

## 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	15/05/2019 11:04
Date Of Accident	14/05/2019 19:00
Exact Location Of Accident	TAMPINES AVE 10
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP8998M
Insured/Policyholder	
Name Of Registered Owner	NEW EMINENT CONSTRUCTION PTE LTD
Co Reg No	201216618N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93225775
Alternative Phone No	OFFICE-93225775
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER 3.0 DIESEL MANUAL
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	5106443346
Cover Note Number	
Driver	
Name of Driver	DEVISIGAMANI ASHOK KUMAR
Passport No/FIN	G2100601M
Date Of Birth	20/12/1992
Occupation	OUTDOOR
Date Of Driving Pass	23/05/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86731594
Fax Number	
Contact Number	OFFICE-86731594
EEmail Address	NOEMAIL

Address	10 JALAN BESAR #07-02 SIM LIM TOWER
Postcode	208787
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 - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

#### 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?	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)	24
Passenger 1	NAME: : RAHIM MD KAMRAN GOLAM GENDER: : MALE
Passenger 2	NAME: : SARKER MANZUR GENDER: : MALE
Passenger 3	NAME: : ISLAM MOHAMMAD JAHURUL GENDER: : MALE
Passenger 4	NAME: : MIAH SOHAG GENDER: : MALE
Passenger 5	NAME: : ISLAM MD ASHRAFUL GENDER: : MALE
Passenger 6	NAME: : - GENDER: : MALE
Passenger 7	NAME: : - GENDER: : MALE
Passenger 8	NAME: : - GENDER: : MALE
Passenger 9	NAME: : - GENDER: : MALE
Passenger 10	NAME: : - GENDER: : MALE

Passenger 11	NAME: : -
	GENDER: : MALE
Passenger 12	NAME: : -
	GENDER: : MALE
Passenger 13	NAME: : -
	GENDER: : MALE
Passenger 14	NAME: : -
	GENDER: : MALE
Passenger 15	NAME: : -
	GENDER: : MALE
Passenger 16	NAME: : -
	GENDER: : MALE
Passenger 17	NAME: : -
	GENDER: : MALE
Passenger 18	NAME: : -
	GENDER: : MALE
Passenger 19	NAME: : -
	GENDER: : MALE
Passenger 20	NAME: : -
	GENDER: : MALE
Passenger 21	NAME: : -
	GENDER: : MALE
Passenger 22	NAME: : -
	GENDER: : MALE
Passenger 23	NAME: : -
	GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 29 JALAN BAHAGIA , <b>POSTCODE:</b> 320029 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2507999 - <b>FAX NO:</b> 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190515/2113.

#### 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	SKW5380T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHANG JUNHONG
NRIC/Passport Number	S2646652J
Contact Number	81831229
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**DETAILS OF INJURED PERSON 1**

Name	DEVISIGAMANI ASHOK KUMAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP8998M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	RAHIM MD KAMRAN GOLAM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP8998M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	SARKER MANZUR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP8998M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 4**

Name	ISLAM MOHAMMAD JAHURUL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP8998M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO

Address

Postcode

#### DETAILS OF INJURED PERSON 5

Name MIAH SOHAG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YP8998M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 6

Name ISLAM MD ASHRAFUL

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YP8998M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.



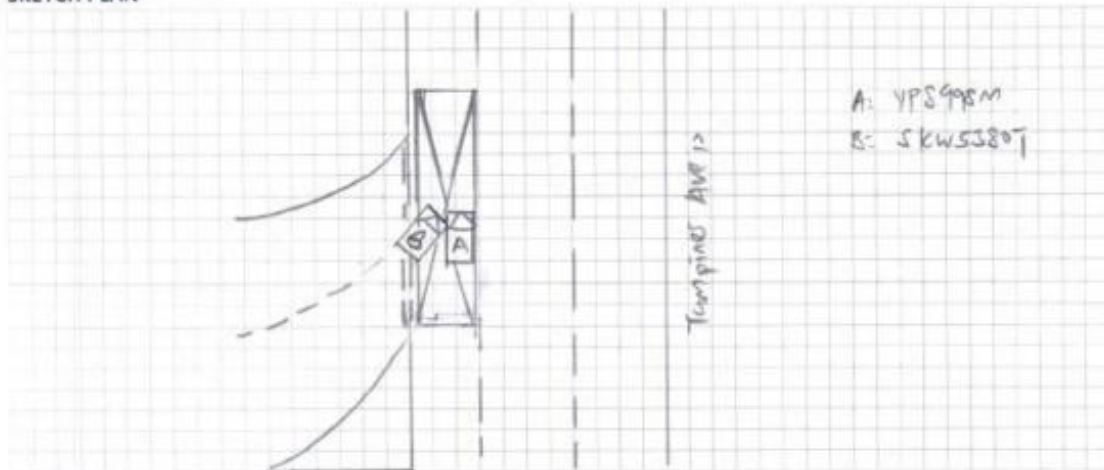
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to prior report: 7 May 05/15/2113.

*[A large diagonal line is drawn across the remaining lines of this section.]*

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Signature must be accompanied by stamp

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

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190515/2113

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

1 of 3

Report No. T/20190515/2113

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2019 14:52	Vide Report No.:	Station Diary No.: 30
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### Informant's Particulars

Name of Informant: DEIVASIGAMANI ASHOK KUMAR			Address:		
ID Type / ID No.: FIN NO / G2100601M			Contact No.: Home/Office: Mobile: 86731594		
Nationality: INDIAN			Email:		
Sex: Male	Age: 26	Date of Birth: 20/12/1992	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Driver			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/05/2019 19:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 10 TAMPINES INDUSTRIAL AVENUE 5 Junction of Tampines Industrial ave 5 and Tampines Ave 10.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW5380T	Car					0
YP8998M	Lorry					23

### Details of Person Involved

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190515/2113

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

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Report No. T/20190515/2113

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Zhang Junhong	ID No.	S2646652J
Related Vehicle	SKW5380T (Car)	Contact No.	81831229
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
<b>Driver</b>			
Name	DEIVASIGAMANI ASHOK KUMAR	ID No.	G2100601M
Related Vehicle	YP8998M (Lorry)	Contact No.	86731594
Hospital/Clinic	ACCESS MEDICAL WHAMPOA	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/05/2019	Date Discharge	15/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

### Brief Details.

On the 14 May 2019 at about 7pm, I was driving my lorry together with my colleague along Tampines ave 10 on the left lane. As I was going towards TPE and was about to pass Tampines Industrial Ave 5, a vehicle bearing license plate number SKW5380T did not heed the give way line and went forward I tried to avoid the vehicle however it still collided into the left side of my lorry.

I immediately stopped my vehicle and came down to check on the other vehicle, the driver came down and started accusing me of driving too fast however the light was in my favour and how fast could a lorry accelerate within such a short distance. The driver did not pay attention to traffic and dashed out of the give way line. After we had exchanged particulars we both went our separate ways after agreeing to settle the matter through insurance.

There were colleagues who were injured due to the impact but have yet to see a doctor. I had gone to see a doctor as my neck and right hand hurts from the accident. I am lodging this report for insurance claims.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190515/2113

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

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Report No. T/20190515/2113

## 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: E / Staff Sgt LEE CHONG TAT, TIMOTHY	Signature Of Informant:  <i>D. Affrabi L</i>
Signature Of Interpreter: Not applicable	Date/Time: 15/05/2019 14:52
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:  SN 167
Authentication Stamp NP168	

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : M4919063005 Vehicle Registration No: Y8998M  
Name (as shown in NRIC) : UW Eminent Construction Pte Ltd NRIC/FIN/Passport No : 201416618N  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 14/11/19 Time of Accident : 19:00  
Place of Accident : Tampines Ave 10  
Insurance Company : NTUC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add in injureds  
1. Ruhim Md Kamran Kalam  
2. Sarker Manzur  
3. Ulam Mohammad Jahidul  
4. Neah Sheng  
S. Kalam Md Ashrafu

D. Ashok  
Policyholder / Driver's Signature  
Date:

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