

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	12/06/2019 13:57
Date Of Accident	08/06/2019 20:40
Exact Location Of Accident	BKE TWDS WOODLANDS B4 TURF CLUB AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1694R
Insured/Policyholder	
Name Of Registered Owner	G H ONG ENGINEERING PTE LTD
Co Reg No	201109632C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83155058

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5073846237-03
Cover Note Number	-

Driver

Name of Driver	KARUPPAIAH PANNEER SELVAM
NRIC No	G2168761N
Date Of Birth	30/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83155058
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 19A TOH GUAN RD EAST #17-005
Postcode	608567
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	CHAIN 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	5
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)	1

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	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SHD5838B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKV197U
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLE8610T
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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number QTS5828
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)

DETAILS OF INJURED PERSON 1

Name KARUPPAIAH PANNEER SELVAM
Approximate Age
Injuries Sustain NECK AND BACK
Injured person in which vehicle? GBE1694R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

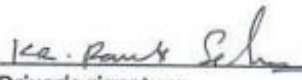
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- 6) The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.



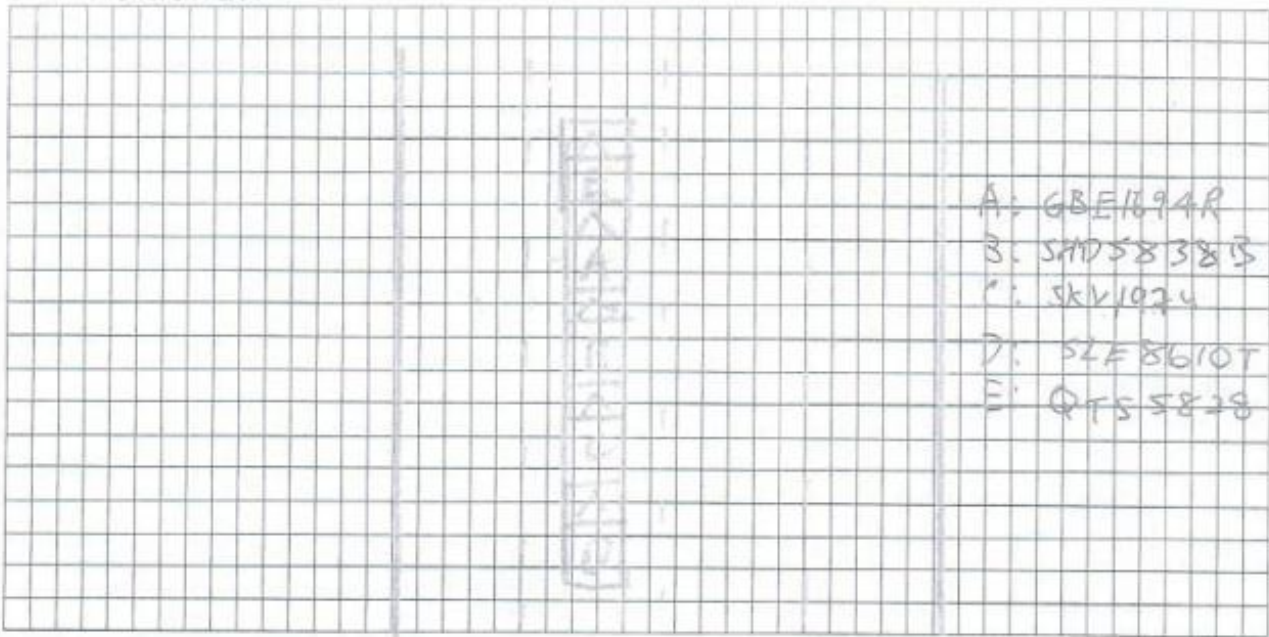
Policy holder's signature
Date / time:


Driver's signature
(if driver is not policy holder)
Date / time:


reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN




A: GBE1694R
 B: SAD583813
 C: SKV1024
 D: SLE8610T
 E: QTS5828

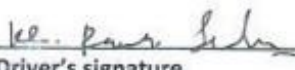
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along BKE on the 3rd lane. As the vehicle in front of me stop, I follow to stop as well. All of a sudden I felt a huge impact on my vehicle rear portion and the damage cause my car to move forward and hit the front car. Total 5 car involved.

DECLARATION

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


 Policy holder's signature
 Date & time:


 Driver's signature
 (If driver is not policy holder)
 Date & time:


 reporting centre personnel's Signature
 Name:
 NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190611/2168

1 of 3

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 No. T/20190611/2168

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2019 20:24	Vide Report No.: L/20190608/0163	Station Diary No.: 109
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Informant's Particulars

Name of Informant: KARUPPAIAH PANNEER SELVAM			Address: APT BLK 19A TOH GUAN ROAD EAST #17-005 TOH GUAN DORMITORY SINGAPORE 608567	
ID Type / ID No.: FIN NO / G2168761N			Contact No.: Home/Office: Mobile: 83155058	
Nationality: INDIAN			Email:	
Sex: Male	Age: 30	Date of Birth: 30/05/1989	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3 Date of Expiry: 29/07/2019	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/06/2019 20:40	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY BKE, TOWARDS WOODLANDS, BEFORE SLE-TURF CLUB AVE EXIT (MPAG: 4624A)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE1694R	Lorry	TOYOTA	DYNA 1.5T SINGLE CAB	Blue	Slightly Damaged	0
QTS5828	Car				Slightly Damaged	0
SHD5838B	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Red	Slightly Damaged	0

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190611/2168

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Report No. T/20190611/2168

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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKV197U	Car	NISSAN	X-TRAIL 2.0 CVT ABS 4WD S/R 7- STR	Red	Slightly Damaged	0
SLE8610T	Car	HONDA	VEZEL 1.5X CVT	White	Slightly Damaged	0

Brief Details.

On 08/06/2019 at about 2040hrs, I was driving in V2(GBE1694R) on the 3rd lane from the right along BKE.

While I was driving, I observed that V1 (QTS5828, Car) to slowed down thus I slowly come to a stop behind V1. Suddenly, I felt an impact on the rear of my vehicle which the impact then pushed my vehicle forwards colliding onto the rear of V1 ahead.

After the accident, I exited my vehicle V2 to discovered V3(SHD5838B) to be the vehicle which collided onto the rear of my vehicle V2. Additionally, V4 and V5 was observed to also collided onto one another's rear bumper.

The Chain collision involving 5 vehicle was attended by a Traffic police officer and Driver of V5 was being conveyed to the hospital by ambulance.

I did no exchange any particular from either party. I am lodging this report for police investigation under the instruction of my company G H Ong engineering Pte Ltd. (REG No:201109632C)

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190611/2168

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
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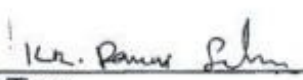

Report No. T/20190611/2168

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: J / Sgt 2 SIAU JING YANG	Signature Of Informant: 
Signature Of Interpreter: Not applicable 	Date/Time: 11/06/2019 20:24
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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