

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	20/09/2019 14:21
Date Of Accident	20/09/2019 01:30
Exact Location Of Accident	SLE TWDS CTE NEAR L/P: 186F
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB8740A
Insured/Policyholder	
Name Of Registered Owner	ROYAL'S ENGINEERING & TRADING (S) PTE LTD
Co Reg No	200515382D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90682048
Alternative Phone No	OFFICE-90682048

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV517JD2RDEB
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD19V09377/VCH/R00
Cover Note Number	

Driver

Name of Driver	SELVARAJ MANIVANNAN
Passport No/FIN	G2053511W
Date Of Birth	11/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	26/10/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91620361
Fax Number	
Contact Number	OFFICE-91620361
EEmail Address	NOEMAIL

Address	16 TUAS AVENUE 3 #08-06 ZEN DORMITORY PTE LTD
Postcode	639413
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190920/2014.

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	PC2868U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

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:

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

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

Accident Sketch Plan

SKETCH PLAN

Handwritten notes on the grid:

- Top right: A. XE8742A, B. PC28684
- Left side: (165) (176)
- Center: A, B (in a vertical box)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20190920/2011

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190920/2014

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20190920/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2019 03:52	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars			
Name of Informant: SELVARAJ MANIVANNAN		Address: 16 TUAS AVENUE 3 #08-06 ZEN DORMITORY PTE LTD SINGAPORE 639413	
ID Type / ID No.: FIN NO / G2053511W		Contact No.: Home/Office: Mobile: 91620361	
Nationality: INDIAN		Email:	
Sex: Male	Age: 28	Date of Birth: 11/07/1991	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Working proprietor (construction)		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 20/09/2019 01:30	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY SLE towards CTE Lamp Post Number: 186F				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
PC2868U	Van				Seriously Damaged	0
XB8740A	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/20190920/2014

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20190920/2014

CONTINUATION OF REPORT

Driver				
Name	SELVARAJ MANIVANNAN		ID No.	G2053511W
Related Vehicle	XB8740A (Lorry)		Contact No.	91620361
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: 21/04/2024
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and place, I was driving my vehicle bearing registration number XB8740A along SLE towards CTE near lamp post 186F. I was driving on the third lane at about 60Km/hour. Out of a sudden, I felt a huge impact on the rear of my vehicle. I stopped my vehicle and realized that another vehicle bearing registration number PC2868U collided onto the rear of my vehicle. The police and ambulance came to my scene. The other driver was conveyed to the hospital due to some injuries. Police also informed me that this is a case of drive driving. I am not injured.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190920/2014

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20190920/2014

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 GNOH JUN XIAN, FREDERICK

Signature Of Informant: *

S. M. A. I. K.

Signature Of Interpreter:

Not applicable

Date/Time:

20/09/2019 03:52

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR HIDAYU BINTE ABDUL
SAMAD

Contact No.: 65476423

Classification Of Case:

Authentication Stamp
NP168

A close-up photograph of a motorcycle's instrument cluster. The central speedometer has a white face with black markings, ranging from 0 to 140 km/h. The needle is positioned at approximately 10 km/h. Above the speedometer, there are two indicator lights: a green one on the left and a yellow one on the right, both with a stylized 'L' symbol. Below the speedometer, there is a small digital display showing the number '566821'. To the left of the speedometer, there are two smaller gauges: a fuel gauge with a needle pointing towards 'F' (Full) and a temperature gauge with a needle pointing towards 'H' (Hot). The entire instrument cluster is housed in a black plastic casing.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



