

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 16:15
Date Of Accident	09/12/2018 08:30
Exact Location Of Accident	ALONG WOODLAND AVE 8 TOWARD GAMBUS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	Y3816Z
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97557336
Alternative Phone No	OFFICE-97557336

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FE83BEOSRDEA (M)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00032/VCZ/R03
Cover Note Number	

Driver

Name of Driver	KARUPPIAH ASHOK
Work Permit No	G2269155X
Date Of Birth	25/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90590177
Fax Number	
Contact Number	OFFICE-83388201
E-Mail Address	SARAVANANK@NTEGRATOR.COM

Address	23 NEW INDUSTRIAL ROAD #03-02 SOLSTICE BUSINESS CENTER
Postcode	536209
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - VEHICLE HIRER
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	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?	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)	8
Passenger 1	NAME: : SARKER SUBIR GENDER: : MALE
Passenger 2	NAME: : MIAH MID ABUSALE GENDER: : MALE
Passenger 3	NAME: : MIA MOHAMMED AKASH GENDER: : MALE
Passenger 4	NAME: : ISLAM NAZIDUL GENDER: : MALE
Passenger 5	NAME: : RAHMAN MIZANUR GENDER: : MALE
Passenger 6	NAME: : HOSSAIN JAKIR GENDER: : MALE
Passenger 7	NAME: : MARIMUTHU MANIKANDAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 9/12/2018 AT ABOUT 0830 HRS, I WAS DRIVING VEHICLE YN3816Z, ALONG WOODLAND AVE 8 TOWARDS GAMBAS AVE. THE TRAFFIC LIGHT WAS GREEN, SO I DRIVE OVER THE JUNCTION STOP LINE, SUDDENLY I FELT THERE IS AN IMPACT FROM MY RIGHT HAND SIDE OF MY VEHICLE WHICH CAUSE ME LOSE CONTROL OF MY VEHICLE. WHEN I COME DOWN, I AM REALISED MY RIGHT HAND SIDE OF VEHICLE FUEL TANK AREA BEING HIT BY THE VEHICLE SHA4588U. ONE OF MY PASSENGER SAID THAT HIS SHOULDER IS IN PAIN. I CALL THE POLICE AND AMBULANCE. THE PASSENGER CONVEY TO THE HOSPITAL.

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 SHA4588U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver TEO MAN CHOON
NRIC/Passport Number S1241044A
Contact Number
Address APT BLK 203E COMPASSVALE ROAD
#16-67
Postcode 545203
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MIA MOHAMMED AKASH
Approximate Age
Injuries Sustain
Injured person in which vehicle? Y3816Z
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? YES
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 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.

Ramesh
56939991



Policyholder's Signature
Date & Time: 10/12/18

KARUPPIAH ASHOK

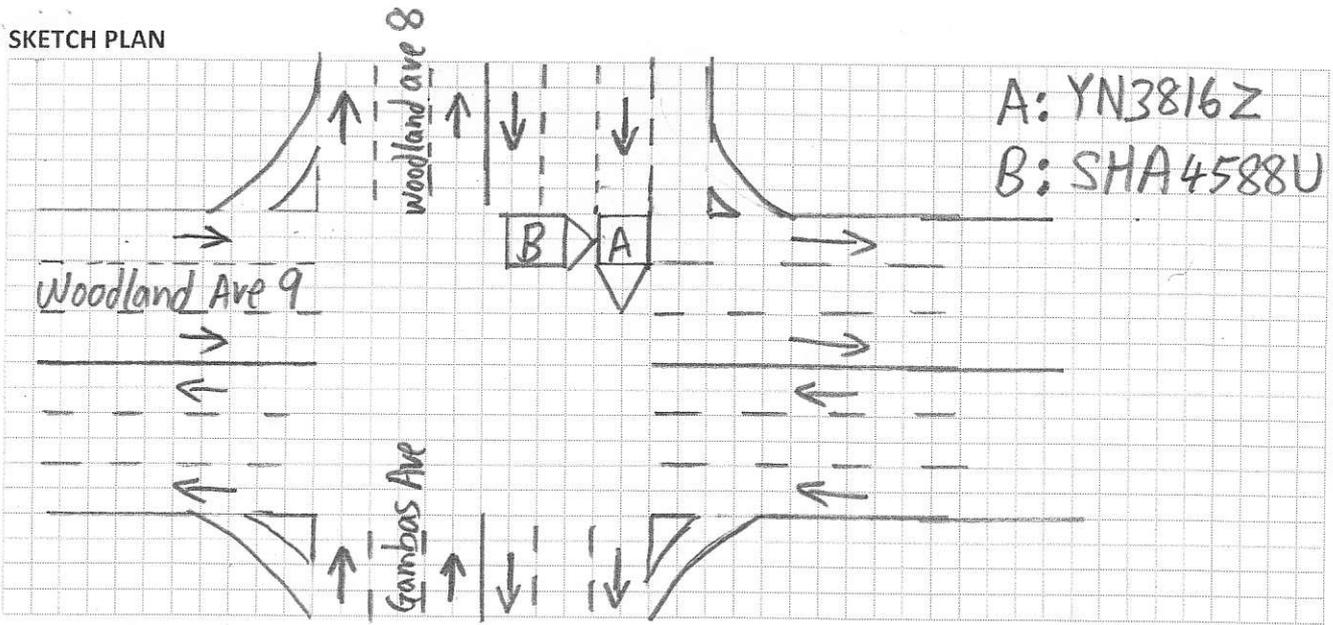


Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/12/18



Reporting Centre Personnel's Signature
Name: ENG Kuok LONG
NRIC/FIN No.: G2381879K

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/12/2018 at about 0830HRS, I was driving vehicle YN3816Z, along woodland ave 8 towards Gambas Ave. The traffic light was green, so I drive over the junction stop line, suddenly I felt there is an impact from my right hand side of my vehicle which cause me lose control of my vehicle. When I come to a stop, I am realised my right hand side of vehicle fuel tank area being hit by the vehicle SHA4588U. One of my passenger said that his shoulder is in pain. I call the police and ambulance. The passenger convey to the hospital.

DECLARATION

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

Ramesh
S6435944

 Policyholder's Signature
 Date & Time: 10/12/18


 KARUPPIAH ASHOK
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 10/12/18



 Reporting Centre Person's Signature
 Name: ENG Kwok Long
 NRIC/FIN No.: G2381879 k



**SINGAPORE
POLICE FORCE**



T/20181209/2038

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

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Report No. T/20181209/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2018 13:34		Vide Report No.: L/20181209/0081		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: KARUPPIAH ASHOK			Address: 51 NORTH COAST AVENUE #04-775 NORTH COAST LODGE SINGAPORE 756992		
ID Type / ID No.: FIN NO / G2269155X			Contact No.: Home/Office: Mobile: 90590177		
Nationality: INDIAN			Email:		
Sex: Male	Age: 27	Date of Birth: 25/05/1991	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/12/2018 08:30	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 WOODLANDS AVENUE 8 woodlands avenue going towards Gambas Avenue, junction of Woodlands Avenue 9				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		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
SHA4588U	Car				Seriously Damaged	0
YN3816Z	Lorry				Seriously Damaged	5

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



Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

CONTINUATION OF REPORT

Driver			
Name	TEO MAN CHOON		ID No. S1241044A
Related Vehicle	SHA4588U (Car)		Contact No. NIL
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
Driver			
Name	KARUPPIAH ASHOK		ID No. G2269155X
Related Vehicle	YN3816Z (Lorry)		Contact No. 90590177
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: 27/01/2019
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 09/12/2018 at about 0830hrs, I was driving my lorry, YN3816Z, and travelling along Woodlands Avenue 8 towards Gambas Avenue. There were 5 passengers in the rear of my lorry. There were a total of 4 lanes, and I was driving on the 2nd lane from the left. I then approached the junction of Woodlands Avenue 9 and Gambas Avenue. As it was green light, I continue driving forward. While I was driving, suddenly I felt an impact on the right side of my lorry, causing me to lose control of my lorry. I was only able to stop my lorry once it went into the grass patch on the left side of the road. I then got down of my vehicle and made a check with my passengers to check if they are okay. One of my passenger said that his shoulder is in pain. I then saw a taxi, SHA4588U, had hit my lorry. The damages to my lorry is mostly on the right side. I then called for police assistance. While waiting for the police, I took the other driver's particulars. After police and ambulance came, one of my worker is taken away by the ambulance. The police have given me a case card, L/20181209/0081, TP IO Intan, HP: 65476256. My lorry does not have any in car camera.



**SINGAPORE
POLICE FORCE**



T/20181209/2038

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

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Report No. T/20181209/2038

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 / Sgt 2 AMIIR HAAMZAH BIN JEFREE
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT /
Contact No: SH 237

Signature Of Informant: 
Date/Time: 09/12/2018 13:34
Classification Of Case:

Authentication Stamp
NP168 
Singapore Police Force