

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	29/12/2018 14:35
Date Of Accident	04/11/2018 22:30
Exact Location Of Accident	JALAN BERSEH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8759L
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Insured/Policyholder

Name Of Registered Owner	PTC DELIVERY2HOME PTE LTD
Co Reg No	200514860M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92708781
Alternative Phone No	OFFICE-92708781

Vehicle Particulars

Manufacturer	HINO
Model	XZU710R 14FT WIDE CAB 5T (LOW DECK)
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	18-MJ001353-R00
Cover Note Number	

Driver

Name of Driver	RAMALINGAM PRABAAKARAN
Passport No/FIN	G2480623K
Date Of Birth	01/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	05/03/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86536592
Fax Number	
Contact Number	OFFICE-86536592
Email Address	NOEMAIL

Address	BLK 48 LORONG 32 GEYLANG #03-06 REZI 3TWO
Postcode	398308
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181228/2184.

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	UNKNOWN
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)

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)**

(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.

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

Accident Sketch Plan

SKETCH PLAN

g/m Person.

Person

A: YP8759L
B: Unknown.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/18/228/2184.

DECLARATION

I/We declare the following 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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181228/2184

1 of 3

Report No. T/20181228/2184

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2018 23:51		Vide Report No.:		Station Diary No. 247	
Informant's Particulars					
Name of Informant: RAMALINGAM PRABAAKARAN			Address: APT BLK 48 LORONG 32 GEYLANG #03-06 REZI 3TWO SINGAPORE 398308		
ID Type / ID No.: FIN NO / G2480623K			Contact No. Home/Office: Mobile: 86536592		
Nationality: INDIAN			Email:		
Sex: Male	Age: 28	Date of Birth: 01/01/1990	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No.	Date/Time of Accident: 04/11/2018 22:30	Type of Location: Straight Road
Location: Along Road 1 JALAN BERSEH				
Parallel parking lot no. 32				
Weather: Drizzling		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP8759L	Lorry				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kasar Road SINGAPORE
208678
Tel No: 1800-2948999



T201812283

Report No: T201812283

CONTINUATION OF REPORT

Driver			
Name	RAMALINGAM PRABAAKARAN	ID No.	G2480623K
Related Vehicle	YP8759L (Lorry)	Contact No.	86536592
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

On 04/11/2018, at about 2230hrs, I had parked my company vehicle YP8759L along Jalan Berseh, in a parallel parking lot number 32. At that point of time, there was another lorry parked in front of my vehicle.

On 05/11/2018, at about 0830hrs, I had went back to retrieve my vehicle. I then saw that my vehicle front bumper was dented due to some collision. The said lorry was no longer at the lot in front of mine and was replaced by another car.

Police Report



SINGAPORE
POLICE FORCE



T201812262184

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Report No. T201812262184

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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 ONG CINDY

Signature Of Informant:

R. Pandey

Signature Of Interpreter:
Not applicable

Date/Time
26/12/2018 23:51

Officer In Charge Of Case
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

Authentication Stamp
HRT

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

