

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	22/01/2020 18:08
Date Of Accident	21/01/2020 09:40
Exact Location Of Accident	CROSS-JUNCTION OF BOON LAY WAY/BUSINESS PARK DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5377X
Insured/Policyholder	
Name Of Registered Owner	TRANSCONTROL TECHNICAL SERVICES (S) PTE LTD
Co Reg No	AXXXXX598M
Email Address	TRANSCTL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-86157463
Alternative Phone No	OFFICE-86157463

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29081214 MKC
Cover Note Number	

Driver

Name of Driver	RAJENDRAN ANBU THAMBI
NRIC No	GXXXX335K
Date Of Birth	05/02/1987
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86157463
Fax Number	
Contact Number	OTHERS-86157463
Email Address	TRANSCTL@SINGNET.COM.SG

Address	BLK 248 JURONG EAST STREET 24 #11-50 BOON LAY CREST
Postcode	600248
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 - CROSS JUNCTION
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?	YES
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)	5
Passenger 1	NAME: : MANI MUDHALIAR NALLATHAMBI GENDER: : MALE
Passenger 2	NAME: : PAZHANISAMY ESHARAN GENDER: : MALE
Passenger 3	NAME: : HOWLADER MD AL AMIN GENDER: : MALE
Passenger 4	NAME: : GANESAN MAHESWARAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200122/2009

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	SFT6922Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NGIAM HUI XIN
NRIC/Passport Number	SXXXX640E
Contact Number	90117163
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MANI MUDHALIAR NALLATHAMBI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBB5377X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	PAZHANISAMY ESHARAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBB5377X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	HOWLADER MD AL AMIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBB5377X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	GANESAN MAHESWARAN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	GBB5377X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	

Postcode

DETAILS OF INJURED PERSON 5

Name	RAJENDRAN ANBUTHAMBI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBB5377X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

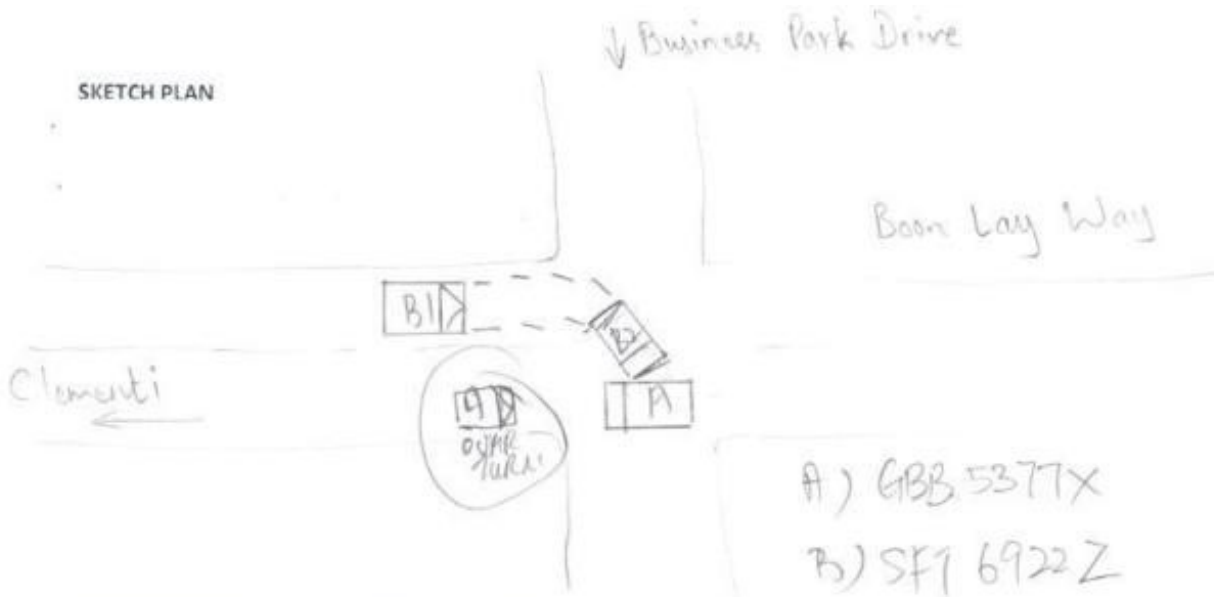


Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/2020 C122/2009

DECLARATION

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

Policyholder's Signature
Date & Time:

PA 22/01/2020
Driver's Signature
(If driver is not the policyholder)
Date & Time:

22/01/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200122/2009

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20200122/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2020 01:50		Vide Report No.: D/20200121/0106		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: RAJENDRAN ANBU THAMBI			Address: APT BLK 248 JURONG EAST STREET 24 #11-50 BOON LAY CREST SINGAPORE 600248		
ID Type / ID No.: FIN NO / G3338335K			Contact No.: Home/Office: Mobile: 86157463		
Nationality: INDIAN			Email:		
Sex: Male	Age: 32	Date of Birth: 05/02/1987	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: ELECTRICIAL ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/01/2020 21:40	Type of Location: X-Junction
Location: Along Road 1 BOON LAY WAY CROSS JUNCTION OF BOON LAY WAY BY BUSINESS PARK DR (TRADEHUB 21)				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB5377X	Van					4
SFT6922Z	Car					1

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200122/2009

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20200122/2009

CONTINUATION OF REPORT

Driver			
Name	RAJENDRAN ANBU THAMBI	ID No.	G3338335K
Related Vehicle	GBB5377X (Van)	Contact No.	86157463
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	NGIAM HUI XIN	ID No.	S9648640E
Related Vehicle	SFT6922Z (Car)	Contact No.	90117163
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

Brief Details.

On 21.1.2020 @ about 2145hrs, I am driving the van (GBB5377X) along Boon Lay Way towards Clementi Ave 6 and the traffic light at the cross junction in front of Tradehub 21 was in my favour as my van was approaching. I saw a car (SFT6922Z) on the opposite direction moving along the lane for right turn into tradehub, however, the said car did not stop behind the stop line and moved on. As a result, the car collided into the right side (sliding door) of my van and the impact caused it to overturned and landed on the left side of the van. My passengers and I managed to come out from the damaged van and all of us suffered pains from the accident. However, only the front passenger was conveyed to hospital. The van was badly damaged in the accident. Traffic Police came to the scene and advice me to lodge an accident report. There is no in car camera recording in my van. I am feeling pains on my left leg and will seek treatment from hospital after the report was lodged.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200122/2009

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No: T/20200122/2009

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 /

SI LIM YEN FANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt LIM ENG KUAN, CLARENCE

Contact No.: 65476195

Signature Of Informant:

Date/Time:

22/01/2020 01:50

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



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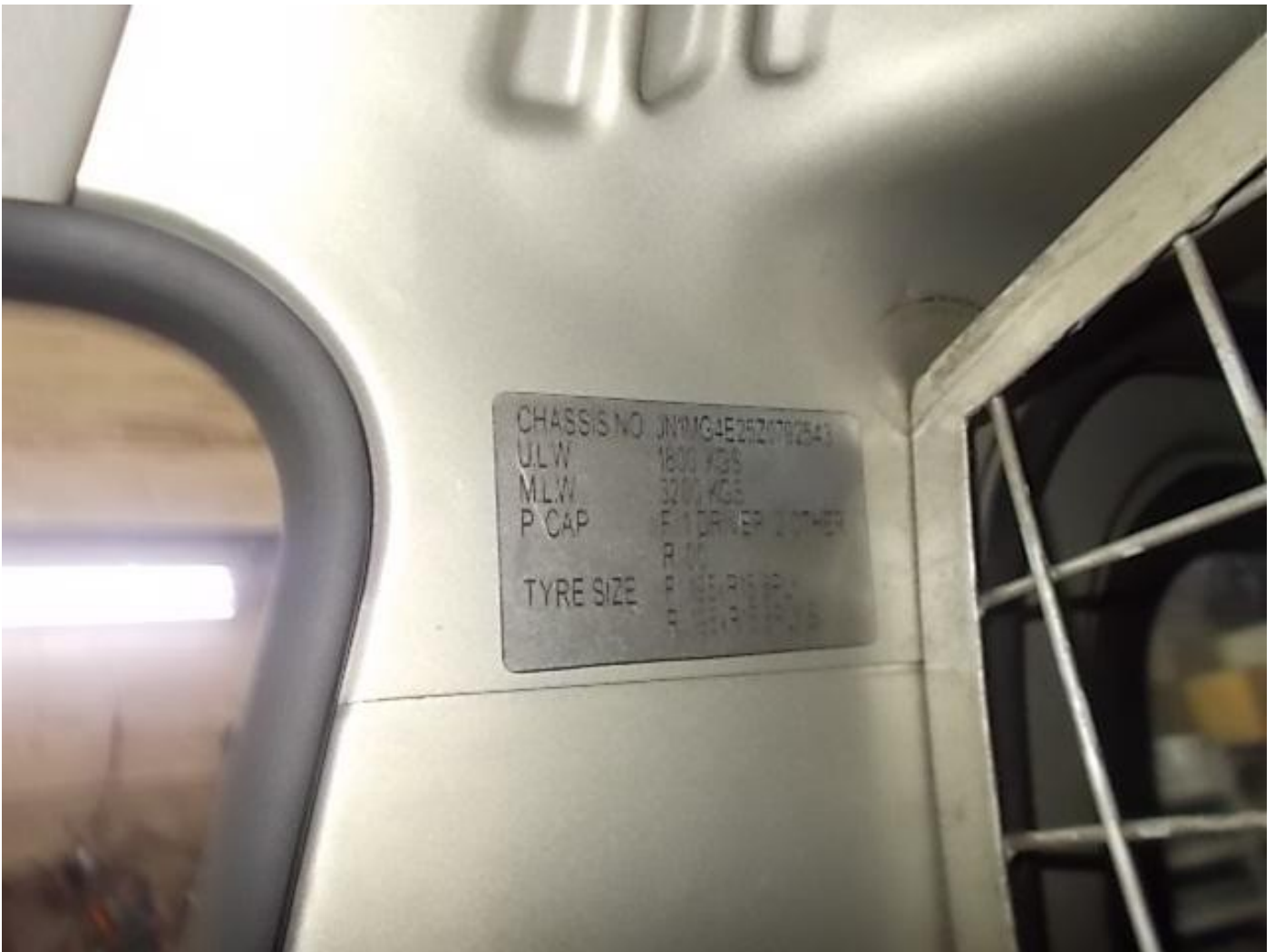
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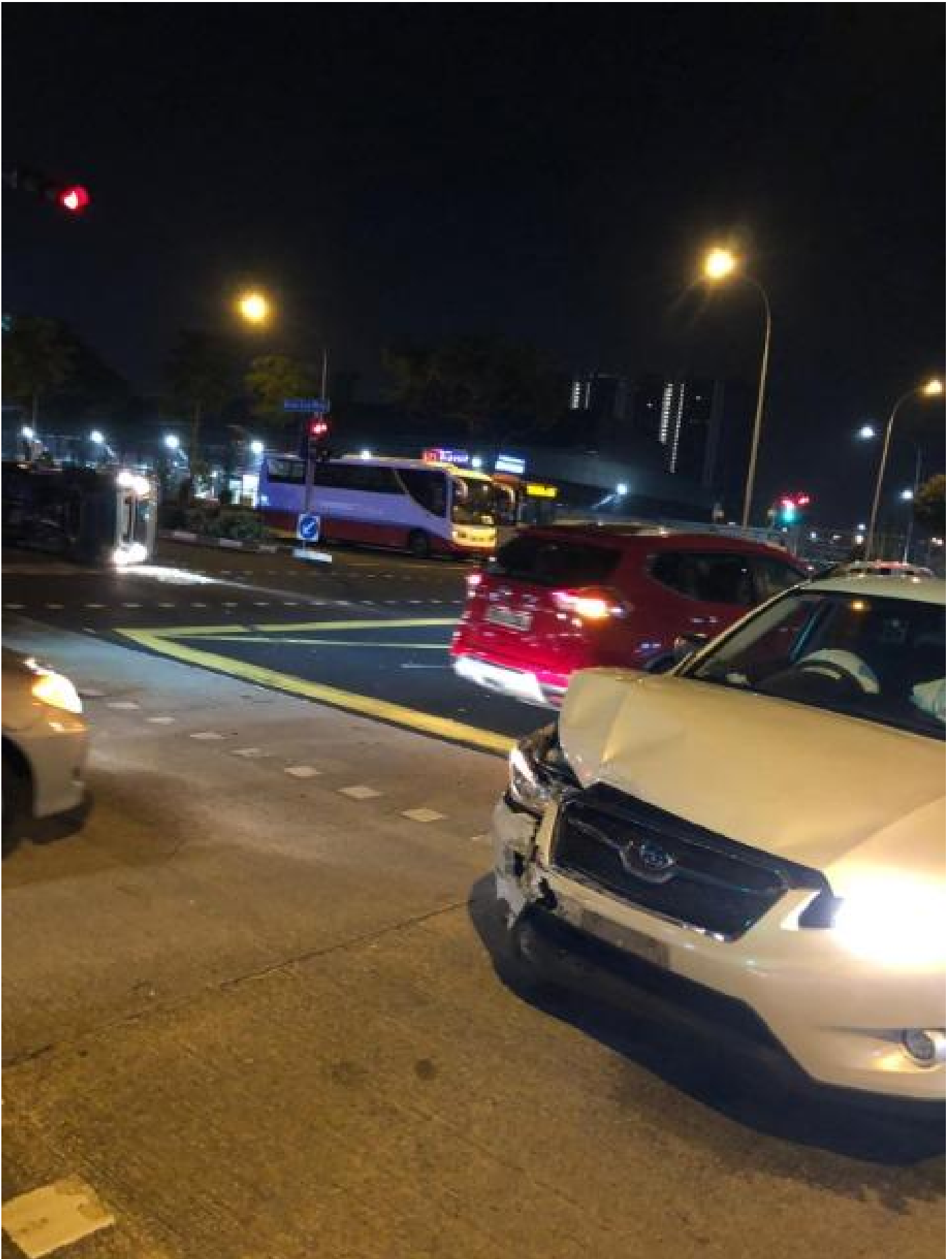
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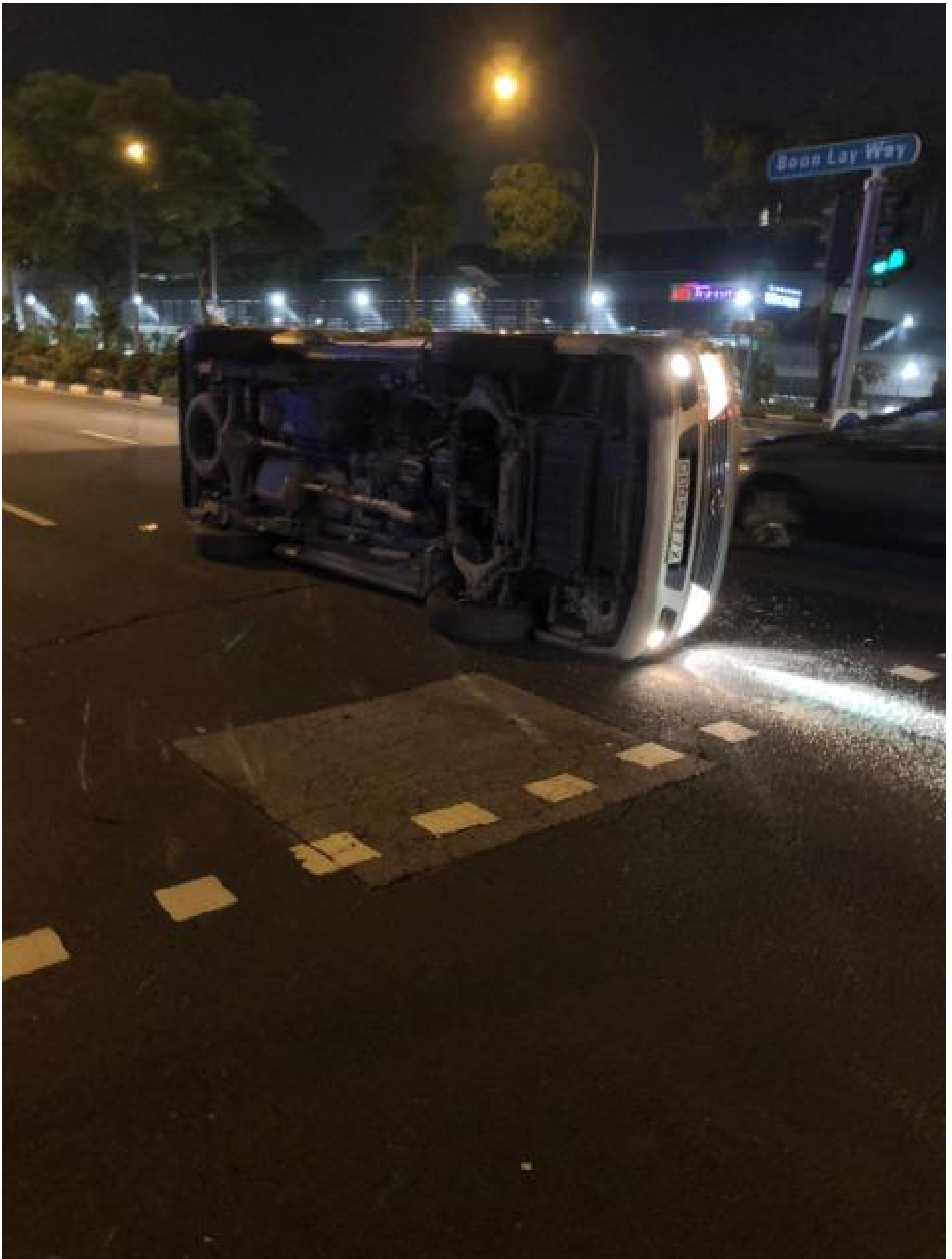
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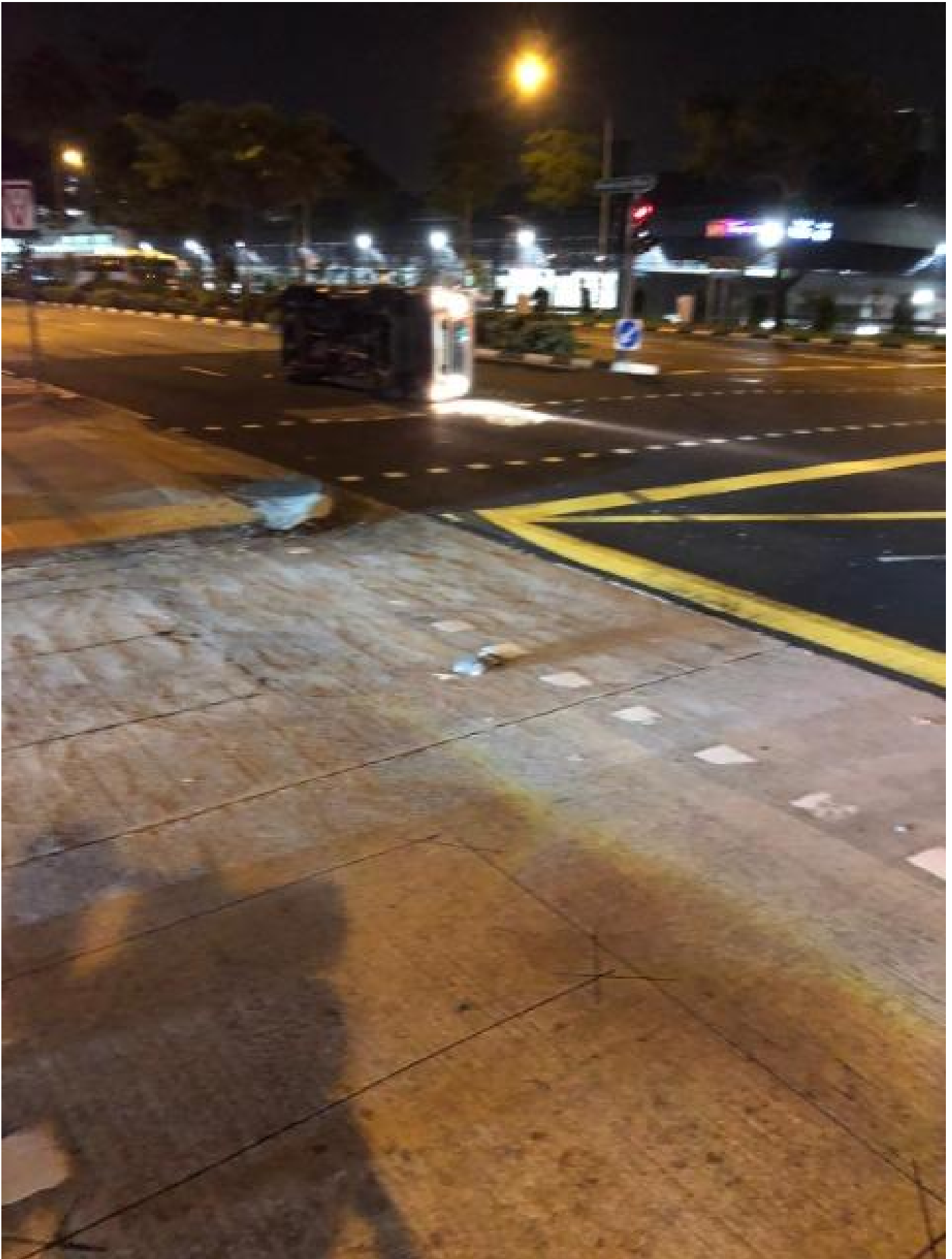
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