#### 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 <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

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	29/08/2019 15:46
Date Of Accident	29/08/2019 10:15
Exact Location Of Accident	AYE (TUAS) NEAR JURONG BIRD PARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YN6012G
Insured/Policyholder	
Name Of Registered Owner	EVEREST SCAFFOLDING PTE LTD
Co Reg No	201326221N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5082691124-03
Cover Note Number	

#### **Driver**

Name of Driver NADESAN DHARMAR Passport No/FIN G2375814N Date Of Birth 08/06/1991 Occupation **OUTDOOR Date Of Driving Pass** 29/01/2015 **Driving Experience** 4 YEARS AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-83516298

Fax Number

Contact Number OFFICE-83516298

EMail Address NOEMAIL

Address 1 NORTH BRIDGE ROAD

#07-10 HIGH STREET CENTRE

Postcode 179094

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? YES

JHB1489 (COMMERCIAL VEHICLE)

Number of vehicles (including own vehicle)

Foreign Vehicle Registration Number

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : SUNDARARAJU MANIKANDAN

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 357 HOUGANG AVENUE 7 #01-805, POSTCODE: 530357,

**COUNTRY: SINGAPORE** 

Police Station Contact **TEL NO**: 1800-2869999 - **FAX NO**: 63822066

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO. 1000-2009999 - FAX NO. 03022000

#### **Circumstances of Accident**

REFER TO POLICE REPORT - T/20190829/2072.

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 YN1416H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

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 YM3541X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

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 JHB1489

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

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 XB9707R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

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 NADESAN DHARMAR

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle?

Were seat belts worn?

YES

Was this injured conveyed to hospital by

YN6012G

ambulance?

NO

Address Postcode

**DETAILS OF INJURED PERSON 2** 

Name

SUNDARARAJU MANIKANDAN

Approximate Age

Injuries Sustain **NECK & BACK** 

Injured person in which vehicle? YN6012G

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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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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/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:
  - 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 invoive 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:
  - 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:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

# **Accident Sketch Plan**

SKETCH PLAN	, r I	1 .	1, 1,
DCA: 29/8/10 A: YN 60120 B: YN 1416H C: YM 3541 D: JHB 1489 E XB 9707		A7	
Per to Oli	THE ACCIDENT	*	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:		Centre Peysonnel's Signature

# Police Report





Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999

1 of 3 Report No. T/20190829/2072

# REPORT OF A TRAFFIC ACCIDENT

019 13:03	Made:	Vide Report No.:	Station Diary No.:		
ant's Parti	culars		16		
f Informani AN DHARI / ID No	t: MAR	Address: C/O EVEREST SCAFFOLD	NG PTE LTD CINCO		
G237581	4N	Contact No.: Home/Office:			
Nationality: INDIAN Sex: Age: Details		Email:	Mobile: Occident		
Age: 28	Date of Birth: 08/06/1991	Type of Informant:			
		Language:	Institution / School Name:		
Occupation: ORIVER		Driving Licence Information:	Date of Expiry:		
	ant's Particle of Informant AN DHARM / ID No.: / G237581. ity:  Age: 28	/ G2375814N ity: Age: Date of Birth: 28 08/06/1991	ant's Particulars  f Informant: AN DHARMAR  / ID No.: Contact No.: Home/Office: Email:  Age: Date of Birth: Type of Informant: Driver Language: English		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive:	Date/Time	of	Type of Location
Location: Along Road 1		No.	Accident: 29/08/2019	10:45	Straight Road
AYE towards 7	Time forms				
Weather:	uas (near Jurong Bird	Park) Road Surface:		1=	
Traffic Flow:	ues (near Jurong Bird	Road Surface:		Roa	d Speed Limit:
				Traf	d Speed Limit: fic Volume: erate

Details of V Vehicle No.	Туре	Make	NAME OF THE OWNER OWNER OF THE OWNER	A STATE OF THE PARTY OF THE PAR	A STATE OF THE PARTY OF THE PAR	OF STREET
JHB1489	Lorry	INGKO	Model	Color	Condition	No of Passenge
XB9707R	Lorry					0
YM3541X	Lorry					0
YN1416H	Lorry					0
/N6012G	Lorry	8.417701.00				0
	Lony	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White		0

#### Police Report



T/20190829/2072

2 of 3

Report No. T/20190829/2072

Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999

#### CONTINUATION OF REPORT

Any Pedestrian In No. of Pedestrian	volved: N0 s Injured: NIL	Use	of Pedestri	an (	Crossi	ng: NA
Driver	THE PERSON NAMED		IDI	No.		G2375814N
Name	NADESAN DHARMAR					
	VALIDATIC /I orm/		Cor	Contact No.		83516298
Related Vehicle	YN6012G (Lorry)					
Hospital/Clinic	NIL		Lic	ving		Class: 2B,3 Date of Expiry: NIL
				-	NIL	
Date Treatment	NIL	Da	te Discharg	0/		
No. of Days gran	nted Medical Leave NIL	De	gree of Inju	У	INIL	

On 29/08/2019 at about 1015hrs, I was travelling along AYE on the third lane and there were multiple lorries in front of me. The lorry in front of me (YM3541X) braked as such I braked as well. All of a sudden, another lorry (YN1416H) behind me rear ended me causing me to surge forwards and hit onto the lorry in front of me. That lorry in turn hit the vehicle in front causing a multiple vehicle chain collision. There were 2 other lorries in front (XB9707R and Malaysian lorry: JHB1849) affected by the chain collision. I was not injured and got down to speak to the other drivers. No ambulance or police was called to scene. I do not have any in-car CCTV installed in my lorry. I have already reported the matter to my company. There were a total of 4 lorries excluding mine in the chain collision: YM3541X, YN1416H, XB9707R, JHB1489.

#### **Police Report**





3 of 3

Report No. T/20190829/2072

Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999

CONTINUATION OF REPORT

# Sketch Plan

Authentication Stamp

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: F / Sgt 2 MOHAMED ALI S/O MUBARAK HUSSAIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2019 13:03
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:









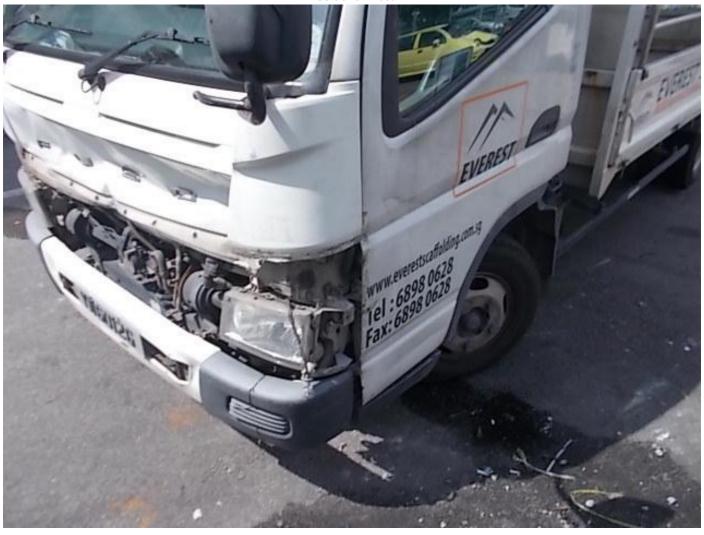
















#### **Addendum Sheet**



Policyholder / Driver's Signature

Date:

#### 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: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA119114200 \_\_Vehicle Registration No: YN6012G Name(as shown in NRIC): NADESAN DHARMAR NRIC/FIN/Passport No: G2375814N (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate . 1 NORTH BRIDGE ROAD #07-10 HIGH STREET CENTRE Address \_Singapore( 179094) Mobile No.: 83516298 Contact (Tel) Email Address 29/08/2019 \_Time of Accident: 10:15 Date of Accident Place of Accident : AYE (TUAS) NEAR JURONG BIRD PARK Insurance Company: NTUC Income Insurance Co-operative Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend passenger name

Reporting Centre Personnel's Signature

Name: NRIC/FINNo.: Date:

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