

## 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	09/02/2019 15:52
Date Of Accident	08/02/2019 23:00
Exact Location Of Accident	ECP SERVICE ROAD LAGUNA FLYOVER TURNING TO ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6545A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	KINHOE.NG@KTCGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-96155910
Alternative Phone No	OFFICE-84302653

### Vehicle Particulars

Manufacturer	VOLVO
Model	FMX420-12.8 D 84RT SC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMVCSN1900161900
Cover Note Number	

### Driver

Name of Driver	MANICKA PADAYACHI RAJENDIRAN
NRIC No	F8477954R
Date Of Birth	12/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	27/01/2014
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96155910
Fax Number	
Contact Number	OTHERS-84302653
Email Address	KINHOE.NG@KTCGROUP.COM.SG

Address	BLK 510 OLD CHOA CHU KANG ROAD #04-94 SUNGEI TENGAH LODGE
Postcode	698904
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 BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR BUT ROAD DARK
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190209/2026

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## Accident Sketch Plan

### 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.



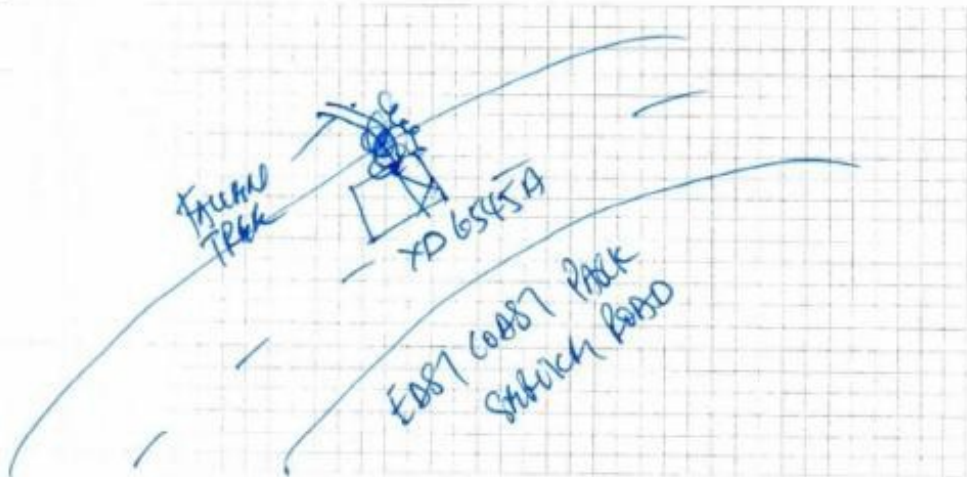
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Rashid  
NRIC/FIN No. 100703

# Accident Sketch Plan

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
7/20/2019/2026

## DECLARATION

I/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.:



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190209/2026

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20190209/2026

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2019 09:20	Vide Report No.:	Station Diary No.: 42
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Informant's Particulars			
Name of Informant: MANICKA PADAYACHI RAJENDIRAN		Address: APT BLK 510 OLD CHOA CHU KANG ROAD #04-94 SUNGEI TENGAH LODGE SINGAPORE 698904	
ID Type / ID No.: FIN NO / F8477954R		Contact No.: Home/Office: Mobile: 84302653	
Nationality: INDIAN		Email:	
Sex: Male	Age: 48	Date of Birth: 12/09/1970	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: CONSTRUCTION		Driving Licence Information: Class: 3,4 Date of Expiry: 26/10/2023	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/02/2019 23:00	Type of Location: Bend
Location: Along Road 1 EAST COAST PARK SERVICE ROAD  Laguna Flyover turning into ECP				
Weather: Clear but Dark Road		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Collision with Fallen Tree			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD6545A	Lorry				Slightly Damaged	0

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190209/2026

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20190209/2026

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MANICKA PADAYACHI RAJENDIRAN	ID No.	F8477954R
Related Vehicle	XD6545A (Lorry)	Contact No.	84302653
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 26/10/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 08/02/2019 at about 2300hrs, I was driving along Laguna Flyover turning into the ECP bend. I was driving when I saw a tree falling in front of me. However, I was unable to avoid the tree as there were cars trying to move forwards on my right. Thus, the tree fell and hit onto the left side of my lorry, XD6545A. There was one car in front of my vehicle and two cars behind me. However, the tree only collided with the lorry that I was driving.

The impact from the tree caused the passenger side's window to be shattered and the front window suffered a cracked on the left corner. I was not injured.

Police attended to the scene. However, they did not provide me with any reference number.

I am lodging this report as instructed by my company and for insurance claims.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190209/2026

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No. T/20190209/2026

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:

J /

Sgt 2 FELICIA GOH MIN EN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr. Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Signature Of Informant:

Date/Time:

09/02/2019 09:20

Classification Of Case:

Authentication Stamp

Singapore Police Force



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

**F8477954R**

**MANICKA PADAYACHI RAJENDIRAN**

Birth Date: 12 Sep 1970  
Issue Date: 05 Sep 2018  
Valid Till: 26/10/2023

0028433200

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**KOK TONG CONSTRUCTION PTE LTD**

Name:  
**MANICKA PADAYACHI RAJENDIRAN**

S Pass No.:  
**O 32185762**

Sector:  
**CONSTRUCTION**

K1002420

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	14 Dec 2000
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg	27 Jan 2014



HP 428A

**VISIT PASS**  
Immigration Regulations

Name:  
**MANICKA PADAYACHI RAJENDIRAN**

PN:  
**F8477954R**

Date of Birth:  
**12-09-1970**

Sex:  
**M**

Nationality:  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status.

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



**Accident Photo**



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