

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 | 12/11/2018 10:49 |
| Date Of Accident | 11/11/2018 07:15 |
| Exact Location Of Accident | JUNC OF MAXWELL RD/SHENTON WAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--|
| Vehicle Registration Number | XE1706E |
| Insured/Policyholder | |
| Name Of Registered Owner | KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD |
| Co Reg No | 199904117E |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64874646 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MITSUBISHI |
| Model | FUSO |
| Exact Purpose for which vehicle was being used at time of accident | OFFICIAL USE |
| 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 | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCVSN1811141800 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | THIRUNAVUKKARASU BASKARAN |
| Passport No/FIN | F7755522Q |
| Date Of Birth | 10/04/1973 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/02/2012 |
| Driving Experience | 6 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98867951 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--------------------|
| Address | 27 PANDAN CRESCENT |
| Postcode | 128476 |
| 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 | SIDE SWIPE |
| 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? | NO |
| 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | MARINA BAY N.P.C |
| Police Station Address | ROAD: 1 PRINCE EDWARD LINK , POSTCODE: 078872 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181111/2033

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SMA1769A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHIH HUI LI |
| NRIC/Passport Number | S7657919I |
| Contact Number | 91811976 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. The 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 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 all insurers 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
 - (ii) for complying with requirements under any regulations, laws or court orders.



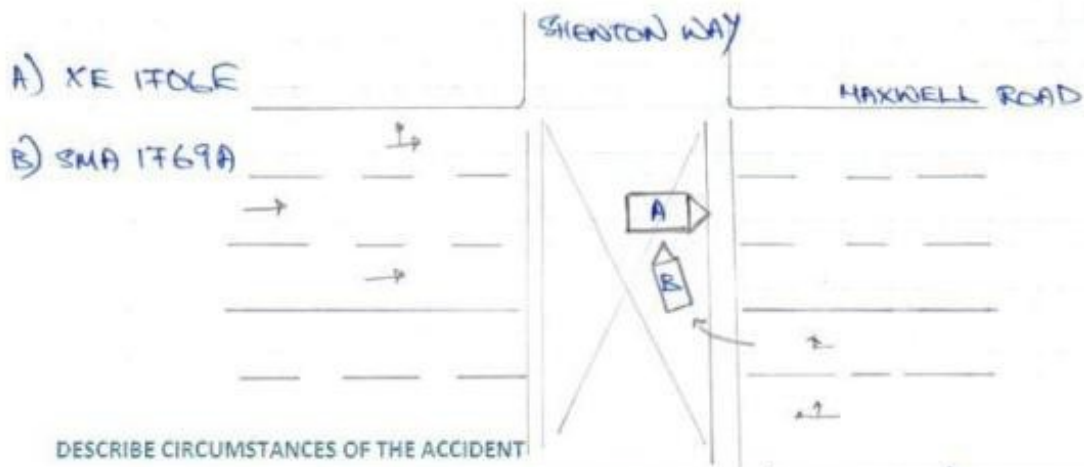
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



As per Police Report No: T/2018/1111/2033.

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:

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181111/2033

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

2 of 3

Report No. T/20181111/2033

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------------|--|--|
| Driver | | | |
| Name | Chih Hui Li | ID No. | S7657919I |
| Related Vehicle | SMA1769A (Car) | Contact No. | 91811976 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: 19/04/2016 |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | THIRUNAVUKKARASU BASKARAN | ID No. | F7755522Q |
| Related Vehicle | XE1706E (Lorry) | Contact No. | 98867951 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: 14/12/2018 |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 11/11/2018, I had reported for work at about 0630hrs and headed to Defu Lane carpark to pick up my tipper truck bearing registration number (XE1706E). I had left the carpark and drove away with the truck at about 0635hrs. I was headed for Sri Layan Sithi Vinayar Temple located at 73 Keong Saik Rd before heading back to Hougang Ave 3 Bus Depot. After exiting MCE tunnel, I was driving along Straits Boulevard towards Maxwell Road in the middle lane and as I was approaching the junction of Shenton Way, I spotted a Toyota CHR yellow car bearing registration number (SMA1769A) trying to make a right turn towards Shenton Way. I had sounded my horn and at the same time applied the brakes to my vehicle however the car did not stop thus colliding into the right side of my truck. Subsequently me and the said driver stopped our vehicle and check for our damages. The said driver and myself has no injury. My right headlight and fork light was damaged and the said car front engine compartment was badly damaged. I wish to state that nobody was injured, no government property damage and no pedestrian involve. That's all.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181111/2033

1 of 3

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

Report No: T/20181111/2033

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 11/11/2018 09:50 | | Vide Report No.: A/20181111/0077 | | Station Diary No.: 21 | |
| Informant's Particulars | | | | | |
| Name of Informant: THIRUNAVUKKARASU BASKARAN | | | Address: 11 DEFU LANE 1 SINGAPORE 539496 | | |
| ID Type / ID No.: FIN NO / F7755522Q | | | Contact No.: Home/Office: Mobile: 95867951 | | |
| Nationality: INDIAN | | | Email: | | |
| Sex: Male | Age: 45 | Date of Birth: 10/04/1973 | Type of Informant: Driver | | |
| Race: Indian | | | Language: English | | Institution / School Name: |
| Occupation: TIPPER LORRY DRIVER | | | Driving Licence Information: Class: 3.4 Date of Expiry: 14/12/2018 | | |

| | | | | |
|---|----------------------------------|---|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Attended by Police | Drink Driver: No | Date/Time of Accident: 11/11/2018 07:15 | Type of Location: |
| Location: Junction of Road 1 and Road 2 MAXWELL ROAD SHENTON WAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|-------|------|-------|-------|-------------------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SMA1768A | Car | | | | Seriously Damaged | 0 |
| XE1705E | Lorry | | | | Seriously Damaged | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Police Report



**SINGAPORE
POLICE FORCE**



T/20181111/2033

Police Station Of Origin:
Marina Bay N.P.C.
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

2 of 3

Report No. T/20181111/2033

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------------|--|--|
| Driver | | | |
| Name | Chih Hui Li | ID No. | S7857919I |
| Related Vehicle | SMA1789A (Car) | Contact No. | 91811978 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: 19/04/2018 |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | THIRUNAVUKKARASU BASKARAN | ID No. | F7755522Q |
| Related Vehicle | XE1706E (Lorry) | Contact No. | 98867951 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3.4 Date of Expiry: 14/12/2018 |
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Brief Details:

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Police Report



SINGAPORE
POLICE FORCE



T/20181111/2033

Police Station Of Origin:
Marina Bay N.P.C.
70 Marina View SINGAPORE 018962
Tel No: 1800-2229888

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Report No: T/20181111/2033

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 you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
A /
Sgt 2 NUR FARHANA BINTI ABDUL AZIZ

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/11/2018 09:50

Officer In Charge Of Case:
TP / GIT /
SI NORASHIKIN BINTE DAUD
Contact No.: 65476439

Classification Of Case:

Authentication Stamp

NP 13



Signature: _____

Singapore Police Force

SN 13

Identification Card

