

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 | 15/03/2019 15:40 |
| Date Of Accident | 14/03/2019 15:00 |
| Exact Location Of Accident | BOON KENG ROAD LAMP POST NUMBER 9 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | GV3313D |
| Insured/Policyholder | |
| Name Of Registered Owner | JOINT TECH CONSTRUCTION PTE LTD |
| Co Reg No | 198904572Z |
| Email Address | SUSEENDRAN1986@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91744556 |
| Alternative Phone No | OFFICE-62766366 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | CABSTAR |
| 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 | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 0081425154-14 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | CHANDRAN SUSEENDRAN |
| NRIC No | G6815306P |
| Date Of Birth | 15/03/1986 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/05/2014 |
| Driving Experience | 4 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91744556 |
| Fax Number | |
| Contact Number | OFFICE-62766366 |
| E-Mail Address | SUSEENDRAN1986@GMAIL.COM |

| | |
|---|--|
| Address | BLK 719 PASIR RIS STREET 72 #04-89 WAN WANG DORMITORY |
| Postcode | 510719 |
| 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? | NO |
| 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? | 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190314/2172

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 | SLX203M |
| Vehicle Make/Model/Colour | HONDA SHUTTLE |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MOK CHEOW SAN |
| NRIC/Passport Number | |
| Contact Number | 96901389 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 2 |

Passenger 1

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|-----------------|
| Vehicle Registration Number | SKB9562U |
| Vehicle Make/Model/Colour | HYUNDAI ELANTRA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | NOORKHAIRUNISA |
| NRIC/Passport Number | |
| Contact Number | 92231044 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

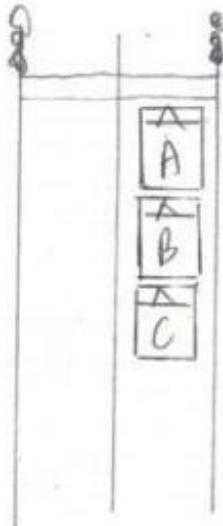
12:50 PM
C. Suseendran 15/03/2019
Driver's Signature
(if driver is not the policyholder)
Date & Time:

15/03/2019
Reporting Centre Personnel's Signature
Name: *Rep. Luthan*
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

BOOM KEKIL ROAD
CRMP POST NUMBER 9



→ Traffic light
→ my lorry GUV3313 D
→ Car SLX 203 M
→ Car SKB 9562 U
Third car kid second
Car second car kid
first lorry

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the form:
PUS RUPUK TO POLICE RUPUK
7/20190314/2012

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: *Pesh Watson*
NRIC/FIN No.:

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190314/2172

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

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Report No. T/20190314/2172

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---------------------|--|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | CHANDRAN SUSEENDRAN | ID No. | G6815306P |
| Related Vehicle | NIL | Contact No. | 91744556 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,3,4,5 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On above-mentioned date, time and location, I was the first vehicle waiting at the traffic light along Boon Keng Road when I felt a bump unto my vehicle. I got out to make a check and discovered the car behind me had hit the rear of my vehicle. However, there were no damages found on my lorry. The driver of the car directly behind me (Mok Cheow San of SLX203M) told me that the car behind him had hit him from the rear, hence why his car went forward and hit my lorry.

Details of third car:
Noorkhairunisa
SKB9562U
92231044

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190314/2172

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

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Report No. T/20190314/2172

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 MUHAMMAD JANNATUN NA'IM BIN AZUWAN | Signature Of Informant: C. Suseentran |
| Signature Of Interpreter: Not applicable | Date/Time: 14/03/2019 22:27 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 | Classification Of Case: |

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo

