

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	29/11/2018 15:47
Date Of Accident	26/11/2018 13:20
Exact Location Of Accident	AIRPORT BLVD TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK4169X
Insured/Policyholder	
Name Of Registered Owner	PURPLUSH PRO SERVICES
Co Reg No	53281623D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90487710
Alternative Phone No	OFFICE-90487710

Vehicle Particulars

Manufacturer	SEAT
Model	TOLEDO 1.4 TDI 90 STYLE 7AT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1743921801
Cover Note Number	

Driver

Name of Driver	SEENIVASAN S/O PARAMANANTHAN
NRIC No	S8701579C
Date Of Birth	18/01/1987
Occupation	INDOOR
Date Of Driving Pass	15/05/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92217401
Fax Number	
Contact Number	OFFICE-92217401
Email Address	NOEMAIL

Address	BLK 747 YISHUN STREET 72 #03-112
Postcode	760747
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	5
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181127/2018.

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	SHC5766E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJV273U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC5361P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLH9805B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SEENIVASAN S/O PARAMANANTHAN
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SLK4169X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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7. By the lodging 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.



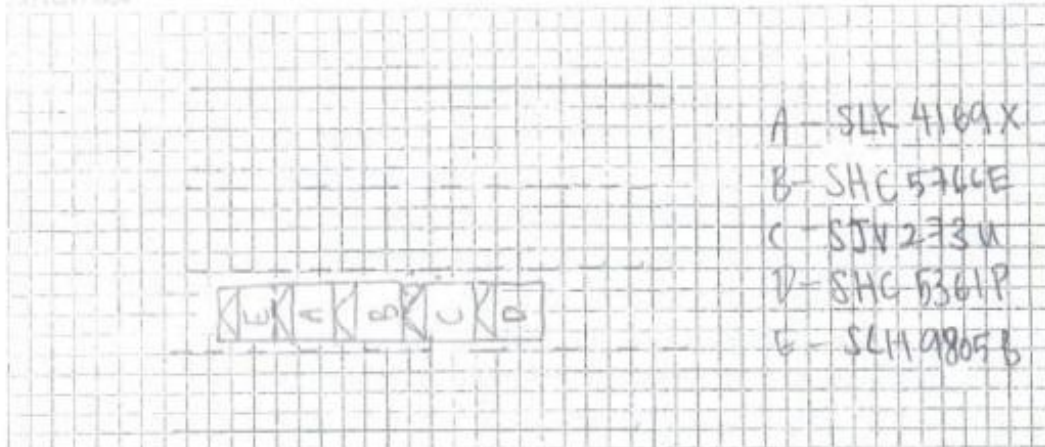
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

OPTIONAL



A - SLK 4169X
 B - SHC 5746E
 C - STV 273U
 D - SHC 5361P
 E - SCH 9805B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along airport boulevard towards city . It was raining very badly and we are travelling at the speed limit. When vehicle E came to a stop , I also slowed down and was coming to a stop at a safety distance. Suddenly before my vehicle came to a stop , I felt a huge impact from the rear portion of my vehicle causing my vehicle to thrust forward and hit onto the front vehicle and went underneath it. When I got down of my vehicle , I realized I was involved in a chain collision.

DECLARATION

(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.:

SP/SHAC SketchPlanForm_V3

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Police Report



SINGAPORE
POLICE FORCE



T/20181127/2018

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No: T/20181127/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2018 08:44	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars

Name of Informant: SEENIVASAN S/O PARAMANANTHAN			Address: APT BLK 747 YISHUN STREET 72 #03-112 SINGAPORE 760747	
ID Type / ID No.: NRIC NO / S8701579C			Contact No.: Home/Office: Mobile: 90487710	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 31	Date of Birth: 18/01/1987	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: SUPERVISOR			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/11/2018 13:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AIRPORT BOULEVARD CENTRAL EXPRESSWAY Along Airport Boulevard towards City				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5361P	Car					0
SHC5766E	Car					0
SJV273U	Car					0
SLH9805B	Car					0
SLK4169X	Car	SEAT	TOLEDO	Red	Seriously Damaged	0

Police Report



SINGAPORE
POLICE FORCE



T/20181127/2018

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20181127/2018

CONTINUATION OF REPORT

Brief Details.

On 26/11/2018 at about 1320hrs, I was driving my vehicle SLK4169X (Seat Toledo) along Airport Boulevard towards City and was driving along 3rd lane from the right. It was raining heavily at that point of time. While driving, I saw one vehicle SLH9805B which was travelling in front of me and it suddenly jammed brake. I also jam brake to try to avoid having collision with the front vehicle, however, before I managed to stop my vehicle in time; there was a taxi of vehicle number SHC5766E which was travelling behind me, had collided onto the rear of my vehicle and the impact caused my vehicle to surge forward to hit onto the vehicle SLH9805B. I did not see what happened in front of the vehicle SLH9805B which caused the driver to jam brake. I do not have any vehicle camera installed on to my vehicle. There was no ambulance and Traffic Police officers at scene when the incident happened. Only the Auxiliary Police Officers came to scene.

On 26/11/2018 at about 2200hrs, I proceeded to Khoo Teck Puat hospital for a medical check and was given 4 days of outpatient sick leave by Dr. Lau, Benedick Vicipaul (S/N: KHANE181480297). Due to the incident, I sustained bruises on my right wrist, felt pain & strains on my neck and back region.

Police Report



SINGAPORE
POLICE FORCE



T/20181127/2018

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20181127/2018

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:
L /
Staff Sgt LAU JIXIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/11/2018 08:44

Officer In Charge Of Case: 65470000
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP158

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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