

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	02/01/2020 13:41
Date Of Accident	31/12/2019 15:45
Exact Location Of Accident	PIE (CHANGI) BEFORE LOR 2 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9476G
Insured/Policyholder	
Name Of Registered Owner	M/S RUI GE ENTERPRISE (S) PTE LTD
Co Reg No	2XXXXX531Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67490531

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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3067781904
Cover Note Number	

Driver

Name of Driver	SUBBIAH MOHAN
Passport No/FIN	GXXXX268T
Date Of Birth	05/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93909233
Fax Number	
Contact Number	OFFICE-93909233
EEmail Address	NOEMAIL

Address	BLK 506 OLD CHOA CHU KANG ROAD #12-70 SUNGEI TENGAH LODGE
Postcode	698902
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200101/2106.

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	YN1260P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANWARI BIN HENRY
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XD4014D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver ASHOK KUMAR S/O S RAMADAS

NRIC/Passport Number SXXXX580F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name SUBBIAH MOHAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YN9476G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
6. 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.
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)**

(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.



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

Accident Sketch Plan

SKETCH PLAN

Diagram illustrating a 4x4 grid structure. The grid is divided into four rows and four columns. The first two rows and the first two columns are highlighted with a thick border, forming a 2x2 subgrid. The subgrid contains the following letters:

A	B
C	

To the right of the grid, the text "PIE (change)" is written.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20200101/2106.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

S. nuclear

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

Signature Personnel's S

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200101/2106

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20200101/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2020 22:15	Vide Report No.:	Station Diary No.: 190
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Informant's Particulars

Name of Informant: SUBBIAH MOHAN			Address: APT BLK 506 OLD CHOA CHU KANG ROAD #12-70 SUNGEI TENGAH LODGE SINGAPORE 698902		
ID Type / ID No.: FIN NO / G7298268T			Contact No.: Home/Office: Mobile: 93909233		
Nationality: INDIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 05/04/1982	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION SUPERVISOR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/12/2019 15:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE towards Changi, near to Toa Payoh Lorong 2 Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
XD4014D	Trailer	SCANIA	P380CA6X4 MNZ	Red	Slightly Damaged	0
YN1260P	Lorry	ISUZU	NHR85AUE4 A	Blue	Slightly Damaged	2
YN9476G	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Slightly Damaged	0

Police Report



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T/20200101/2106

Police Station Of Origin:
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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20200101/2106

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ASHOK KUMAR S/O S RAMADAS	ID No.	S1288580F
Related Vehicle	XD4014D (Trailer)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ANWARI BIN HENRY	ID No.	S1299723J
Related Vehicle	YN1260P (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SUBBIAH MOHAN	ID No.	G7298268T
Related Vehicle	YN9476G (Lorry)	Contact No.	93909233
Hospital/Clinic	ANSARI FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/12/2019	Date Discharge	31/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 31/12/2019 at 1545hrs, I was travelling along Upper Thomson Road approaching the merging lane towards PIE Changi near to Toa Payoh Lorong 2 exit. As the traffic was moderate and was moving slowly, out of a sudden I felt a bump and discovered that the Auxiliary lorry (YN1260P) behind me had hit onto my rear. Subsequently we came to a stop, however a few seconds later I felt another bump again and discovered that another lorry (XD4014D) behind the Auxiliary vehicle had hit onto his rear and causing his vehicle to hit onto my rear again. On the second bump, my leg had hit onto the below of the steering wheel and I also felt pain on my back. After the accident, all of us exchanged our particulars and left the scene. No ambulance or police came to our scene.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200101/2106

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Report No. T/20200101/2106

Police Station Of Origin:
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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
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CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20200101/2106

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20200101/2106

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 /

Sgt 1 ONG WEI SONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

01/01/2020 22:15

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

