

## 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	01/04/2019 19:06
Date Of Accident	31/03/2019 09:00
Exact Location Of Accident	EAST COAST PARK SERVICE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6545A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	VOLVO
Model	FMX420 84RT SC
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	DMCVSN1900161900
Cover Note Number	

### Driver

Name of Driver	MANICKA PADAYACHI RAJENDIRAN
Passport No/FIN	F8477954R
Date Of Birth	12/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	27/01/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84302653
Fax Number	
Contact Number	OFFICE-84302653
Email Address	NOEMAIL

Address	BLK 510 OLD CHOA CHU KANG ROAD #04-94 SUNGEI TENGAH LODGE
Postcode	698904
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?	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190331/2044. AS SPOKEN TO CHINA TAIPING OFFICER (MS SO CHEOW) ABLE TO UPLOAD SCENE PHOTOS FOR REPORTING. CONTACT NUMBER: 63896176

#### 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 Witness 1

Name	
Phone Number	81241603
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG2337Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN RUIQUAN

NRIC/Passport Number S8303883G

Contact Number 87762249

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1 NAME: :

GENDER: :

Passenger 2 NAME: :

GENDER: :

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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.
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.



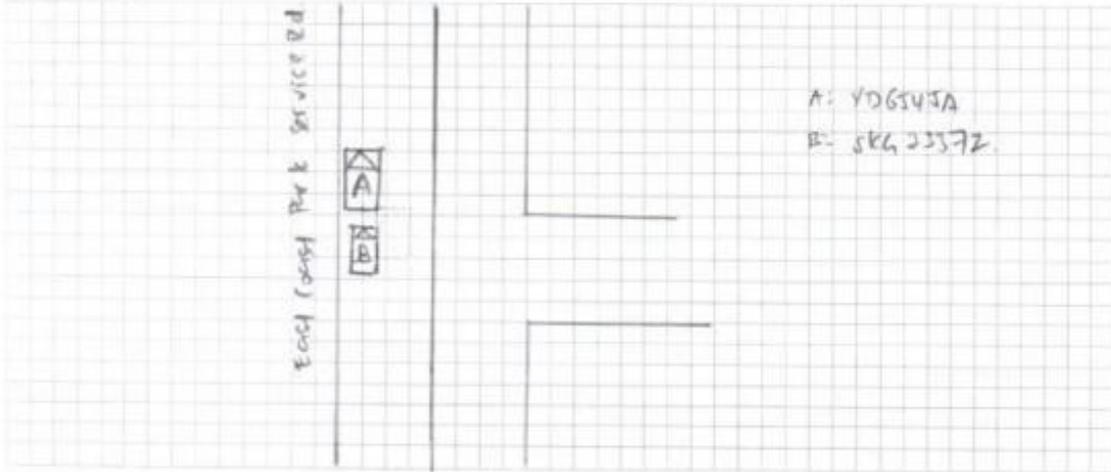
Policyholder's Signature  
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



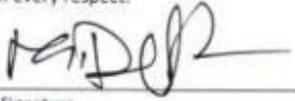
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20190331/2014.

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.:

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190331/2044

1 of 3

Report No. T/20190331/2044

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/03/2019 13:42	Vide Report No.: G/20190331/0101	Station Diary No.: 89
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**Informant's Particulars**

Name of Informant: MANICKA PADAYACHI RAJENDIRAN		Address: APT BLK 510 OLD CHOA CHU KANG ROAD #04-94 SUNGEI TENGAH LODGE SINGAPORE 698904	
ID Type / ID No.: FIN NO / F8477954R		Contact No.: Home/Office: Mobile: 84302653	
Nationality: INDIAN		Email:	
Sex: Male	Age: 48	Date of Birth: 12/09/1970	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/03/2019 09:00	Type of Location: Straight Road
Location: Along Road 1 EAST COAST PARK SERVICE ROAD Along East Coast Park Service Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		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
SKG2337Z	Car				Totally Damaged	2
XD6545A	Lorry				Seriously Damaged	0

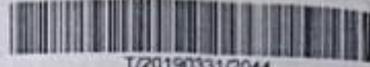
**Details of Person Involved**

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

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190331/2044

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20190331/2044

CONTINUATION OF REPORT

Driver			
Name	Chen RuiQuan	ID No.	S8303883G
Related Vehicle	SKG2337Z (Car)	Contact No.	87762249
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	MANICKA PADAYACHI RAJENDIRAN	ID No.	F8477954R
Related Vehicle	XD6545A (Lorry)	Contact No.	84302653
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

**Brief Details.**

On 31/03/2019, at about 0900hrs, I was driving my company lorry XD6545A along East Coast park service road, as I need to use the toilet immediately, I then parked the lorry at the side of the road and went to the toilet at the East Coast Park, at about 0920hrs, after I finish using the toilet, I heard a loud bang coming from my vehicle direction therefore I ran over to my vehicle and saw that a vehicle SKG2337Z had collided into the rear of my lorry. The front bumper of SKG2337Z was totally crashed, the airbag was also deployed and there was two passenger onboard the vehicle. The front passenger sustained scratches along the hands and was seen bleeding, she was conveyed to hospital by ambulance.

The driver and the back passenger was not injured and does not require medical assistance. I wish to state that the rear of my company lorry was also damaged and dented.

I further wish to state that there was a witness at the scene, he was driving a lorry YN8060D and only provided his contact number 81241603 to me. He informed that he is able to provide information of what had happened.

Police Report



SINGAPORE  
POLICE FORCE



T/20190331/2044

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20190331/2044

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:  
JA  
Sgt 2 LIEW KIAN HOW  
Signature:

Signature Of Informant:

Signature Of Interpreter:  
Not applicable  
Singapore Police Force

Date/Time:  
31/03/2019 13:42

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 LIM HONG LEE  
Contact No.: 65476438

Classification Of Case:

Authentication Stamp  
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

