

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	19/03/2019 17:19
Date Of Accident	18/03/2019 02:00
Exact Location Of Accident	DUNEARN RD AFTER JUNCTION OF SWISS CLUB RD & DUNEA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA5074A
Insured/Policyholder	
Name Of Registered Owner	SYSTEM CLEANING & SUPPLIES PTE LTD
Co Reg No	197602318K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63362483

Vehicle Particulars

Manufacturer	PEUGEOT
Model	PARTNER
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG18002741
Cover Note Number	

Driver

Name of Driver	VAIRAPPAN PUKAZHVENDAN
NRIC No	G7732112N
Date Of Birth	25/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	02/09/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91328566
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	COLLISION - HEAD TO REAR
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	TRAFFIC POLICE DIVISION HQ
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/20190318/7012.

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	SJN7666R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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

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)**

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:

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

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

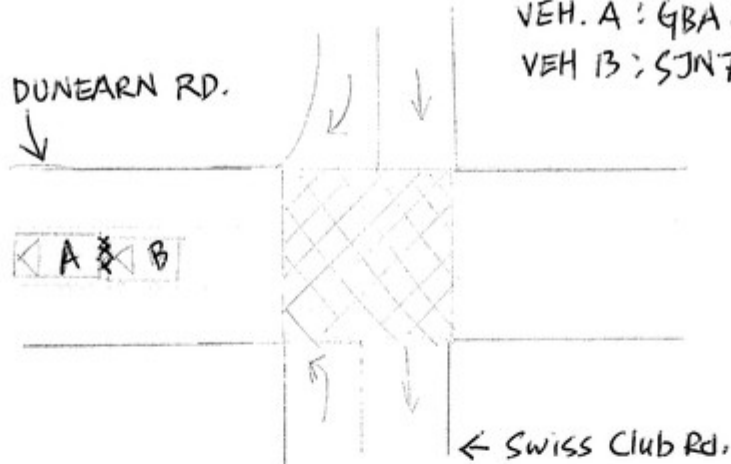
Focus AUTO

DECLARATION

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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT
T/20190318 7012

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/20190318/7012

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

1 of 3

Report No. T/20190318/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2019 14:35	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: VAIRAPPAN PUKAZHVENDAN			Address: 214 PETIR ROAD #06-445 HDB-BUKIT PANJANG SINGAPORE 670214		
ID Type / ID No.: FIN NO / G7732112N			Contact No.: Home/Office: Mobile: 91328566		
Nationality: INDIAN			Email: pugalvendan@rediffmail.com		
Sex: Male	Age: 38	Date of Birth: 25/02/1981	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Supervisor/General foreman (building and related trades)			Driving Licence Information: Class: 3,3C		Date of Expiry: 01/09/2020

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/03/2019 02:00	Type of Location: T-Junction
Location: SWISS CLUB RD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
GBA5074A	Car	PEUGEOT	Partner	Maroon	Slightly Damaged	0
SJN7666R	Car	SUBARU	forester	Grey	Slightly Damaged	0

Details of Person Involved

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20190318/7012

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

2 of 3

Report No. T/20190318/7012

CONTINUATION OF REPORT

Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	GBA5074A (Car)		Contact No.	91328566
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
Driver				
Name	VAIRAPPAN PUKAZHVENDAN		ID No.	G7732112N
Related Vehicle	GBA5074A (Car)		Contact No.	91328566
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,3C Date of Expiry: 01/09/2020
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

I was driving from swiss club rd heading to my office located at Beach rd. When Turn to my left on a T-junction at Dunearn Rd, Car no. SJN 7666R from the main road hit me from behind.



**SINGAPORE
POLICE FORCE**



T/20190318/7012

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

3 of 3

Report No. T/20190318/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476394


Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
18/03/2019 14:35

Classification Of Case:


REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **G7732112N**
 Name: **VAIRAPPAN PUKAZHVENDAN**
 Birth Date: **25 Feb 1981**
 Issue Date: **31 Jul 2015**
 Valid Till: **01/09/2020**



002457192J

SG 50

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore


 Name: **VAIRAPPAN PUKAZHVENDAN**
 S Pass No.: **0 32973493**
 Sector: **SERVICE**

Employer: **SYSTEM CLEANING & SUPPLIES PTE. LTD.**



K1178879

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles ≤ 200 cc	02 Sep 2010
Class 3	Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	02 Sep 2010
Class 3C	Motor Cars unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of the driver	31 Jul 2015

NP 429A



VISIT PASS
Immigration Regulations

10-02-2019

Name: **VAIRAPPAN PUKAZHVENDAN**

Download SGWorkPass App to check status


 S Pass No.: **G7732112N**
 Date of Birth: **25-02-1981** Sex: **M**
 Nationality: **INDIAN**
MULTIPLE JOURNEY VISA ISSUED



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

artificate/Policy Number : DMCG18002741
Vehicle Registration Number : GBA5074A
Cover Type : Comprehensive
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : SYSTEM CLEANING & SUPPLIES PTE LTD
Commencement Date of Insurance : 09/07/2018
Expiry Date of Insurance : 08/07/2019
Excess : EXCESS: (SECTION I).....
EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..
YOUNG&INEXP DRIVERS(SECTION I)

24-Hour Motor Accident Reporting
and Assistance Helpline

6333 2222

www.ergo.com.sg

SS 500.00
SS 100.00
SS 2,500.00

Finance Company/Hire Purchase Owner :

*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

* Limitations as to Use:

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover :

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (*).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

For and on behalf of ERGO Insurance Pte. Ltd.

Approved Insurer

Authorized Signature

A000122	GTRUST PTE LTD	Contact Number: 61005006
Vehicle Chassis Number : VF3GC9HWC96266770, Vehicle Engine Number : 10JB790095575		CP1, 09/07/2018 10:03

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

