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 witholding 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 13:36
Date Of Accident	28/11/2018 15:00
Exact Location Of Accident	SLE 7.5KM NEAR LAMP POST 417
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN8068H
Insured/Policyholder	
Name Of Registered Owner	TRAFFIC NETWORK PTE LTD
Co Reg No	200711903C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	ISUZU
Model	NHR85AUE4A R1
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT101796
Cover Note Number	
Driver	
Name of Driver	LEONG CHING LENG
NRIC No	S6934807F
Date Of Birth	08/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	20/11/1990
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94505663
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 105 JALAN BUKIT MERAH #05-1948
Postcode	160105
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	CHAIN COLLISION
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?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO THE ATTACHMENT

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	YM7054J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VELLAICHAMY VIVEK
NRIC/Passport Number	G6848227K
Contact Number	81164247
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD6311H

Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAJAMANICKAM KUPPUSAMY
NRIC/Passport Number	
Contact Number	83742836
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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. 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.

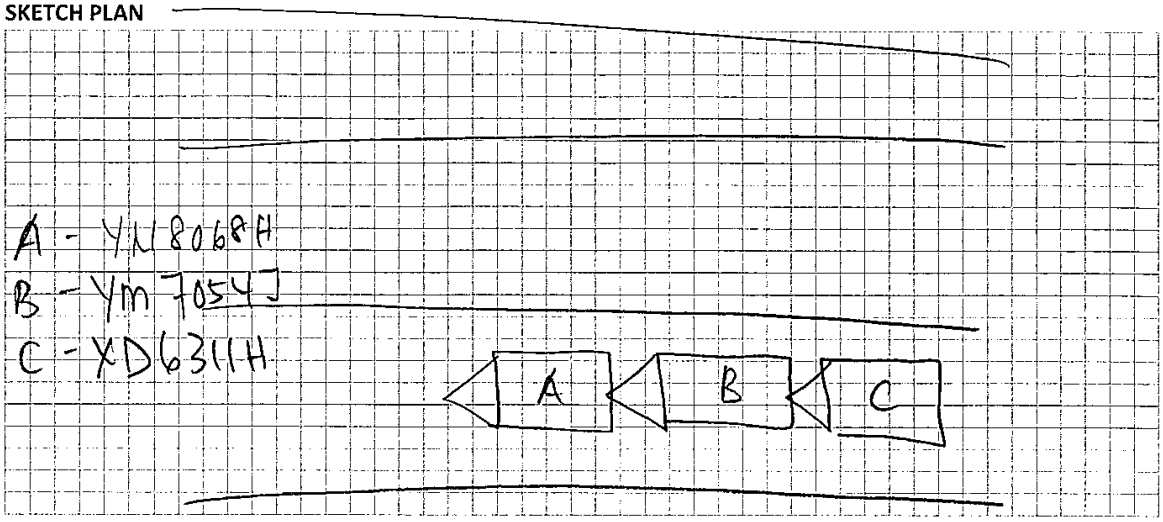
TRAFFIC NETWORK PTE LTD

Policyholder's Signature
Date & Time: 29/11/18 14:20

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/11/18 1345 HRS

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: YN 8068H	ACCIDENT DATE & TIME: 28/11/18 @ 1500 HRS
CONTACT NUMBER: 94505663	E-MAIL ADDRESS:
LOCATION: SLE 7.5 KM NEAR LP 417	
Refer to attach statement.	

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

( ) Claim Own Policy (✓) Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting Only

DECLARATION

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

TRAFFIC NETWORK PTE LTD

Policyholder's Signature
Date & Time: 29/11/18 14:20

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/11/18 1348 Hrs

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

Today 28/11/18 @ 1500HRS at SLE 7.5Km near LP417
I stopped my lorry behind a trailer just after
I've stopped my lorry. I felt a big bar of
my lorry from behind, my lorry was pushed
forward. After the lorry stopped, I
went down to check and found the blue
(YM 7054H)
lorry behind my lorry had collided into the
the rear of my lorry. I asked the
driver of the lorry what had happened, the
driver (Vellaichamy Vivek G6848227K said the
tipper lorry behind him had knocked into
the rear of his lorry pushing his lorry forward
hitting to the rear of my lorry.

Annex D

NOTICE OF REPORTING

This is to confirm that Mr Leong Ching Leng, S6934807F, has reported to the Police a non-injury traffic accident which occurred on 28/11/18 at 1500hrs involving the following vehicles: Case of chain accident.

Complainant vehicle knock onto defendant rear portion.

Complainant's vehicle (first vehicle) – YN8068H
Comaplainant detail
Mr Leong Ching Leng, S6934807F, Hp: 94505663.

Defendant's vehicle (2nd vehicle) – YM7054J
Defendant detail
Vellaichamy Vivek G6848227K – 81164247

Defendant's vehicle (3rd vehicle) – XD6311H
Defendant detail
Rajamanickam Kuppusamy Spass nos 0327772183742836 HP:83742836

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSS Teo Nguan Heng

Date: 28/11/18 Time: 1849hrs

S/D Ref: 33

Police Post/Unit : Tiong Bahru NPP

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

S6934807F
Leong Ching Leng

TIONG BAHRU NPP
B/128 Kim Tian Road
Singapore 160128
Division

Driving License

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

Accident Photo

Accident Photo