

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 Submission 12/06/2019 14:13 (SGT)
Date of Accident 08/06/2019 20:40 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE1694R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner G H ONG ENGINEERING PTE LTD
Company Reg No 2XXXXX632C
Email Address CLAIMS@TEAMWORKGARAGE.COM
Mobile Phone No (Phone) +65-83155058
Alternative Phone No +65-83155058

VEHICLE PARTICULARS

Manufacturer Toyota
Model DYNA
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5073846237-03
Cover Note Number -

DRIVER

Name of Driver KARUPPAIAH PANNEER SELVAM
NRIC No GXXXXX761N
Date Of Birth 30/05/1989
Occupation Outdoor

Date Of Driving Pass	30/07/2014
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83155058
Alt. Phone Number	-
Email Address	CLAIMS@TEAMWORKGARAGE.COM
Address	BLK 19A TOH GUAN RD EAST #17-005
Address complement	-
Postcode	608567
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Npc
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 Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKV197U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLE8610T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	QTS5828
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KARUPPAIAH PANNEER SELVAM
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Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 5) Any false reporting may be referred to the police for investigation.
- 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 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.
- 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:

Ka. Paul Selva

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

[Signature]

reporting centre personnel's Signature
Date / time:


SKETCH PLAN


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 an 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.:





























**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
Tel No: 1800-7659999

1 of 3

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	
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



**SINGAPORE
POLICE FORCE**



T/20190611/2168

2 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

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)



**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
Tel No: 1800-7659999

3 of 3

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: <i>Mr. Ramu Selva</i>
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	



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 : MNA119076598 Vehicle Registration No: GBE1694R
Name (as shown in NRIC) : KARUPPAIAH PANNEER SELVAM NRIC/FIN/Passport No : G2168761N
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 19A TOH GUAN RD EAST #17-005 Singapore (608567)
Contact (Tel) : 83155058 Mobile No. : _____
Email Address : claims@teamworkgarage.com
Date of Accident : 08/06/2019 Time of Accident : 20:40
Place of Accident : BKE TWDS WOODLANDS B4 TURF CLUB AVE
Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD

(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 EMAIL ADDRESS - claims@teamworkgarage.com



Policyholder / Driver's Signature
Date: _____

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