

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	11/03/2019 19:20
Date Of Accident	09/03/2019 14:30
Exact Location Of Accident	21 TUAS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4530E
Insured/Policyholder	
Name Of Registered Owner	ECS PTE LTD
Co Reg No	199308180C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90697900
Alternative Phone No	OFFICE-90697900

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR75UH5A
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1759951801
Cover Note Number	

Driver

Name of Driver	THIRUGNANAM SELVAM
Passport No/FIN	G6025869X
Date Of Birth	17/07/1983
Occupation	OUTDOOR
Date Of Driving Pass	28/09/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86528216
Fax Number	
Contact Number	OFFICE-86528216
EEmail Address	NOEMAIL

Address	BLK 668A JURONG WEST STREET 64 #10-124
Postcode	641668
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190310/2044.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6780C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

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

DETAILS OF INJURED PERSON 1	
Name	THIRUGNANAM SELVAM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP4530E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

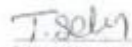
Accident Sketch Plan

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)
 - (a) I understand, acknowledge, agree and warrant that:
 - (i) 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 packets); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
 - (2) 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
 - (3) 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.
 - (4) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and mitigation in present and all future claims.
 - (5) the Information so collected under (i) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulatory, 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.

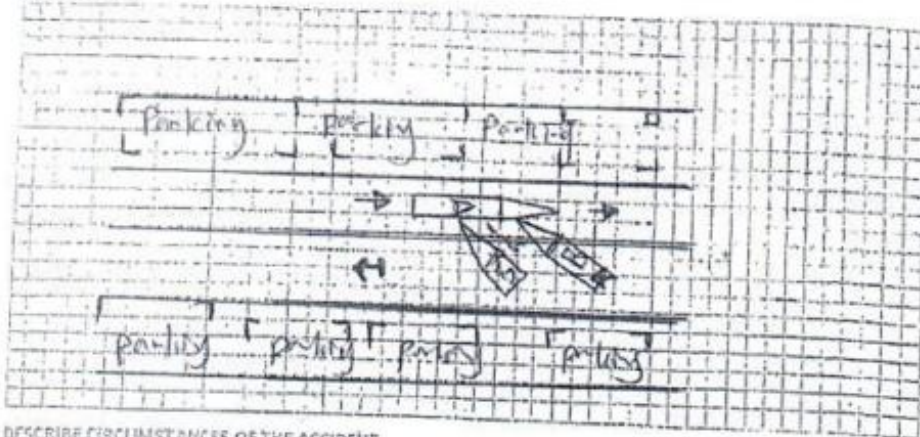

Policyholder's Signature
Date & Time: 


T. Selva
Signature of the Authorized Driver
Date & Time:


Reporting Centre Person's Signature
Name:
ADDRESS:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

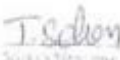
Follow Police Report

DECLARATION

I am making this declaration and I am aware of the consequences.


 Reporting Officer's Signature
 Date: 21/11/2019




 Driver's Signature
 (I declare to be the guilty party)
 Date & Time:


 Reporting Officer's Signature
 Date: 21/11/2019

Police Report



POLICE FORCE



T/20190310/2044

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190310/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2019 10:57		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Thirugnanam Selvam			Address: C/O APT BLK 23 KIAN TECK ROAD #01-01 SINGAPORE 628774		
ID Type / ID No.: FIN NO / G6025869X			Contact No.: Home/Office: Mobile: 86528216		
Nationality: INDIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 17/07/1983	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: Construction Worker Supervisor			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/03/2019 14:30	Type of Location: Straight Road
Location: Along Road 1 TUAS ROAD Outside No.21 Tuas Road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP4530E	Lorry				Seriously Damaged	0

Details of Person Involved

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

Police Report



POLICE FORCE



T/20190310/2044

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190310/2044

CONTINUATION OF REPORT

Driver			
Name	Thirugnanam Selvam	ID No.	G6025869X
Related Vehicle	YP4530E (Lorry)	Contact No.	86528216
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	09/03/2019	Date Discharge	09/03/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 09/03/2019 at about 1430hrs, I was driving my lorry (YP4530E) along Tuas Road. While I was driving my lorry outside No.21 Tuas Road, a mini bus from the opposite direction suddenly came to my lane and hit my driver side of lorry. I try to move my lorry on my left side however there is a lot of lorry parked along the road and therefore the mini bus hit my driver side of my lorry. I saw blood from my forehead and nose thus I quickly called for the Police. 5 Minutes later, Traffic Police and ambulance arrived at the accident location. I was conveyed to Ng Teng Fong Hospital. I was discharged yesterday and was given 7 days MC, from 09/03/2019-15/03/2019. I suffered from cuts in my right eye. That is all.

Police Report



POLICE FORCE



T/20190310/2044

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190310/2044

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 /

Staff Sgt TITY SUMARNI BINTE ABDUL GHANI

Signature Of Informant:

T. Selvan

Signature Of Interpreter:

Not applicable

Date/Time:

10/03/2019 10:57

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP168

SN 127



Signature :

Singapore Police Force

Accident Photo



Accident Photo



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