

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	04/08/2019 19:17
Date Of Accident	04/08/2019 06:40
Exact Location Of Accident	BUKIT BATOK EAST AVE 2 (LAMP POST NO. 47)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1356B
Insured/Policyholder	
Name Of Registered Owner	S K SHAMINI TRADING
Co Reg No	53050956C
Email Address	SHAMKSN@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	Office-90090965

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0DX AUTO
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG19001474
Cover Note Number	N.A

Driver

Name of Driver	SHANMUGAM KALEESWARAN
NRIC No	S7260589F
Date Of Birth	12/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	20/01/1996
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90090965

Fax Number
 Contact Number
 EMail Address SHAMKSN@YAHOO.COM.SG
 Address NIL
 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 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 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) 2
 Passenger 1 Name: : Sun
 Gender: : Male

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] TRAFFIC POLICE UBI
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

Refer to Police Report Ref: T/20190804/7002 lodged at Traffic Police UBI. Brief Details: I was driving along Bukit Batok Ave 2 towards Hill View Ave, there was a motorcycle in front of me. I assume the left green arrow was on, so I continue moving forward slowly but she didn't move and my van hit the back of the motorcycle. She fell down due to the impact. I quickly went down to help her left up her motorcycle and check whether she is fine. The motorcyclist called the police. Then the ambulance arrived shortly. They brought the motorcyclist to the hospital. The traffic police told me to make a traffic accident 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 FBJ6166P
 Vehicle Make/Model/Colour K.T.M. / 200 DUKE / BLK
 Details Of Properties NIL
 Vehicle Category MOTORCYCLE

Name of Driver FEMALE RIDER
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name FEMALE RIDER
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBJ6166P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

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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:

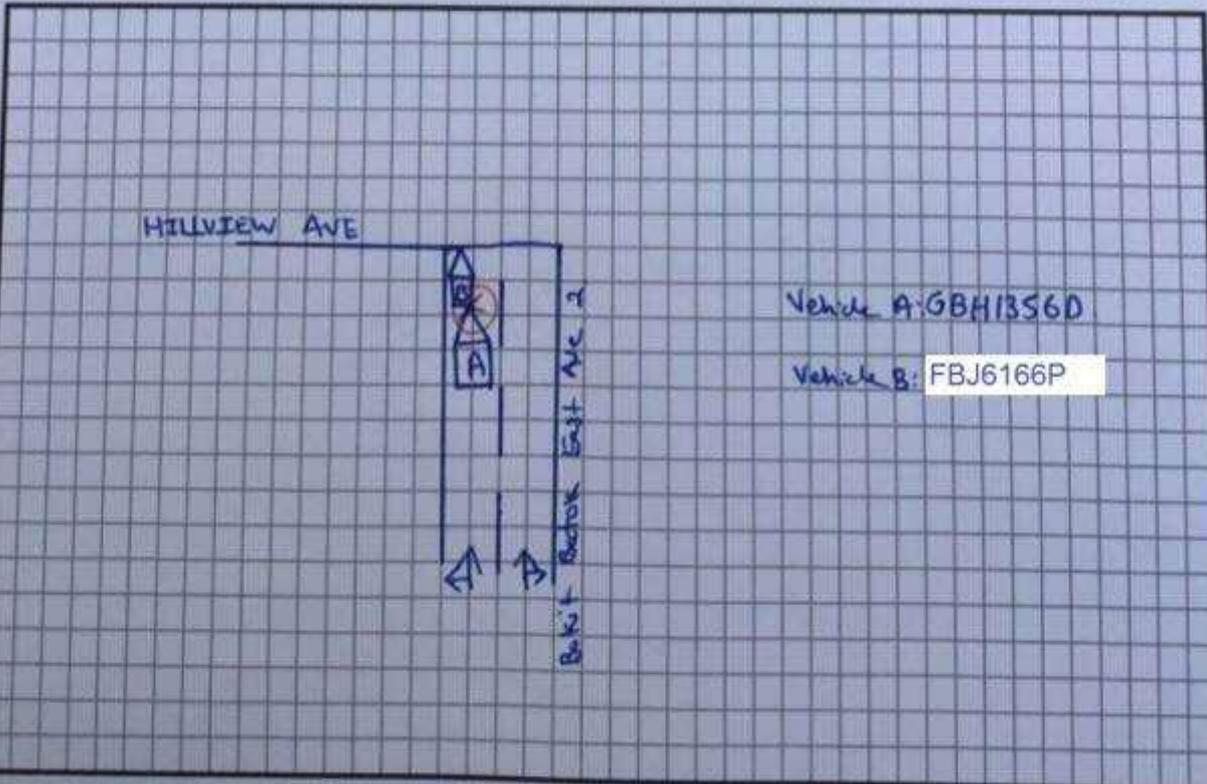
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

VERIFIED BY AJAX MARS
 REPORTING OFFICER
 Mohamed Saifullah S/O Syed
 Masood
 Witnessed by Reporting Centre
 Personnel

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Sketch Plan



Police Report


**SINGAPORE
POLICE FORCE**


T/20190804/7002

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190804/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2019 12:46	Vide Report No.: J/20190804/0064	Station Diary No.:
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Informant's Particulars

Name of Informant: SHANMUGAM KALEESWARAN		Address: 426 WOODLANDS STREET 41 #06-204 SINGAPORE 730426	
ID Type / ID No.: NRIC NO / S7260589F		Contact No.: Home/Office:	Mobile: 90090965
Nationality: INDIAN		Email: shamksn@yahoo.com.sg	
Sex: Male	Age: 47	Date of Birth: 12/07/1972	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Sole properiotor		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/08/2019 06:40	Type of Location: T-Junction
Location: Bukit Batok East Avenue 2				
Lamp Post Number: 47				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
FBD8166P	Motorcycle			Black	Slightly Damaged	0
GBH1356B	Van	TOYOTA	Hiace	Grey	Slightly Damaged	1

Details of Person Involved

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

Scanned with CamScanner

Police Report



**SINGAPORE
POLICE FORCE**



T/20190804/7002

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190804/7002

CONTINUATION OF REPORT

Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	GBH1356B (Van)		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	SHANMUGAM KALEESWARAN		ID No. S7260589F
Related Vehicle	GBH1356B (Van)		Contact No. 90090965
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.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190804/7002

3 of 3

Report No. T/20190804/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / CHONG GUAN FATT Contact No.: 65476083

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 04/08/2019 12:46
Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



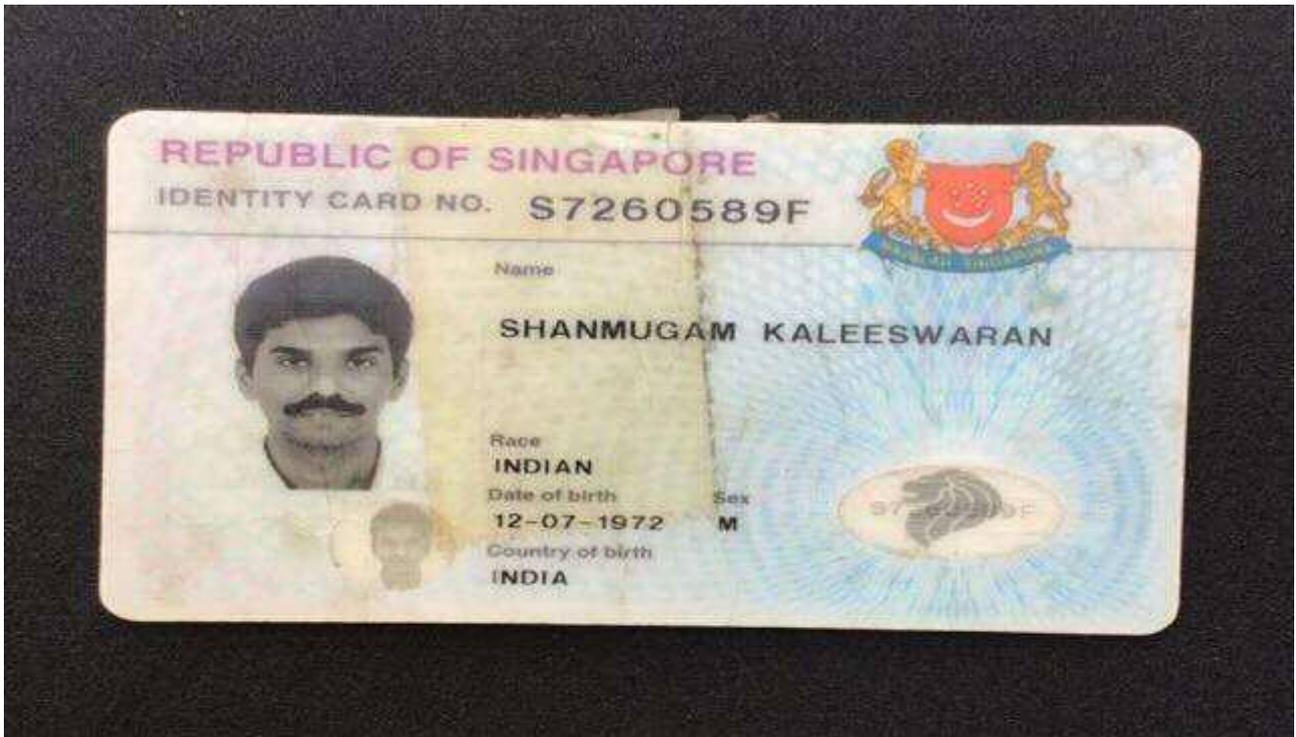
Accident Photo



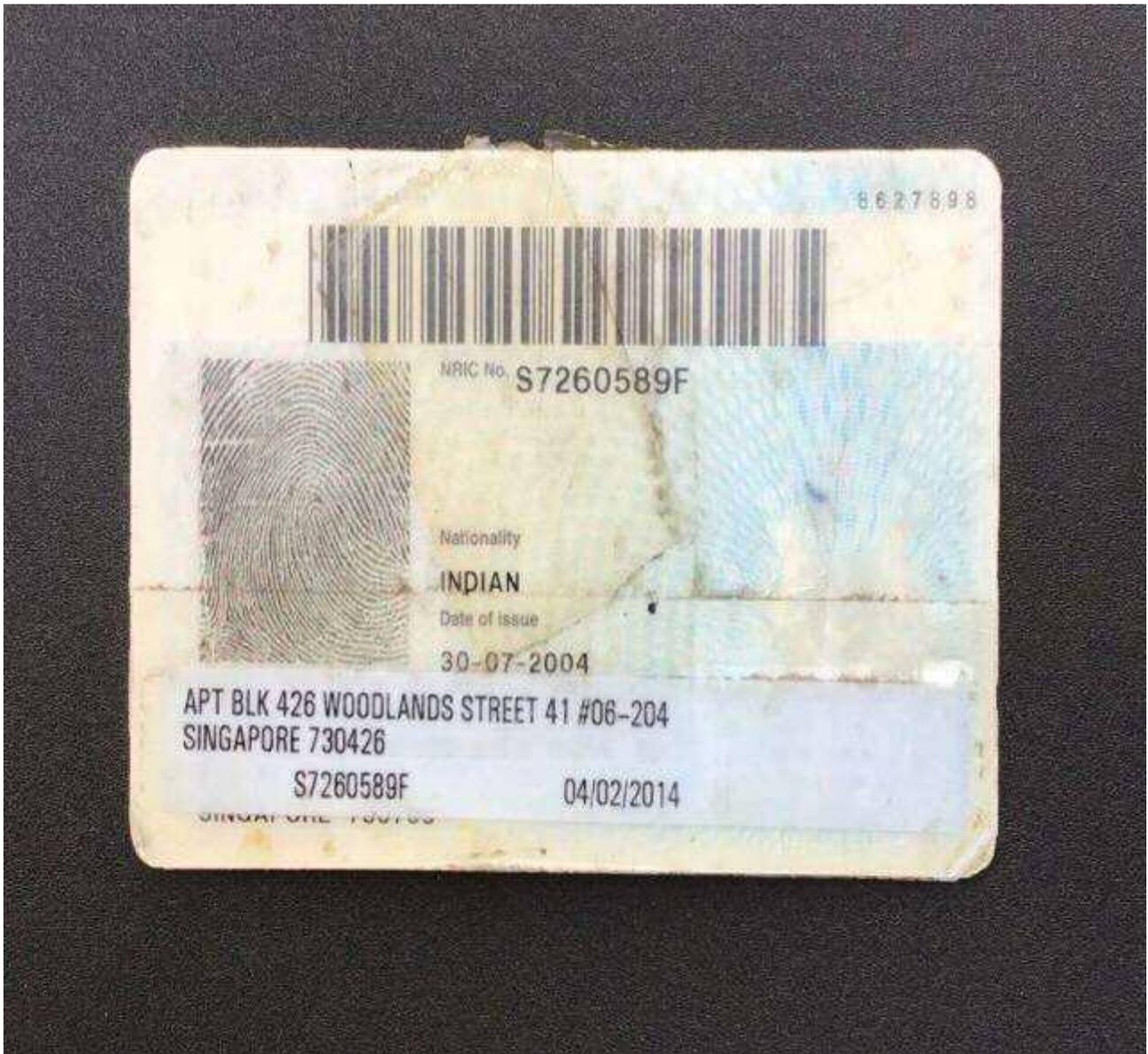
Accident Photo



Identification Card



Identification Card



Driving License



Driving License

