

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	26/02/2019 17:47
Date Of Accident	25/02/2019 12:25
Exact Location Of Accident	CROSS JUNCTION WOODLANDS AVE 9 & WOODLANDS ST 81
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW611H
Insured/Policyholder	
Name Of Registered Owner	LIAN SHING CONSTRUCTION CO PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93297831
Alternative Phone No	OFFICE-93297831

Vehicle Particulars

Manufacturer	NISSAN
Model	-
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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	2019-V0099878-VCV-R002
Cover Note Number	

Driver

Name of Driver	LAKSHMANAN SIVANANDAM
Work Permit No	G6091043Q
Date Of Birth	01/06/1965
Occupation	INDOOR
Date Of Driving Pass	29/08/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93297831
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
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	SIDE SWIPE
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer attached police report.

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	SJS3558U
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)

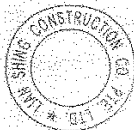
SKETCH PLAN

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.



Policyholder's Signature
Date & Time:

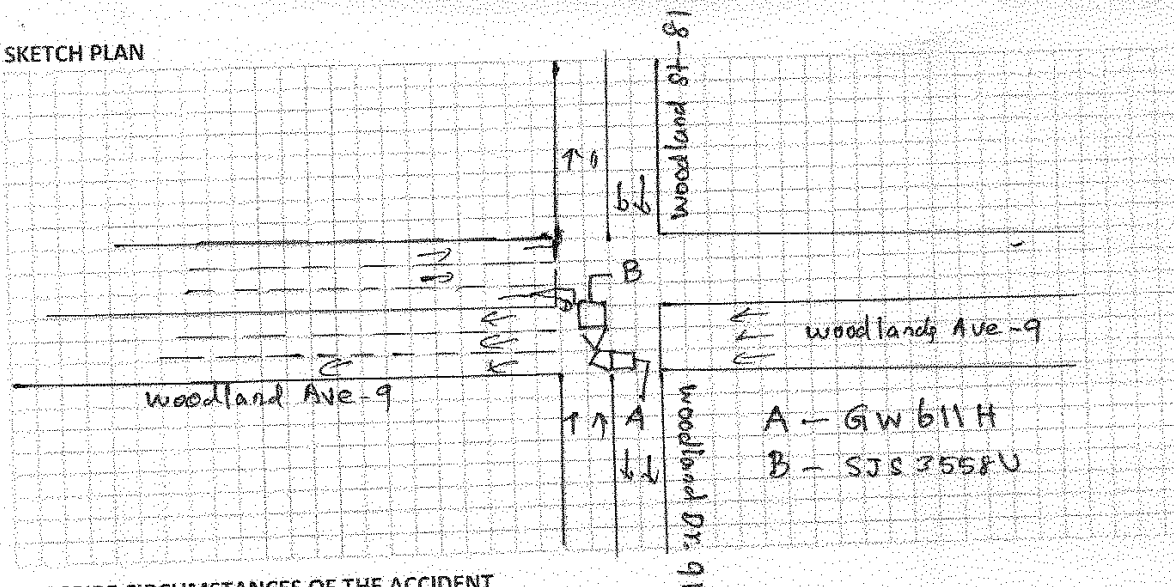
[Signature]

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

[Signature]

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Enclose with police report

DECLARATION

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

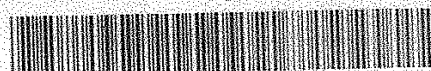
Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20190225/2184

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20190225/2184

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2019 19:08		Vide Report No.:		Station Diary No.: 140	
Informant's Particulars					
Name of Informant: LAKSHMANAN SIVANANDAM		Address: 46 WOODLANDS INDUSTRIAL PARK E7 #02-213 WOODLANDS INDUSTRIAL PARK E SINGAPORE 757820			
ID Type / ID No.: FIN NO / G6091043Q		Contact No.: Home/Office:		Mobile: 93298731	
Nationality: INDIAN		Email:			
Sex: Male	Age: 53	Date of Birth: 01/06/1965	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: MECHANICAL ENGINEER		Driving Licence Information: Class: 2B,3,4		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/02/2019 12:25	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 9 WOODLANDS DRIVE 91 CROSS-JUNCTION OF WOODLANDS AVENUE 9, WOODLANDS DRIVE 91 AND WOODLANDS STREET 81				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved					Condition	No of Passenger
Vehicle No.	Type	Make	Model	Color		
GW611H	PICK-UP				Slightly Damaged	0
SJS3558U	Car				Seriously Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20190225/2184

3 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No: T/20190225/2184

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 /

Sr Staff Sgt POH JIANYU

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No: 65476902

SN 130

Authentication Stamp

NP168

Signature :

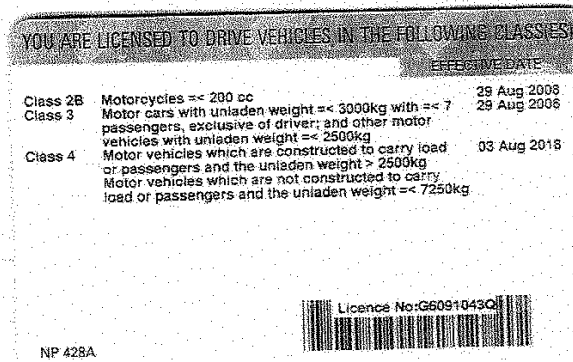
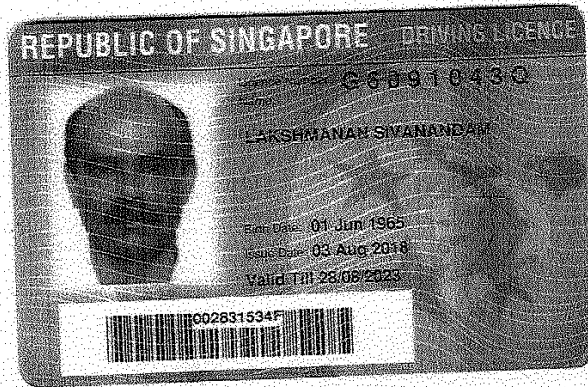
Singapore Police Force

Signature Of Informant:

Date/Time:

25/02/2019 19:08

Classification Of Case:



EPOLNTFC011 - Notification Letter - Renew (Reporting) (via EPOL)



LAKSHMANAN SIVANANDAM
 010 LIAN SHING CONSTRUCTION CO. RTE LTD
 115 TAGORE LANE
 SINGAPORE 787596



Card Registration Completed!
 Please show your employer this letter.
 We will deliver your card to the authorised
 recipient(s) 4 to 5 working days later.
 They will get the delivery details via SMS
 the day before.

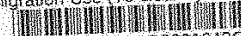


MINISTRY OF
 MANPOWER



034358206230119

For Immigration Use (To clear by FIN)



G6091043Q

14 Feb 2019

You need to make an appointment for Card Registration

Dear LAKSHMANAN SIVANANDAM

We have received a request to renew your work pass on 14 Feb 2019. Now you need to come to the MOM Services Centre - Hall C by 21 Feb 2019 for card registration.

Please go to <https://services.mom.gov.sg/appointment> to make an appointment for work pass card registration. At registration, we will check your documents (listed on page 2), register your fingerprints and take your photograph. We can only deliver your work pass card to the authorised recipient(s) 4 working days after you have successfully registered. An SMS / email with the delivery details will be sent to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your new card. It is valid from 14 Feb 2019 till 16 Mar 2019.

Yours sincerely

Mdm Chow Choon Yen
 for Controller of Work Passes

YOUR NAME /
 LAKSHMANAN SIVANANDAM
 FIN
 G6091043Q
 DATE OF APPLICATION
 23 JAN 2019
 DATE OF ISSUE
 14 Feb 2019
 PASS EXPIRY DATE
 02 JUN 2020
 DATE OF BIRTH
 01 JUN 1965
 SEX
 MALE
 NATIONALITY
 INDIAN
 TRAVEL DOCUMENT NO
 N5930758
 TRAVEL DOCUMENT EXPIRY DATE
 22 JAN 2026
 YOUR EMPLOYER'S NAME
 LIAN SHING CONSTRUCTION CO
 PTE LTD
 EMPLOYER'S CSN
 188803143N-00-000
 SECTOR
 CONSTRUCTION
 OCCUPATION
 MECHANICAL ENGINEER
 FINGERPRINT REQUIREMENT
 MANDATORY
 MULTIPLE JOURNEY VISA
 ISSUED
 ISSUANCE REQUEST SUBMITTED BY
 MICHELLE SEAH

IMPORTANT

- If you fail to report to the MOM Services Centre - Hall C for card registration, your pass may be cancelled.
- You must keep this Notification Letter with you until you get your card. If you need to leave / enter Singapore, you will have to show this letter at the Immigration Checkpoints.

Ministry of Manpower Work Pass Division
 Web: <http://www.mom.gov.sg> Contact Us: <http://www.mom.gov.sg/contact>

Page 1 of 3



**SINGAPORE
POLICE FORCE**



T/20190225/2184

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20190225/2184

CONTINUATION OF REPORT

Driver			
Name	LAKSHMANAN SIVANANDAM	ID No.	G6091043Q
Related Vehicle	NIL	Contact No.	93298731
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/02/2019 at about 1224hrs, I was driving my company vehicle (GW611H) alone along Woodlands Avenue 9 towards Woodlands Industrial Park E direction. The Woodlands Avenue 9 was a 3 lane road and I was driving along the most left lane. The vehicle arrived at the cross-junction of Woodlands Avenue 9, Woodlands Drive 91 and Woodlands Street 81.

There was no vehicle in front of me, neither was there any vehicle at the other 2 lanes. The traffic light was green in my favour and I was travelling at the speed of estimated 60km/h. When my vehicle was in the middle of the cross-junction box, a vehicle (SJS3558U) from the opposite side of Woodlands Avenue 9 make a right turn at a fast speed.

The other vehicle then hit onto the front right of my vehicle which caused my vehicle to move to the left due to the impact. I alighted my vehicle, and the other vehicle had a male driver and a female passenger. I inquired with the other driver who wanted to call for the Traffic Police. The male driver volunteered to call for the traffic police. Then I waited for a short period and the male driver still had not called for the traffic police.

The male driver and the female passenger began to walk away slowly towards Woodlands Street 81 direction and unable to see where the two person were heading towards to. I then initiated the call to call for Traffic Police, after both the subjects left the scene. The male driver and the female passengers did not return to scene. I wish to state that the male driver and the female passenger had no visible injuries and both did not state that they were uncomfortable.

Subsequently, the traffic police came down to scene and a police reference: L/20190225/0060 was given to me, in-charge: IO Kharil, Tel: 65476131. The other vehicle SJS3558U was subsequently being towed away by Traffic Police. I wish to state that I had no injuries and do not feel any pain.

I am lodging this report for own record purpose and for company record.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

