

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	08/10/2019 19:47
Date Of Accident	01/10/2019 08:30
Exact Location Of Accident	CORPORATION RD TWDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB6424B
Insured/Policyholder	
Name Of Registered Owner	M/S YISHUN TOWING PTE LTD
Co Reg No	200106908W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64588480

Vehicle Particulars

Manufacturer	VOLVO
Model	FL10 6X4
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN1826561901
Cover Note Number	

Driver

Name of Driver	PALANIVEL RAJENDRAN
Passport No/FIN	G7868897T
Date Of Birth	29/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	17/05/2013
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84056404
Fax Number	
Contact Number	OFFICE-84056404
Email Address	NOEMAIL

Address	BLK 443 ANG MO KIO AVENUE 10 #04-1245
Postcode	560443
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 - CHANGE/CROSS LANE
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191007/2143.

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	SJG4821R
Vehicle Make/Model/Colour	
Details Of Properties	
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)

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:

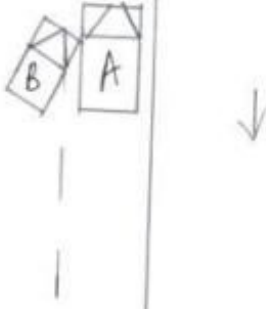
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

2018/05/15 14:00:00

Accident Sketch Plan

SKETCH PLAN

		A) XB 6424 B B) SJG 4821 R
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report : T/2019/007/2143

DECLARATION

We declare the foregoing particulars are true in every respect.


POLISH TO THE

Policyholder's Signature
Date & Time:


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


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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191007/2143

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20191007/2143

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2019 17:29	Vide Report No.:	Station Diary No.: 134
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Informant's Particulars

Name of Informant: PALANIVEL RAJENDRAN	Address: APT BLK 443 ANG MO KIO AVENUE 10 #04-1245 BOON LAY COURT SINGAPORE 560443		
ID Type / ID No.: FIN NO / G7868897T	Contact No.: Home/Office: Mobile: 84056404		
Nationality: INDIAN	Email:		
Sex: Male	Age: 36	Date of Birth: 29/05/1983	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: DRIVER	Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/10/2019 08:30	Type of Location: Straight Road
Location: Along Road 1 CORPORATION ROAD Corporation road towards AYE Lamp Post Number: 108				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG4821R	Car	HONDA	JAZZ 1.4A	Blue	Slightly Damaged	1
XB6424B	Lorry	VOLVO	FL10 6X4	White	Slightly Damaged	0

Details of Person Involved

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

Police Report



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T/20191007/2143

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Report No. T/20191007/2143

CONTINUATION OF REPORT

Driver			
Name	PALANIVEL RAJENDRAN	ID No.	G7868897T
Related Vehicle	XB6424B (Lorry)	Contact No.	84056404
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 1/10/2019 at about 0830hrs, I was driving my company truck bearing plate no. XB6424B along Corporation road towards AYE on the first lane of a 2 lane road. As the traffic was very heavy, all the vehicles were moving very slowly. Suddenly, a blue Honda Jazz bearing plate no. SJG4821R tried to cut in front of my vehicle from the left and had hit onto my front left bumper. After hitting, he then turned drove forward to the junction and made a U-Turn and drove away. I then drove to Chin Bee Drive and made a check on my front bumper. I then called my boss to inform him about the matter.

On 7/10/2019, I decided to lodge a police report as the driver did not contact our company after hitting the truck. I wish to state this is the first time such an incident happened and for insurance purposes.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191007/2143

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20191007/2143

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:

F /

Sgt 1 MA DERON

Signature Of Informant:

P. R.

Signature Of Interpreter:

Not applicable

Date/Time:

07/10/2019 17:29

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902



Signature:

Singapore Police Force

SN 085

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

