SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

By the lodgement of this report to the insurers, you hereby cons aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	10/08/2019 15:24
Date Of Accident	10/08/2019 12:50
Exact Location Of Accident	JUNC OF UBI AVE 2 & UBI AVE 1
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PA8693C
Insured/Policyholder	
Name Of Registered Owner	MARITEAM TRANSPORT SERVICES PTE LTD
Co Reg No	200402055D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62222144
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29120398 TMV
Cover Note Number	-
Driver	
Name of Driver	KRISHNASAMY KUMARASAMY
NRIC No	S1443299Z
Date Of Birth	29/01/1960

OUTDOOR

21/02/2000

MALE

NOEMAIL

19 YEARS AND 5 MONTHS

(LOCAL) +65-92301271

OTHERS-82229747

Page 1 of 17

BLK 120 BT MERAH VIEW #05-14 Address

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** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number VCG1670 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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

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

SINGAPORE

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

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190810/2059

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

VCG1670 Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 17

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- By the lodgment 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/ere 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 indirectively all the personal information of singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) 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.
- (n) the information so collected under (d) above may be shared / disclosed:
 - 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
 - (a) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time Driver's Signature

(If oriver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

UNI VO 1						
	CADI MYR Z	1 NB NA	f	(a)	4	A . PA6693C B = VCG1470
THE RESERVE ASSESSMENT OF THE PARTY OF THE P	3 WH	6	Avin.	O HVO		of victility aligned and
SHOOLAND I HOW HOW	MIN!		nityP On	11	did not	net onto the rear posti feel any impact and lamage.

POLICE REPORT





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999 1 of 3 Report No. T/20190810/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2019 14:37		/lade:	Vide Report No.:	Station Diary No.: 45		
Informa	nt's Partic	ulars	THE RESERVE	The same of the sa		
	f Informant: IASAMY KU	JMARASAMY	Address: APT BLK 120 BUKIT MERAH VIEW #05-14 SINGAPORE 152120			
ID Type / ID No.: NRIC NO / S1443299Z			Contact No.: Home/Office:	Mobile: 82229747		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 59	Date of Birth: 29/01/1960	Type of Informant: Driver			
Race: Indian		al.	Language: English	Institution / School Name:		
Occupation: Van driver			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 10/08/2019 12:50	Type of Location X-Junction	
Location: Junction of R UBI AVENUE UBI AVENUE Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry		60	
Troffic Claus		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Traffic Flow:		transfer angless tra			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PA8693C	Van	TOYOTA	HIACE	White	No Damage	0
VCG1670	Car					0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
PA0093C	MSIG INSURANCE (SINGAPORE) PTE, LTD.	B29120398TMV	14/04/2019	13/04/2020		

POLICE REPORT





2 of 3

Report No. T/20190810/2059

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

CONTINUATION OF REPORT

	ivolved: No					
No. of Pedestrian	s Injured: NIL	Use of Per	Use of Pedestrian Crossing: NA			
Driver		THOUSAND ST			THE RESIDEN	
Name	KRISHNASAMY KUMARASAMY				S1443299Z	
Related Vehicle	PA8693C (Van)			ct No.	82229747	
Hospital/Clinic	NIL			of g ce & Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL		
Driver		AND RESIDENCE.		The state of		
Name	ARASHIMA SATOSHI		ID No.		TZ1011903	
Related Vehicle	VCG1670 (Car)			ct No.	NIL	
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave NIL	Degree of	fInjury	NIL		

Brief Details

I was travelling along Ubi Avenue 2 and came to a complete stop at the junction of the said road, with Ubi avenue 1. I was on the most left lane. After about 1 minute later, the driver of the vehicle in front of me alighted and approached me saying that I had hit onto the rear portion of his vehicle. I wish to state that I did not feel any impact and both vehicles does not have any damages. I saw that my van did not touch the rear of his car.

POLICE REPORT





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No. 1800-2449999

3 of 3 Report No. T/20190810/2059

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 / Staff Sgt MUHAMMAD HAFIZAN BIN ASRI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2019 14:37
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp	

Driving License

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1443299Z



4329



Name

KRISHNASAMY KUMARASAMY



கிருஷ்ணசாமி குமாரசாமி



Race

INDIAN Date of birth

Sex

29-01-1960

M

Country/Place of birth

SINGAPORE

For LKK/NAC Use Only

5619484



NRIC No. S1443299Z

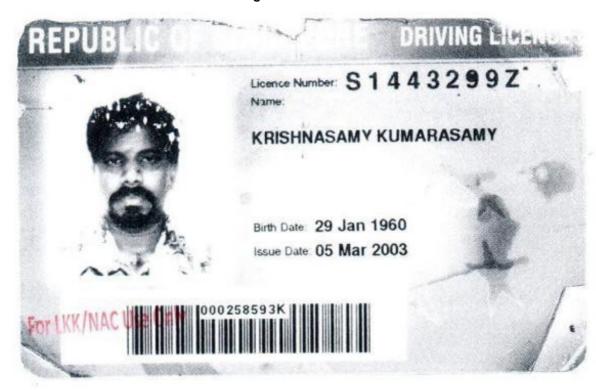


Date of issue 07-07-2016

Address

APT BLK 120 BUKIT MERAH VIEW SINGAPORE 152120

Driving License



ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

. Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

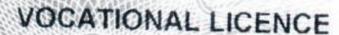
21 Feb 2000

For LKK/NAC Use Only

2 428A







Licence No : \$1443299Z

Name KRISHNASAMY KUMARASAMY

Issue Date : 2/4/2012

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	23/02/2006
02	TAXI VL	07/04/2006
04	BUS ATTENDANT	23/02/2006

For LKK/NAC Use Only





Accident Photo



Accident Photo PARSOSIC

Accident Photo





Accident Photo

