

## 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	06/03/2019 10:47
Date Of Accident	05/03/2019 14:25
Exact Location Of Accident	PIE (CHANGI) AFTER LOR 6 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2873T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SKYPEAK MAINTENANCE SERVICES PTE LTD
Co Reg No	201324900G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81685713
Alternative Phone No	OFFICE-81685713

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099731491
Cover Note Number	

### Driver

Name of Driver	RAMALINGAM DHANAVEL
Passport No/FIN	G3310031R
Date Of Birth	27/10/1993
Occupation	OUTDOOR
Date Of Driving Pass	13/01/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81335282
Fax Number	
Contact Number	OFFICE-81335282
Email Address	NOEMAIL

Address	BLK 170 BUKIT BATOK WEST AVENUE 8 #09-363 COMMONWEALTH 16
Postcode	650170
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	VS267 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 111 COMMONWEALTH CRESCENT (ANNEX) , <b>POSTCODE:</b> 140111 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4749999 - <b>FAX NO:</b> 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190305/2176.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	VS267
Vehicle Make/Model/Colour	VOLSWAGEN POLO 106
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHAZANA BINTE KAMARUZAMAN
NRIC/Passport Number	
Contact Number	86542162
Address	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number                      GX9867Y  
Vehicle Make/Model/Colour                      TOYOTA LITEACE  
Details Of Properties  
Vehicle Category                                      COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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.
4. Any false reporting may be referred to the Police for investigation.
5. 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.

#### 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/are 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:

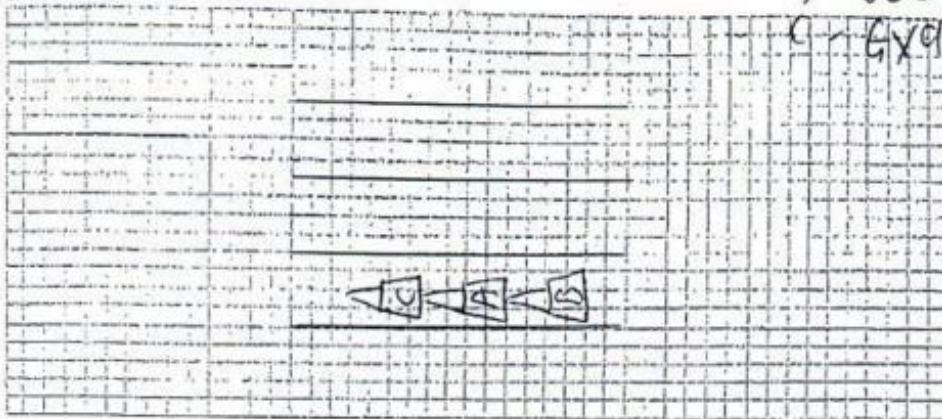
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

A - GBT2873T  
B - VS267  
C - GX950674

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards pie towards change  
I came to a stop VS267 hit me  
from the rear. The impact was so  
huge that my vehicle A move forward  
and hit vehicle C bearing GX950674

## DECLARATION

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

Policyholder's Signature  
Date

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

Reporting Centre Personnel's Signature  
Name  
NRIC/PIN No.

Scanned by CamScanner



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190305/2176

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

1 of 4

Report No. T/20190305/2176

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2019 20:58	Vide Report No.:	Station Diary No.: 37
--------------------------------------------	------------------	--------------------------

### Informant's Particulars

Name of Informant: RAMALINGAM DHANAVEL			Address: APT BLK 170 BUKIT BATOK WEST AVENUE 8 #09-363 COMMONWEALTH 16 SINGAPORE 650170	
ID Type / ID No.: FIN NO / G3310031R			Contact No.:	
Nationality: INDIAN			Home/Office:	Mobile: 81335282
			Email:	
Sex: Male	Age: 25	Date of Birth: 27/10/1993	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: MECHANIC			Driving Licence Information: Class: 2B,3C	Date of Expiry: 12/01/2022

### General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 05/03/2019 12:30	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY  Along PIE Towards Changi, Before Toa Payoh Exit.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH2873T	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	0
GX9867Y	Van	TOYOTA		Silver	Slightly Damaged	2
VS267	Car	VOLKSWAGO N		Red	Seriously Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

Scanned with CamScanner

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190305/2176

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

2 of 4

Report No. T/20190305/2176

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
GBH2873T	NTUC Income Insurance Co-Operative Limited	5099731491	16/04/2018	15/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
<b>Driver</b>				
Name	RAMALINGAM DHANAVEL		ID No.	G3310031R
Related Vehicle	GBH2873T (Lorry)		Contact No.	81335282
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 12/01/2022
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
<b>Driver</b>				
Name	KUMAR SINGAI		ID No.	NIL
Related Vehicle	GX9867Y (Van)		Contact No.	83726517
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	
<b>Driver</b>				
Name	SHAZANA BINTI KAMARUZAMAN		ID No.	NIL
Related Vehicle	VS267 (Car)		Contact No.	86542162
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	

Scanned with CamScanner

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190305/2178

3 of 4

Report No. T/20190305/2178

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

CONTINUATION OF REPORT

### **Brief Details.**

On 05/03/2019 at about 1230hrs, I was driving my company lorry, registration number GBH2873T, along PIE Towards Changi, near to Toa Payoh Exit. During that point of time was going to Bedok and travelling along the third lane from the extreme right. The traffic was busy that at times our vehicles will stopped while travelling. As I was about to move off from a static position, I felt an impact from the rear. Due to the impact, my car surged forward and hit on to the front van. We alighted from our vehicle and managed to exchanged particulars. LTA was at scene. I have an in-car camera installed. TP was at scene and took my camera SD card.

Scanned with CamScanner



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190305/2176

4 of 4

Report No. T/20190305/2176

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

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:

D /

Sgt 1 NOORHIDAYAT BIN WAHID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/03/2019 20:58

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

2019 03

SIGNATURE

Scanned with CamScanner

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

