

## 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	05/09/2019 17:45
Date Of Accident	05/09/2019 12:15
Exact Location Of Accident	PIE LANE 1 BEFORE KALLANG WAY FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ6322L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PROMPTech (M&E) PTE LTD
Co Reg No	199501729D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82282313

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	
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	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	Z19VC05002812
Cover Note Number	

### Driver

Name of Driver	RADHAKRISHNAN KARTHIK
NRIC No	G2748301T
Date Of Birth	16/04/1994
Occupation	INDOOR
Date Of Driving Pass	07/06/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94665881
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

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	CHAIN COLLISION
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	3
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
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : TAMILARUSU MURALIDHARAN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	<b>ROAD:</b> 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20190905/2105.

#### 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	SLK6095L
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
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 SLK6095L  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE C  
Vehicle Category PRIVATE CAR  
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 RADHAKRISHNAN KARTHIK  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GZ6322L  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name TAMILARUSU MURALIDHARAN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GZ6322L  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## 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.

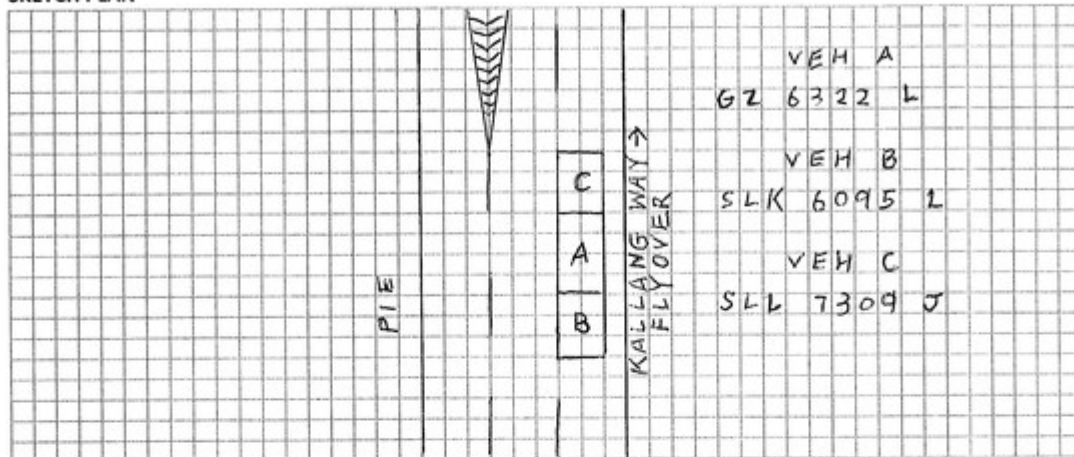
Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

RTA on 5/9/2019

As I am driving my vehicle A (GZ 6322L) at PIE Lane 1 Before Kallang Way flyover that a heavy congestion in front of my vehicle. Out of the sudden, I felt an impact from the rear of my vehicle. I came out from my vehicle and saw the rear of my vehicle had been hit by vehicle B (SLK 6095 L) Due to the impact of the force my vehicle had also hit the vehicle C (SLL 7309 J) at my front.

## 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:

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



**SINGAPORE  
POLICE FORCE**



T/20190905/2105

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 3

Report No. T/20190905/2105

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/09/2019 16:32		Vide Report No.:		Station Diary No.: 35
<b>Informant's Particulars</b>				
Name of Informant: RADHAKRISHNAN KARTHIK		Address:		
ID Type / ID No.: FIN NO / G2748301T		Contact No.: Home/Office: Mobile: 94665881		
Nationality: INDIAN		Email:		
Sex: Male	Age: 25	Date of Birth: 16/04/1994	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: Lorry driver		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/09/2019 12:30	Type of Location: Straight Road
Location: Along Road 1 KALLANG WAY Kallang Way Flyover				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ6322L	Lorry					0
SLK6095L	Car					0
SLL7309J	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190905/2105

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20190905/2105

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	RADHAKRISHNAN KARTHIK		ID No. G2748301T
Related Vehicle	GZ6322L (Lorry)		Contact No. 94665881
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	05/09/2019	Date Discharge	05/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Passenger</b>			
Name	TAMILARASU MURALIDHARAN		ID No. G8741413U
Related Vehicle	GZ6322L (Lorry)		Contact No. NIL
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	05/09/2019	Date Discharge	05/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On the 5/9/2019 at about 1230hrs, I was driving my vehicle (GZ6322L, vehicle A) along PIE Lane 1. Before Kallang Way Flyover, there was a heavy congestion in front of my vehicle. As such, I slowed down. Suddenly, I felt an impact from the rear of my vehicle and my vehicle moved forward and hit onto the rear of another vehicle (SLL7309J, vehicle B) due to the impact. I came down from my vehicle and saw that the rear of my vehicle had been hit by another vehicle (SLK6095L, vehicle C).

I wish to state that no police came down and nobody was conveyed to the hospital. Nobody was injured at that point of time.



**SINGAPORE  
POLICE FORCE**



T/20190905/2105

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

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Report No. T/20190905/2105

**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 3 ONG YU XIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

05/09/2019 16:32

Classification Of Case:

Authentication Stamp

NP168



## Identification Card

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 81A)  
Republic of Singapore

Employer  
**PROMPTECH (M & E) PTE LTD**

Photo of holder

Name  
**RADHAKRISHNAN KARTHIK**

Work Permit No.  
**O 38751262**

Sector  
**CONSTRUCTION**

Barcode

**K1100623**

**VISIT PASS**  
Immigration Regulations

Name  
**RADHAKRISHNAN KARTHIK**

Download SGWorkPass app to check status

IC N  
**G274830-IT**

Date of birth  
**18-04-1994**

Sex  
**M**

Nationality  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED, OR ITS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Barcode

## Driving License





**LONPAC INSURANCE BHD** (599FC035C)

(Incorporated in Malaysia)

Singapore Office: 350 Beach Road #17-04/07, The Concourse, Singapore 189353  
Tel: (65) 6256 7258 Fax: (65) 6256 3767 Website: www.lonpac.com.sg  
DST Reg No: F04005635-C

M7300

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE),  
ROAD TRANSPORT ACT 1987 (MALAYSIA),  
ROAD TRANSPORT (AMENDMENT) ACT 2018 (MALAYSIA),  
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA),

Certificate No. : Z19VCD5002872

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

TOYOTA DYNA 150D  
- G25322L

2. Name of Policy Holder

PROMPTECH (M&E) PTE LTD

3. Effective Date of the Commencement of Insurance  
for the purpose of the Act

10/07/2019

4. Date of Expiry of the Insurance

09/07/2020

5. Person To Drive

(A) THE POLICYHOLDER

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

*Amel*

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: RA1001

Date Issued: 01/07/2019

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

