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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	25/03/2019 14:47
Date Of Accident	25/03/2019 09:45
Exact Location Of Accident	JUNC LOYANG AVE & NEW LOYANG LINK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XE3654H
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96155910
Alternative Phone No	OFFICE-96155910
Vehicle Particulars	
Manufacturer	ISUZU
Model	CYZ52K
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	DMCVSN1764051801
Cover Note Number	
Driver	
Names of Duissan	VDICUNAMOODTUV DAMECU

Name of Driver KRISHNAMOORTHY RAMESH

NRIC No S7068557D

Date Of Birth 20/07/1970

Occupation OUTDOOR

Date Of Driving Pass 28/08/2013

Driving Experience 5 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90033287

Fax Number

Contact Number OFFICE-90033287

EMail Address NOEMAIL

BLK 14 ST. GEORGE'S ROAD Address

#03-52 320014

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR**

Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

NO

2

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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 MARINA BAY N.P.C

ROAD: 1 PRINCE EDWARD LINK, POSTCODE: 078872, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190325/2051.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBS6116L

Vehicle Make/Model/Colour

Details Of Properties

BUS Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 18

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for Investigation.
- 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.
- 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 insurers) 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 :
 - 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:
 - 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)

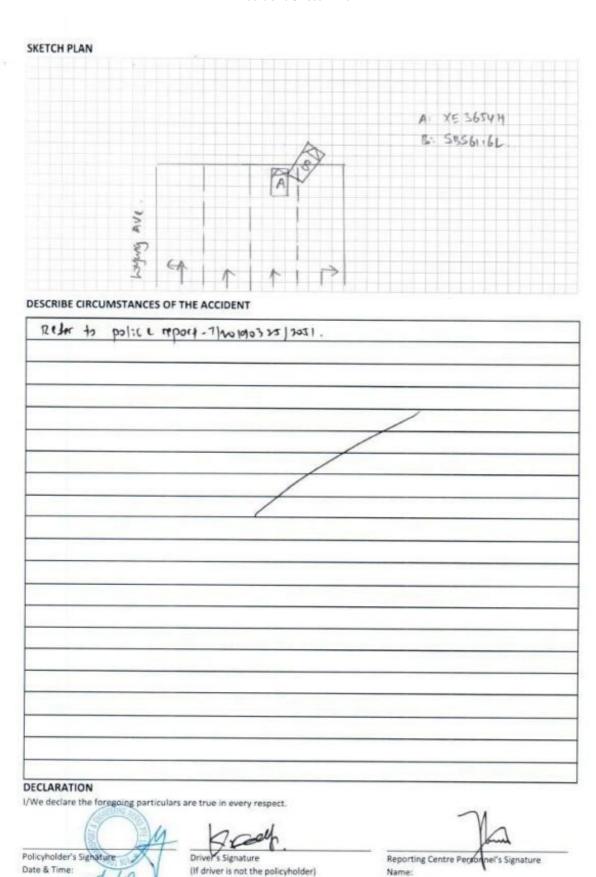
Date & Time:

Reporting Centre Persop

Name:

NRIC/FIN No.:

Accident Sketch Plan



Date & Time:

NRIC/FIN No.:

Police Report





1 of 3

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962

Report No. T/20190325/2051

Tel No: 1800-2229999

DEDORT	OF A	TRACEIC	ACCIDENT
REPURI	UFA	INAFFIC	ACCIDENT

Date/Time Report Made: 25/03/2019 11:17		Made:	Vide Report No.;	Station Diary No. 15	
Informa	nt's Partic	ulars			
Name of Informant: KRISHNAMOORTHY RAMESH			Address: APT BLK 8 ST. GEORGE'S LANE #09-253 SINGAPORE 320008		
ID Type / ID No.: NRIC NO / S7068557D		57D	Contact No.: Home/Office:	Mobile: 90033287	
National INDIAN	ity:		Email:		
Sex: Male	Age:	Date of Birth: 20/07/1970	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/03/2019 09:45	Type of Location	
LOYANG AV	ENUE	wang Link			
Weather:				Road Speed Limit:	
Traffic.Flow: Traffi		Traffic Control:		Traffic Volume:	
Traffic Flow:					

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SBS6116L	Bus/Coach/Mi nibus					0
XE3654H	Lorry				Slightly Damaged	0

Police Report



T/20190325/2051

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

2 of 3 Report No. T/20190325/2051

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was driving my lorry bearing vehicle number XE3654H along Loyang Ave. After I stopped my lorry at the 2nd lane of the traffic light junction of Loyang Ave and New Loyang Link, a bus bearing SBS6116L which was driving along the 1st lane knock onto my right mirror while turning right. I honked the bus driver but he or she did not stopped the bus. As such I alighted from my lorry to take a photo of the damage sustained on it. There were cracks on my driver's side rear mirror. I managed to find out the bus vehicle registration number through my in car camera.

Police Report





Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999 3 of 3 Report No. T/20190325/2051

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 3 PETER CHAN YU GUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/03/2019 11:17
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp	













