681A

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20181026/2110

1 of 4

Report No. T/20181026/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
26/10/2018 16:18

Video Report No.:

Station Diary No.:
149

Informant's Particulars

Name of Informant: HARI CHANDRAN S/O RAJASAGARAN			Address: APT BLK 26 SECTOR A SIN MING INDUSTRIAL EST #02-110 SINGAPORE 570026		
ID Type / ID No. NRIC NO / S9128008F			Contact No. Home/Office: Mobile: 87525056		
Nationality SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 13/07/1991	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/10/2018 16:00	Type of Location: Straight Road
Location: SYED ALWI ROAD BESIDE MUSTAFA CENTER				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
GBE9681A	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T	Silver	Slightly Damaged	0
SHC862T	Car	MERCEDES BENZ	E 220 CDI BLUEEFFICI ENCY	White	Slightly Damaged	0



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700 Corporation Road SINGAPORE 649818
Tel No. 1800-2689999



T/20181026/2110

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Report No. T/20181026/2110

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HARI CHANDRAN S/O RAJASAGARAN	ID No.	S9128008F
Related Vehicle	GBE9681A (Lorry)	Contact No.	87525056
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SEET TENG HWEI	ID No.	S0137080D
Related Vehicle	SHC862T (Car)	Contact No.	81611991
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/10/2018 at around 1600hrs, I parked my lorry(GBE9681A) along Syed Alwi Road beside Mustafa center on the right side of the lane with my hazard light switched on. After that, I then get into the back of my lorry and start to do my work stuff.

On the same date, at about 1605hrs, as I was in the lorry arranging boxes suddenly I felt an impact hit against my lorry and as a result I fell on to my back and landed the back of my head on the side door of the lorry as well as my back landed on the trolley wheel. At that point of time, I was blanked out till my colleague woke me up and brought me out of the lorry. Passerby also came to assist me and also my colleague namely: Vigneswaran manage to get the footage clip of the entire that has happen from one of the shop nearby. In addition, I also asked the taxi driver namely: Seet Teng Hwee, S0137080D, B1K 301A Anchorvale Drive #02-03, Hp: 81611991 regarding why did he hit onto my lorry. The driver replied that he is also not sure how did he hit against my lorry.

I wish to informed that one of the passerby brought me to Tan Tock Seng Hospital and I was given 04days of medical leave from 25/10/2018 to 28/10/2018 with ref: TTSH18247149. My lorry sustained damages on the front left side as the front left of lorry sustained dents, scratches and as well as the front bumper was being damage.



SINGAPORE
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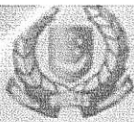


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Report No. T/20181028/2110

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20181026/2,1

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No. 1800-2689999

Report No. T/

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If the certificate with you now, please fax a copy to 65474885 stating the report number as

Signature Of Officer Recording The Report:

J/
Sgt 2 NIGEL LIM NIAN

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Date/Time:

26/10/2018 16:18

Officer In Charge Of Case:

TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP158

Singapore Police Force