

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	10/02/2020 13:34
Date Of Accident	07/02/2020 17:00
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU3108B
Insured/Policyholder	
Name Of Registered Owner	HARIGERAN SANGARAN
NRIC No	SXXXX299B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90625125
Alternative Phone No	OFFICE-90625125

Vehicle Particulars

Manufacturer	BMW
Model	528i
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 CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNW00003941900
Cover Note Number	

Driver

Name of Driver	HARIGERAN SANGARAN
NRIC No	SXXXX299B
Date Of Birth	22/10/1989
Occupation	INDOOR
Date Of Driving Pass	11/11/2013
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90625125
Fax Number	
Contact Number	OFFICE-90625125
E-Mail Address	NOEMAIL

Address BLK 487C CHOA CHU KANG AVE 5 #15-105
 Postcode 683487
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 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 5
 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/20200208/2112

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMQ9871A
 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLX2445T
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLD2670P
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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SDE9599G
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)

DETAILS OF INJURED PERSON 1

Name HARIGERAN SANGARAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLU3108B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address

Postcode

SKETCH PLAN

Pratt Island
Expressway



- (A) SLU3108B
- (B) SMQ9871A
- (C) SLX2445T
- (D) SLD2630P
- (E) SDE9599G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report

DECLARATION

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

[Signature] 10.02.20

[Signature]

VEHICLE NO: SLU3108B

VEHICLE MODEL: BMW 528i

DATE OF ACCIDENT	<u>07 / 02 / 2020</u>
TIME OF ACCIDENT	<u>5.00 Lane</u> AM/PM
LOCATION OF ACCIDENT	<u>Along Road 1 TAN ISLAND EXPRESSWAY</u>
Contact Purpose use during accident	<u>Going Home</u>
NAME OF OWNER	<u>HARIGERAN SANGARAN</u>
TEL NO	
NRIC	<u>S8937299B</u>
CLAIM TYPE	<u>OD/THIRD PARTY / REPORTING ONLY</u>
INSURANCE CO	<u>CHINA TAIPING</u>
TYPE OF COVERAGE	<u>Comprehensive / Third party / third Party Fire & Theft</u>
POLICY NO	<u>DMPCSNW0000394 A00</u>
NAME OF DRIVER	<u>As above / if no:</u>
NRIC	<u>S8937299B</u> Any passengers: <u>Nil</u>
DATE OF BIRTH	<u>22 / 10 / 1989</u>
OCCUPATION	<u>Outdoor / Indoor</u>
DATE OF DRIVING PASS	<u>11 / 11 / 2013</u>
GENDER	<u>Male / Female</u>
CONTACT NO	<u>90625125</u> Office: Home:
ADDRESS	<u>BK 487c CHOA CHU KANG AV 5 #15-105 683487</u>
DRIVER HAVE ANY OWN Vehicle	<u>No / if yes: Reg No:</u>
RELATIONSHIP	<u>Employee / if No: Owner</u>
WEATHER CONDITION	<u>Clear / Raining / Other:</u>
ROAD SURFACE	<u>Dry / Wet / Others:</u>
ANY INJURIES	<u>No / if yes: Who?</u>
CONTACT NO	<u>90625125</u>
POLICE REPORT	<u>No / (if yes) Where?</u>
VEHICLE B NO	<u>SMQ9871A</u> Any passengers: <u>Nil</u>
NAME	<u>CHIA</u>
CONTACT NO	<u>92250993</u>
VEHICLE C NO	<u>SLX2445T</u> Any passengers: <u>Nil</u>
VEHICLE D NO	<u>SLD2670P</u> Any passengers: <u>Nil</u>
VEHICLE E NO	<u>SDE9599G</u> Any passengers: <u>Nil</u>
VEHICLE F NO	Any passengers:
ANY WITNESS	
WITNESS CONTACT NO	
PARTICULAR WORKSHOP	<u>IMPERIUM AUTOMOTIVE</u>
TEL NO	<u>26 KAKI BUKIT ROAD 4</u>
CONTACT PERSON	<u>#01-49 SYNERGY @ KB</u>
FAX NO	<u>SINGAPORE 417800</u>
	<u>TEL: 9748 9940 FAX: 63467213</u>
	<u>Reg. No. 53293624L</u>



**SINGAPORE
POLICE FORCE**



T/20200208/2112

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

Report No. T/20200208/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2020 17:16	Vide Report No.: E/20200207/0106	Station Diary No.: 99
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Informant's Particulars			
Name of Informant: HARIGERAN SANGARAN		Address: APT BLK 487C CHOACHU KANG AVENUE 5 #15-105 SINGAPORE 683487	
ID Type / ID No.: NRIC NO / S8937299B		Contact No.: Home/Office: Mobile: 90625125	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 22/10/1989	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: SAFETY OFFICER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/02/2020 17:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE towards Tuas				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDE9599G	Car					0
SLD2670P	Car					0
SLU3108B	Car	BMW	528I AT D/AB DSC LED NAV	Blue	Seriously Damaged	0
SLX2445T	Car					0



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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMQ9871A	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU3108B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000039 41900	08/01/2020	07/01/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAU	ID No.	NIL
Related Vehicle	SLD2670P (Car)	Contact No.	97830711
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	HARIGERAN SANGARAN	ID No.	S8937299B
Related Vehicle	SLU3108B (Car)	Contact No.	90625125
Hospital/Clinic	FARRER PARK HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/02/2020	Date Discharge	08/02/2020
No. of Days granted Medical Leave	08	Degree of Injury	Slight



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

CONTINUATION OF REPORT

Driver			
Name	CHIA	ID No.	NIL
Related Vehicle	SMQ9871A (Car)	Contact No.	92250993
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 07/02/2020 at about 1700hrs, I was driving my vehicle bearing SLU3108B along PIE towards Tuas. I was on the first lane when the vehicle, SLD2670P in front of me made an emergency brake. Thus, I braked immediately and my vehicle was coming to a stop. However, the vehicle, SMQ9871A behind me collided onto my vehicle and my vehicle moved forward. There were 2 other vehicle SDE9599G and SLX2445T involved in the accident but I do not have their contact details.

The driver driving SLD2670P was namely Mr Lau, Tel: 97830711 and the driver driving SMQ9871A was namely, Ms Chia, Tel: 92250993. The ambulance subsequently conveyed Ms Chia to the hospital.

My vehicle suffered damages whereby the whole front and rear of the vehicle was badly damaged.

I went to FARRER PARK HOSPITAL and was admitted one day in the hospital from 07/02/2020 to 08/02/2020. I was given 8days of MC from 07/02/2020 to 14/02/2020. The doctor informed that I am suffering from bruising on my legs, muscle strain and strain neck.

I have an in car camera which I had already submitted the footage to the investigation officer.



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T/20200208/2112

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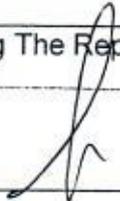
Report No. T/20200208/2112

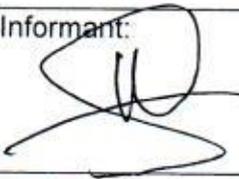
CONTINUATION OF REPORT

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 2 FELICIA GOH MIN EN 
Signature Of Interpreter: Not applicable SIGNATURE
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433

Signature Of Informant: 
Date/Time: 08/02/2020 17:16
Classification Of Case:

Authentication Stamp
NP168

Motor Private Car

MX1E
E SN
AN0214A
Cov. Type:C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSNW00003941900	Engine No. A8870600N20B20A Cha. No. WBA5A52090D284523
1. Index Mark and Registration Number of Vehicle	SLU31088	AUTOSAFE *****
2. Name of Policy Holder	HARIGERAN SANGARAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	08/01/2020	Named Drivers Ex Sect. I S\$750.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 S\$3,000.00 Ex Sect. I - Age >= 26 S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	07/01/2021	
5. Persons or Classes of Persons entitled to drive*	(a) The Policyholder. (b) Any other person who is driving on the Policyholder's order or with his permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to use*	Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.	
HIRE PURCHASE CO. : TOKYO CENTURY LEASING (S) PTE LTD <small>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia). are not to be included under these headings.</small>		

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Chua Suat Lay Sally
Authorised Officer



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Authorised Signatory