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	25/04/2019 09:08
Date Of Accident	24/04/2019 14:30
Exact Location Of Accident	PIE KALLANG AREA TWARDS JURONG BEFORE CTE AMK EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XE3528P
Insured/Policyholder	
Name Of Registered Owner	CHUAN LIM CONSTRUCTION PTE LTD
Co Reg No	199600684W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65710615
Vehicle Particulars	
Manufacturer	DAF
Model	CF85.360-12.9 D FAT (M)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	GA274322

Driver

Cover Note Number

Name of Driver RAMAIAH RAMACHANDRAN

Passport No/FIN F8040097R

Date Of Birth 07/12/1978

Occupation OUTDOOR

Date Of Driving Pass 09/06/2016

Driving Experience 2 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98912199

Fax Number

Contact Number

EMail Address NOEMAIL

Address C/O CHUAN LIM CONSTRUCTION PTE LTD, 20 SENOKO DRIVE

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 Vehicle

Insurance Company of Driver's Own Vehicle

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NO

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

Was any body injured in the Accident?

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.

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 WOODLANDS EAST N.P.C

Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO. T/20190424/2106

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 SKD5414E

Vehicle Make/Model/Colour

Details Of Properties

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

IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 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:
 - 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.

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Policyholder's Signature Date & Time: The state of the s

Driver's Signature (If driver is not the policyholder) Date & Time: 2C 14 Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

SKETCH PLAN	
	vehicle A: XE 3528
	Vehicle B'SKD5414E
A \ 02\	
A > 6 ² >	
B' >	
PIE	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was travalling along Dis	
I was travelling along PIE I was travelling straight in	in my vehicle A (XESS28P).
suddenly vehicle B (skos	414E) from my right filter
into my lane and make a	Sudden brake.
upon seeing it, I stepped	on my brate but could
not stop in time.	
The driver of vehicle B	do not want to exchange
any particular and olid	not even alight from
her vehicle. The driver to	hen exit to CTE.
Police Report 7/20190424/210	
1/2011/04/24 / 2/0	
CLARATION	
We declare the the epolog particulars are true in every respect.	
Tome Cr	Ami
icyholder's Signature te & Time: (If driver is not the policyholde	Reporting Centre Personnel's Signature Name:

Date & Time: 25|4

Name:

NRIC/FIN No.:





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

1 of 3 Report No. T/20190424/2106

REPORT OF A TRAFFIC ACCIDENT

24/04/2019 17:12		/lade:	Vide Report No.:	Station Diary No.: 174	
Informa	nt's Partici	ulars		A STATE OF THE PARTY OF THE PAR	
Name of RAMAIA	Informant: H RAMACI	HANDRAN	Address: 20 SENOKO DRIVE #01-00 S	SINGAPORE 758207	
FIN NO	ID Type / ID No.: FIN NO / F8040097R		Contact No.: Home/Office:	Mobile: 98918199	
Nationality: INDIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 07/12/1978	Type of Informant:		
Race: Indian Occupation: Lorry driver			Language: English	Institution / School Name:	
			Driving Licence Information: Class: 3,4,5	Date of Expiry: 07/05/2022	

Type of Accident:	Non-Injury Others	Drink Date/Time of Accident:		Type of Location: Straight Road
	EXPRESSWAY OS TUAS NEAR CTE E	Road Surface:	1 24/04/2019 14:35	Road Speed Limit:
Traffic Flow:		Dry Traffic Control:		Traffic Volume:
One Way Type of Collis		Not Controlled		Moderate

Vehicle No.	Type	Make	Model	Color	The same of	
SKD5414E	Car	THE RESIDENCE OF THE PARTY OF T	THE REAL PROPERTY.	COLO	Longition	No of Passeng
JI DOTTITE	Car				Seriously	0
XE3528P	Laure				Damaged	
VE3020P	Lorry				Slightly	0

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Use of Pedestrian Crossing: NA



T/20190424/2106

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SIN

Report No. T/20190424/2106

Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Name	RAMAIAH RAMACHANDRAN		ID No	·	F8040097R
Related Vehicle	NIL		Conta	ct No.	98918199
Hospital/Clinic	NIL		Class Drivin Licend Expire	g	Class: 3,4,5 Date of Expiry: 07/05/2022
Date Treatment	NIL	Date Disc		NIL	
No. of Days granted Medical Leave NIL		Degree of	fInjury		

Brief Details.

On 24/04/19 at about 1433hrs, I was driving my company lorry (XE3528P) along PIE towards Tuas on lane 3. The weather was clear and the road was dry. The traffic was moderate at the point of time. There was queue piling up on the 4th lane as car were waiting to exit to CTE. There was another car (SKD5414E) cut into my lane from lane 2. After a short distance, the car infront suddenly jammed break and stopped. I was unable to react in time thus I collided to the rear of the car. No one was injured. The female driver then came out to check on the car and subsequently went back into the car. I took photos of the car and the lorry damages then approached to ask for exchange particulars however the female driver refused to provide and told me to proceed with insurance claim. I contacted my supervisor to inform however the lady just drove off. My lorry do not have in-car camera and I am not sure if there was any incar camera in the car. My lorry sustained damages such as front lightings damaged, front part of the lorry had bad dents. The car was badly damaged such the rear window glass shattered with very deep dent and the rear lightings damaged.

CONTINUATION OF REPORT





Police Station Of Origin; Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

3 of 3 Report No. T/20190424/2106

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: L / Sgt 3 NARENDREN S/O THANGARAJAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/04/2019 17:12
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	4-

Accident Photo







Accident Photo

