

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	12/11/2019 15:59
Date Of Accident	11/11/2019 17:05
Exact Location Of Accident	BUKIT PANJANG RING RD AFTER SENJA LRT TWD SEGAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2970S
Insured/Policyholder	
Name Of Registered Owner	RK TRANSPORTATION SERVICES
Co Reg No	53173276B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92718846

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101551781-01
Cover Note Number	

Driver

Name of Driver	KANG HAK KHIAM
NRIC No	S1276972E
Date Of Birth	14/06/1957
Occupation	INDOOR
Date Of Driving Pass	25/04/1978
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92718846
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 451 FAJAR ROAD #04-730
Postcode	670451
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD7904R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHELLADURAI SUDHAKAR
NRIC/Passport Number	G7099943P
Contact Number	91313487
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KANG HAK KHIAM
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	SMC2970S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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7. 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:
 - (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:

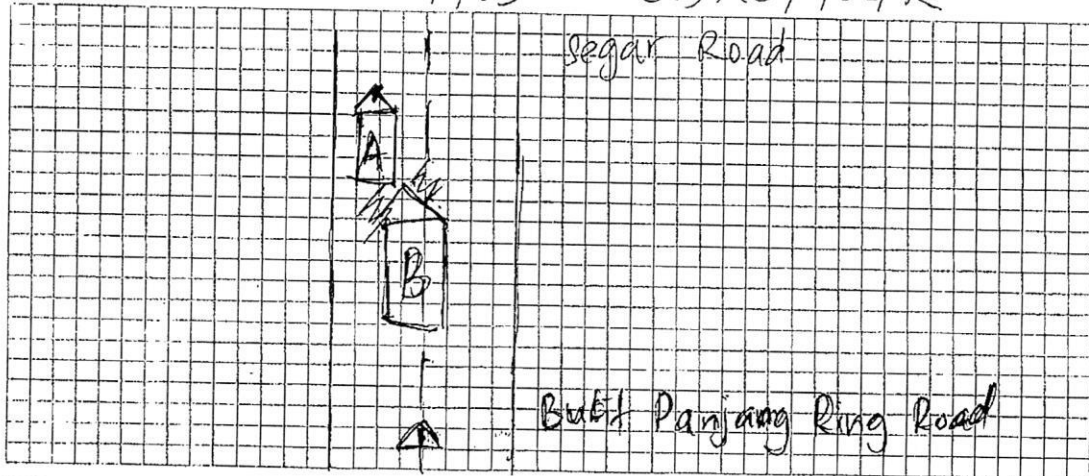
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

(A) SMC 2970S

(B) XD7904R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Police Report No: T/20191111/2154



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/20191111/2154

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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20191111/2154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2019 22:06			Vide Report No.:		Station Diary No.: 186
Informant's Particulars:					
Name of Informant: KANG HAK KHIAM			Address: APT BLK 451 FAJAR ROAD #04-730 SINGAPORE 670451		
ID Type / ID No.: NRIC NO / S1276972E			Contact No.: Home/Office: Mobile: 92718846		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 14/06/1957	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information on the Accident:				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/11/2019 17:05	Type of Location: Straight Road
Location: BUKIT PANJANG RING ROAD AFTER SENJA LRT, TOWARDS SEGAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	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
SMC2970S	Car				Seriously Damaged	0
XD7904R	Lorry				No Damage	0

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



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Tel No: 1800-8929999



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Report No. T/20191111/2154

CONTINUATION OF REPORT

Driver			
Name	KANG HAK KHIAM	ID No.	S1276972E
Related Vehicle	SMC2970S (Car)	Contact No.	92718846
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHELLADURAI SUDHAKAR	ID No.	G7099943P
Related Vehicle	XD7904R (Lorry)	Contact No.	91313487
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 26/11/2018
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/11/2019 at about 1703hrs, I was driving straight along Bukit Panjang Ring Road towards Segar Road on lane 2. Suddenly, I felt a strong impact from the rear of my car. Thereafter my car began to spin out of control and I felt another impact to the vehicle again. I did not know what was happening and after regaining my composure, I came out of the car. I then discovered that a lorry - XD7904R has collided into my vehicle. I also discovered that my vehicle's right side was severely dented. I then took photos of both vehicles and exchange particulars with the driver. I then checked on my front and rear CCTVs and discovered that the lorry had drove into my lane and collided to the rear of my vehicle, causing my car to spin out of control and subsequently, while it was spinning the lorry collided into the right-side of my car. I then drove home and went to attend to my own matters. However, I still felt dizzy afterwards and decided to make a police report. I will retained the footage of the CCTV footage if the police requires it.



**SINGAPORE
POLICE FORCE**



T/20191111/2154

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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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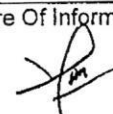
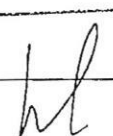
Report No. T/20191111/2154

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: J / Staff Sgt TAN LAI CHOON  SIGNATURE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2019 22:06
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU-LUI Contact No: 65474885 SINGAPORE POLICE FORCE Authentication Stamp NP168  SIGNATURE	Classification Of Case: