

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	10/06/2019 10:47
Date Of Accident	09/06/2019 07:15
Exact Location Of Accident	SELETAR NORTH LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ5357T
Insured/Policyholder	
Name Of Registered Owner	NAKANO SINGAPORE (PTE) LTD
Co Reg No	197501976M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63334933

Vehicle Particulars

Manufacturer	KIA
Model	K2700 S/C
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	19-MB007372-R09
Cover Note Number	

Driver

Name of Driver	DHURAI SAMY SOWRI RAJ
Passport No/FIN	G7323819L
Date Of Birth	20/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93576235
Fax Number	
Contact Number	OFFICE-93576235
Email Address	NOEMAIL

Address	1 COLEMAN STREET #06-02 THE ADELPHI
Postcode	179803
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	NO COLLISION
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	13
Passenger 1	NAME: : HOSSAIN MD JAMAL GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE
Passenger 5	NAME: : - 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

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address **ROAD:** 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX
BLOCK A , **POSTCODE:** 088762 , **COUNTRY:** SINGAPORE
Police Station Contact **TEL NO:** 1800-2369999 - **FAX NO:** 62268438
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190609/2091.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF INJURED PERSON 1

Name HOSSAIN MD JAMAL
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GZ5357T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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.



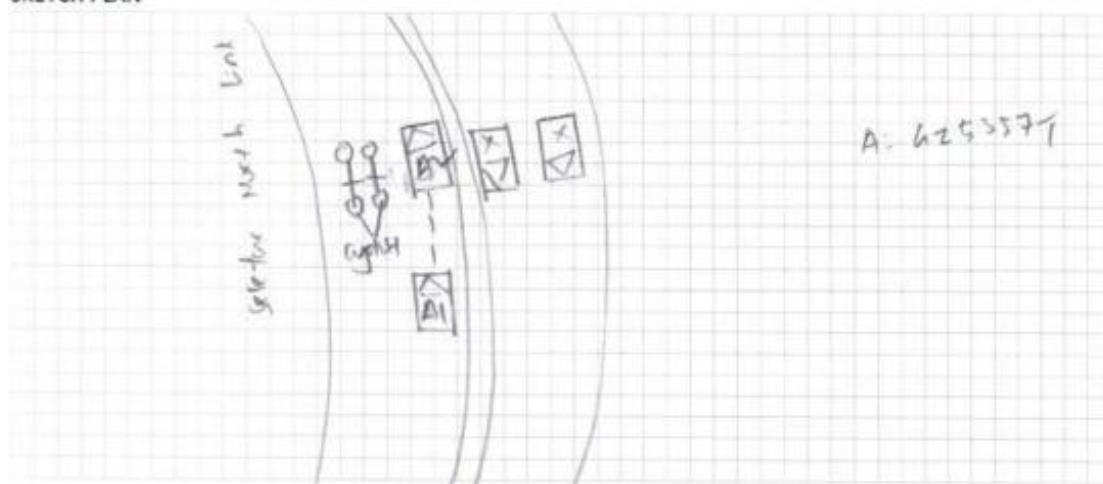
Policyholder's Signature
Date & Time:


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 - 7/20/2009/2009.

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/20190609/2091

1 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20190609/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2019 16:39	Vide Report No.:	Station Diary No.: 99
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Informant's Particulars

Name of Informant: PHUA YIH CHING			Address: APT BLK 201 YISHUN STREET 21 #09-67 SINGAPORE 760201		
ID Type / ID No.: NRIC NO / S7700009G			Contact No.: Home/Office: 93680009 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 04/01/1977	Type of Informant: Passenger		
Race: Chinese			Language:		Institution / School Name:
Occupation: Safety Officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/06/2019 07:15	Type of Location: Straight Road
Location: Along Road 1 SELETAR NORTH LINK				
Towards CTE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Passenger				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ5357T	Lorry	KIA		Blue	No Damage	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/20190609/2091

Police Station Of Origin:
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A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20190609/2091

CONTINUATION OF REPORT

Driver			
Name	Dhurai Samy Sowri Raj	ID No.	G7323819L
Related Vehicle	GZ5357T (Lorry)	Contact No.	93576235
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Hossain Md Jamal	ID No.	G8242897L
Related Vehicle	GZ5357T (Lorry)	Contact No.	NIL
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	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	Serious
Safety Officer			
Name	PHUA YIH CHING	ID No.	S7700009G
Related Vehicle	NIL	Contact No.	93680009
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 the above mentioned, date, time and location. I was travelling along Seletar North link, towards CTE, there was two cyclist on the road. In order to avoid them I drove slight towards the oncoming traffic. While doing so, there was another lorry driving in the opposite direction. There was no collision between the lorry, however, one of my passenger was injured as he placed his elbow out of the lorry and was hit by the oncoming lorry. I then conveyed him to the hospital. Thus, I am here to lodge a report.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190609/2091

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20190609/2091

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: A / Sgt 2 CHUA ZHENG HONG JEVON 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/06/2019 16:39
Officer In Charge Of Case: TP / AEIT / Sgt 3 KOH CHEE SENG, KEVIN Contact No.: 65472073	Classification Of Case:
Authentication Stamp NP168	



Signature

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

