

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	13/07/2019 16:10
Date Of Accident	12/07/2019 12:50
Exact Location Of Accident	BLOCK 9002 TAMPINES STREET 92
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9477Z
Insured/Policyholder	
Name Of Registered Owner	STRAITS TEAMWORK PTE LTD
Co Reg No	197501956G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85951170
Alternative Phone No	OFFICE-85951170

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 5M/T ABS 2DR 2WD EURO 5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MU009114-R01
Cover Note Number	

Driver

Name of Driver	CHELLAIAH RAMASAMY
NRIC No	F8100833R
Date Of Birth	05/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	14/05/2010
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85951170
Fax Number	
Contact Number	OTHERS-85951170
EEmail Address	NOEMAIL

Address BLK 13 TOH DORMITORY
#03-02

Postcode

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 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? 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 BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address **ROAD:** 20 CHAI CHEE DRIVE , **POSTCODE:** 469045 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-2448999 - **FAX NO:** 62446558

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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 FBK2224B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MOHAMAD AMER HAFFIZ BIN MOHD YAZID

NRIC/Passport Number G8552615X

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMAD AMER HAFFIZ BIN MOHD YAZID
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK2224B
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:

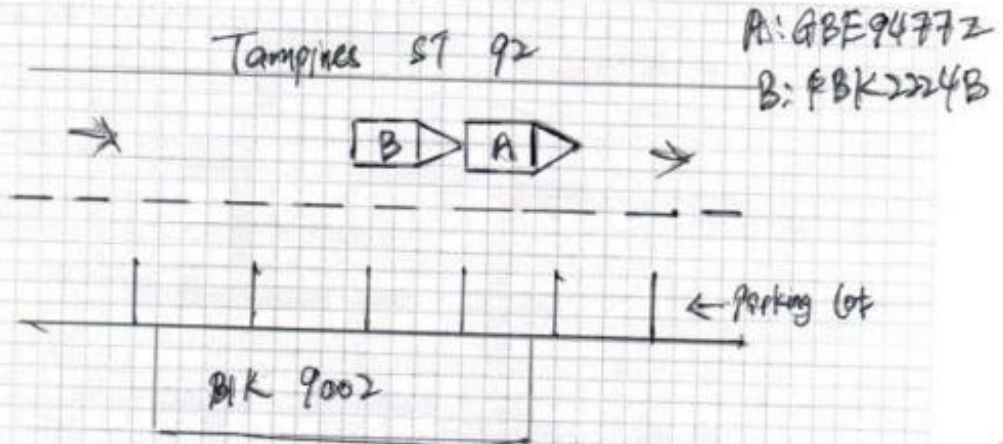
12/7/2019

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

13/07/2019
Resh Kumar

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Blk 9002 Tampines ST 92. Vehicle B (FBK 2224B) hit onto my rear (GBE 9477Z).

Police Report 7/20190713/2033

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:
12/7/2019

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

13/07/2019
Rashid Winton

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190713/2033

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20190713/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2019 10:45		Vide Report No.: G/20190712/0096		Station Diary No.: 21
Informant's Particulars				
Name of Informant: CHELLAIAH RAMASAMY		Address: 13 Toh Guan Road East #03-02 Toh Guan Dormitory SINGAPORE 608567		
ID Type / ID No.: FIN NO / F8100833R		Contact No.: Home/Office: Mobile: 85951170		
Nationality: INDIAN		Email:		
Sex: Male	Age: 44	Date of Birth: 05/03/1975	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: CONSTRUCTION		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/07/2019 12:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES STREET 92 TAMPINES AVENUE 1 Opposite Blk 9002				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
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
FBK2224B	Motorcycle				Slightly Damaged	0
GBE9477Z	Lorry				Slightly 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/20190713/2033

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20190713/2033

CONTINUATION OF REPORT

Name	Mohamad Amer Haffiz Bin Mohd Yazid	ID No.	G8552615X
Related Vehicle	FBK2224B (Motorcycle)	Contact No.	NIL
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
Driver			
Name	CHELLAIAH RAMASAMY	ID No.	F8100833R
Related Vehicle	GBE9477Z (Lorry)	Contact No.	85951170
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

Brief Details.

On the 12/07/2019 at about 1250hrs, I was driving my white in color Nissan lorry, bearing plate number GBE9477Z along Tampines Street 92 heading towards Tampines Avenue 1. At that time, the road was clear and I was driving within the speed limit of the road.

That was then while I was still driving along opposite of Blk 9002 Tampines Street 92, I felt an impact coming from the rear of my lorry. I immediately stopped and that was then I discovered that a blue in color 'Singpost' motorcycle bearing plate number FBK2224B had collided onto the rear of my lorry. I then render assistance to the rider and seek help from passerby to call for police's assistance.

Shortly later, both traffic police and ambulance arrived. The rider was conveyed by the ambulance and I was advised to lodge a police report pertaining to the incident. I was also given a case card ref G/20190712/0096.

I wish to state that there are some dents at the rear left side of my vehicle and I am not injured.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190713/2033

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No: T/20190713/2033

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 MUHAMMAD NUR ISKANDAR BIN MUHD
NUR GHAZALI LIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No: 65476246

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

13/07/2019 10:45

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

