

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 | 10/12/2018 20:46 |
| Date Of Accident | 09/12/2018 23:30 |
| Exact Location Of Accident | JUNC JURONG TOWN HALL RD & AYE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------|
| Vehicle Registration Number | GBD770R |
| Insured/Policyholder | |
| Name Of Registered Owner | ASIA PACZ PTE LTD |
| Co Reg No | 199103705M |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62616161 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | TOYOTA |
| Model | DYNA 3.0 DIESEL MANUAL |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 5088611273-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ARCHUNAN SATHIYARAJ |
| Passport No/FIN | G6688170P |
| Date Of Birth | 09/12/1988 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/12/2012 |
| Driving Experience | 5 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91007941 |
| Fax Number | |
| Contact Number | OFFICE-91007941 |
| E-Mail Address | NOEMAIL |

| | |
|---|---|
| Address | 7030 ANG MO KIO AVENUE 5 #01-07/08 NORTHSTAR @ AMK |
| Postcode | 569880 |
| 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 | COLLISION - CROSS JUNCTION |
| Weather Conditions | CLEAR |
| Road Surface | WET |

Other Information

| | |
|---|---|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| 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) | 2 |
| Passenger 1 | NAME: : HOSSAN MOHAMMAD SOHEB GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | GEYLANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8486999 - FAX NO: 68486799 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20181210/2114.

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 | SKQ536B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ASMZAKARIA BHUIYAN |
| NRIC/Passport Number | S8855434E |
| Contact Number | 87263622 |
| Address | |

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1

NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name ARCHUNAN SATHIYARAJ
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBD770R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HOSSAN MOHAMMAD SOHEB
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBD770R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 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.



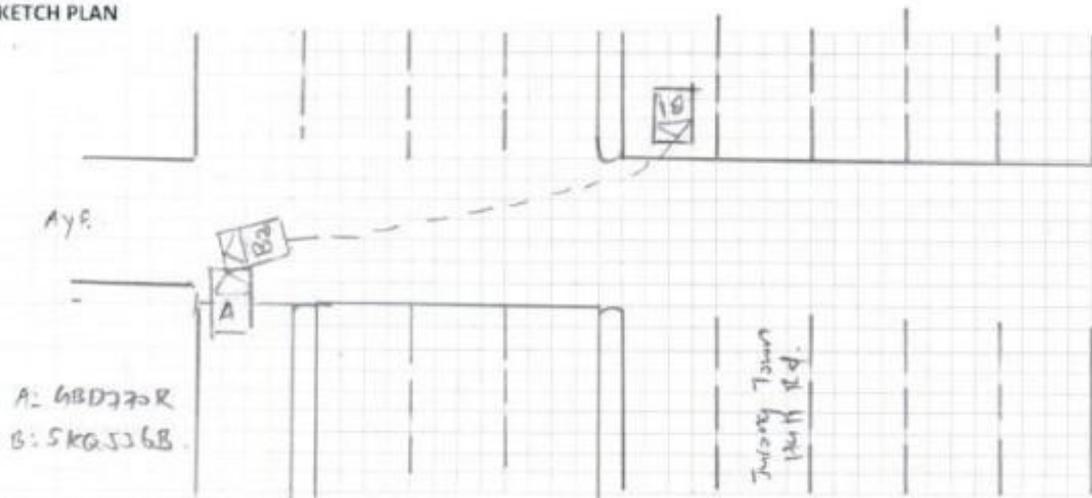
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/2018/1410/2117

DECLARATION

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



Policyholder's Signature
Date & Time:

A. Samy Devi

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

[Signature]

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181210/2114

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 4
Report No. T/20181210/2114

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 10/12/2018 17:13 | Vide Report No.: | Station Diary No.: 91 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|---|------------|--|------------------------------|
| Name of Informant: ARCHUNAN SATHIYARAJ | | Address: APT BLK 7030 Ang Mo Kio Ave 5 #01-08 North Star Building SINGAPORE 569880 | |
| ID Type / ID No.: FIN NO / G6688170P | | Contact No.: | Mobile: 91007941 |
| Nationality: INDIAN | | Email: | |
| Sex: Male | Age: 30 | Date of Birth: 09/12/1988 | Type of Informant: Driver |
| Race: Indian | | Language: English | Institution / School Name: |
| Occupation: CONSTRUCTION WORKER | | Driving Licence Information: Class: 3 | Date of Expiry: |

| General Information of the Accident | | | | |
|--|------------------------------|---|--|---------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 09/12/2018 23:30 | Type of Location: X-Junction |
| Location: Along Road 1 PANDAN GARDENS | | | | |
| At Jurong Town Hall Road, Along Pandan Gardens, to the left is AYE | | | | |
| Weather: Clear | | Road Surface: Wet | Road Speed Limit: 70 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: Yes | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-------|------|-------|-------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| GBD770R | Lorry | | | | Seriously Damaged | 1 |
| SKQ536B | Car | | | | Seriously Damaged | 1 |

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181210/2114

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20181210/2114

CONTINUATION OF REPORT

| Passenger | | | |
|-----------------------------------|-------------------------------|--|-----------------------------------|
| Name | HOSSAN MOHAMMAD SOHEB | ID No. | G2119647P |
| Related Vehicle | GBD770R (Lorry) | Contact No. | 82206747 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 10/12/2018 | Date Discharge | 10/12/2018 |
| No. of Days granted Medical Leave | 02 | Degree of Injury | Slight |
| Driver | | | |
| Name | ARCHUNAN SATHIYARAJ | ID No. | G6688170P |
| Related Vehicle | GBD770R (Lorry) | Contact No. | 91007941 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 10/12/2018 | Date Discharge | 10/12/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | ASMZAKARIA BHUIYAN | ID No. | S8855434E |
| Related Vehicle | SKQ536B (Car) | Contact No. | 87263622 |
| 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 9th December at around 2330hrs, I was met with a road traffic accident along Pandan Gardens, Jurong Town Hall Road. I was driving my company lorry, belonging to ASIA PACZ PTE. LTD, along with my colleague namely HOSSAN MOHAMMAD SOHEB, FIN Number G2119647P as a passenger in my lorry vehicle. As I was crossing the junction, it was green light and I have the right of way. The other party as mentioned above, in the vehicle number S8855434E, was on the road at the opposite direction. It was a green light for him, however not a green arrow indicator. He was turning into AYE while I was travelling straight, and soon after he collided into my vehicle, from the side. I was travelling at about 60-70km/hr and the road had a speed limit of 70km/hr.

I wish to state that both me and my passenger had suffered injuries and was conveyed to NG TENG FONG Hospital Emergency Department for treatment and was given 3 days Medical Certificate for

Police Report



**SINGAPORE
POLICE FORCE**



T/20181210/2114

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Report No. T/20181210/2114

CONTINUATION OF REPORT

myself, and 2 days Medical Certificate for my passenger HOSSAN MOHAMMAD SOHEB. The damages caused to my vehicle were serious damage to the front of my lorry vehicle, the airbag was deployed and my vehicle could no longer start at that point of time, despite numerous attempt to activate the ignition.

Police Report



SINGAPORE
POLICE FORCE



T/20181210/2114

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132 Paya Lebar Road SINGAPORE 409014
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Report No. T/20181210/2114

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: G / Staff Sgt SITI NURAIDAH BINTE ABDULL RAHIM | Signature Of Informant: <i>A. Samiyah</i> |
| Signature Of Interpreter: Not applicable | Date/Time: 10/12/2018 17:13 |
| Officer In Charge Of Case: TP / GIT / Contact No.: | Classification Of Case: |
| Authentication Stamp NP168 | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

