

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	28/01/2020 17:41
Date Of Accident	24/01/2020 22:30
Exact Location Of Accident	MAXWELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4547H
Insured/Policyholder	
Name Of Registered Owner	SING SEE SOON FLORAL & LANDSCAPE
Co Reg No	200009355G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87754681

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEA01B (M)
Exact Purpose for which vehicle was being used at time of accident	
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	DMCVSN3080921902
Cover Note Number	

Driver

Name of Driver	NATARAJAN KANNAN
Passport No/FIN	G6825158W
Date Of Birth	24/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	07/06/2012
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87754681
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	32 PUNGGOL EAST #01-01 S828824
Postcode	
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?	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT

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	SHA7338E
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBF4547H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

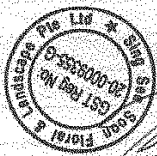
SKETCH PLAN

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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)**

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 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200128/2036

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3
Report No. T/20200128/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2020 10:56			Vide Report No.:		Station Diary No.: 25
Informant's Particulars					
Name of Informant: NATARAJAN KANNAN			Address: C/O 32 Punggol East #01-01 SINGAPORE 828824		
ID Type / ID No.: FIN NO / G6825158W			Contact No.: Home/Office: Mobile: 87754681		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 24/04/1988	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER AND DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/01/2020 22:30	Type of Location: T-Junction
Location: Along Road 1 MAXWELL ROAD PECK SEAH STREET T Junction of Maxwell Road and Peck Seah St.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
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
GBF4547H	Lorry				Seriously Damaged	4
SHA7338E	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200128/2036

2 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20200128/2036

CONTINUATION OF REPORT

Driver Name	NATARAJAN KANNAN		ID No.	G6825158W
Related Vehicle	GBF4547H (Lorry)		Contact No.	87754681
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/01/2020	Date Discharge	25/01/2020	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver Name	SUPPIAH S/O SUPPIAH MANICKAM		ID No.	S0508636A
Related Vehicle	NIL		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	

Brief Details.

On 24/01/2020 I was driving my company's lorry bearing registration number GBF4547H. At about 2230hrs, while making a right turn from Peel Seah St to Maxwell St, one taxi bearing registration number SHA7338E came from the right and bang me on the right side of the vehicle causing my lorry to pushed away to the left. The driver's door was unable to open and as such, I slowly moved towards the passenger's door and alighted from there. There were 3 passenger sitting in the front and 1 at the back of the lorry. I felt some pain on the left side of my head and the left of my rib. I then exchanged my particulars with the taxi driver. There was no passenger in the taxi. I believed that the taxi driver was speeding which is the main reason for the accident. Traffic Police officer then came and I was then conveyed to Singapore General Hospital by the ambulance. I was diagnosed with fractured ribs and issued with 5 days of Medical Leave. One of my colleague who was sitting at the front had some muscle strain and he was not given any Medical Leave. I wish to state that there was no in-car dash camera install in the lorry. That is all.



**SINGAPORE
POLICE FORCE**



T/20200128/2036

3 of 3

Report No. T/20200128/2036

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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:

Staff Sgt FARHAN BIN ABU

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

SN 085

Authentication Stamp

NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

28/01/2020 10:56

Classification Of Case:

Accident Sketch Plan Pg. 1

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
SING SEE SOON FLORAL & LANDSCAPE PTE LTD

Name
NATARAJAN KANNAN

Work Permit No.
0 35219846

Sector
CONSTRUCTION

K0973608

REPUBLIC OF SINGAPORE

Licence Number
G6825158W

Name
NATARAJAN KANNAN

Birth Date: 24 Apr 1988

Issue Date: 30 May 2017

Valid Till: 06/06/2022

D02688520F

VISIT PASS
Immigration Regulations

Name
NATARAJAN KANNAN

FIN
G6825158W

Date of Birth
24-04-1988

Sex
M

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SG WorkPass App to check status

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	07 Jun 2012
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	07 Jun 2012

NP 428A

Licence No: G6825158W

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

