

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	14/05/2019 17:39
Date Of Accident	13/05/2019 17:00
Exact Location Of Accident	TUAS WEST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN648L
Insured/Policyholder	
Name Of Registered Owner	TAN AH LEE ENTERPRISE PTE LTD
Co Reg No	200802054G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91518655
Alternative Phone No	OFFICE-66848077

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095866171-01
Cover Note Number	

Driver

Name of Driver	RAMAIYAN PALANIGNANAVELU
Passport No/FIN	G8341266L
Date Of Birth	30/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	02/12/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84135881
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	8 SELETAR NORTH LINK #03-1135 PPT LODGE 1A
Postcode	797455
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190514/2106

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	XD8062M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	RAMAIYAN PALANIGNANAVELU
Approximate Age	
Injuries Sustain	BACK,HEAD & NECK
Injured person in which vehicle?	YN648L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.



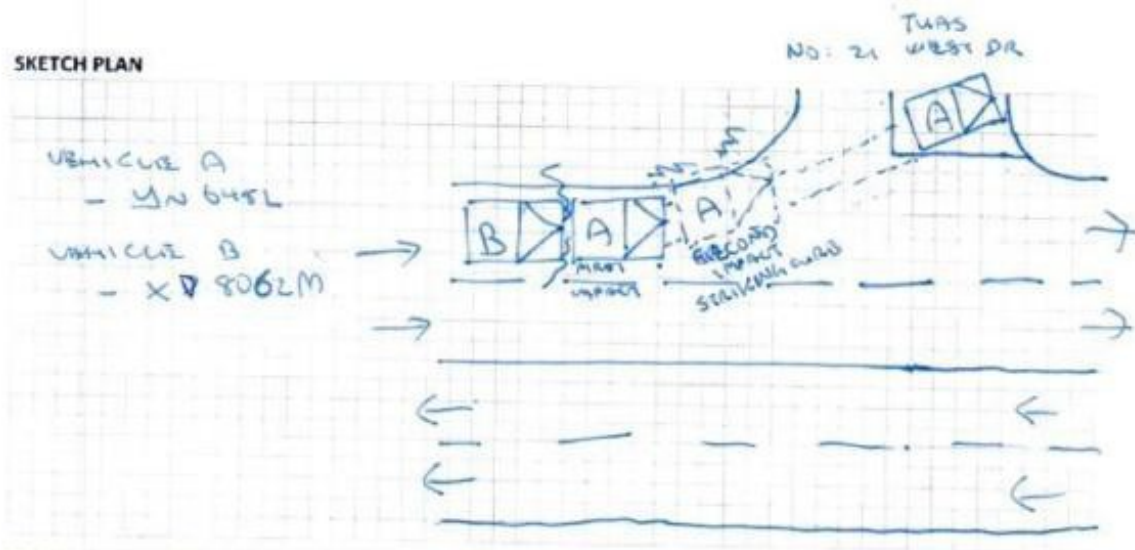
Policyholder's Signature
Date & Time:

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

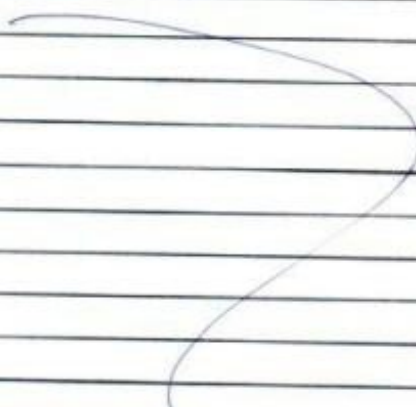


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT. REPORT NUMBER
T/20190514/2106

ADDITIONAL I WOULD LIKE TO
STATE, I WAS STATIONARY STOPPED
AT THE SIDE OF THE ROAD FOR AT
LEAST 15 MINS BEFORE THE ACCIDENT HAPPENED.

VEHICLE A - YN648L
VEHICLE B - XD 8062 M



DECLARATION

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)

2/ym 14/05/19
Reporting Centre Personnel's Signature
Name:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190514/2106

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

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Report No. T/20190514/2106

CONTINUATION OF REPORT

Driver			
Name	RAMAIYAN PALANIGNANAVELU	ID No.	G8341266L
Related Vehicle	YN648L (Lorry)	Contact No.	84135881
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/05/2019	Date Discharge	14/05/2019
No. of Days granted Medical Leave	30	Degree of Injury	Serious

Brief Details.

On 13/5/2019 at around 5pm, I parked my vehicle (YN648L) along the side of Tuas West Dr beside lamp post 39F. At that point of time, I had turned on my hazard light and was stationary.

All of a sudden, a vehicle (XD8062M) came from behind and hit my vehicle from the back. The momentum caused the front and left portion of my vehicle to go up the curb and eventually end up in the middle of Factory No 21.

I was attended by the ambulance and was conveyed to Ng Tang Fong General Hospital. I was granted hospitalisation leave from 13/5/19 to 11/6/19. I suffered pain on the back of my head and neck.

My vehicle was badly damaged. The right tail gate was completely detached from the vehicle and the left portion rear was detached. I do not know the estimated cost of damages.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO	:	FE83BLA261238	<input checked="" type="checkbox"/>
UNLADEN WT	:	2220	KG
MAX LADEN WT	:	5000	KG
PASSENGER CAP	:	1 DRIVER 2 OTHER	
TYRE SIZE	:	(F) 700R-16-10PR	
	:	(R) 175R-14-8PR(D)	

Police Report



**SINGAPORE
POLICE FORCE**



T/20190514/2108

Police Station Of Origin:
Geylang N.P.C.
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486989

1 of 3

Report No: T/20190514/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 14/05/2019 15:24		Vide Report No.:		Station Diary No. 82	
Informant's Particulars					
Name of Informant RAMAIYAN PALANIGNANAVELU			Address 8 SELETAR NORTH LINK #03-1135 PPT LODGE 1A SINGAPORE 797455		
ID Type / ID No. FIN NO / G8341266L			Contact No. Home/Office: Mobile: 84135881		
Nationality INDIAN			Email:		
Sex: Male	Age: 34	Date of Birth 30/07/1984	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 13/05/2019 17:00	Type of Location Straight Road
Location: Along Road 1 TUAS WEST DRIVE				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
XD8082M	Trailer			Yellow	Seriously Damaged	0
YN648L	Lorry	HINO		White	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/20190814/2108

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8488899

2 of 3

Report No: T/20190814/2108

CONTINUATION OF REPORT

Driver			
Name	RAMAYAN PALANIGNANAVELU	ID No.	G8341256L
Related Vehicle	YN648L (Lorry)	Contact No.	84135881
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/05/2019	Date Discharge	14/05/2019
No. of Days granted Medical Leave	30	Degree of Injury	Serious

Brief Details.

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My vehicle was badly damaged. The right tail gate was completely detached from the vehicle and the left portion rear was detached. I do not know the estimated cost of damages.

Police Report



SINGAPORE
POLICE FORCE



T/20190514/2100

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486989

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Report No: T/20190514/2100

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:
G /
Sgt 2 PANG JIA EN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/05/2019 15:24

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 85476248

Classification Of Case:

Authentication Stamp
HP193