

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	12/02/2020 16:18
Date Of Accident	11/02/2020 18:45
Exact Location Of Accident	ALONG THOMSON RD TRAVELLING TOWARDS YIOCHUKANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5946Y
Insured/Policyholder	
Name Of Registered Owner	TECH-V COOL WORKZ PTE LTD
Co Reg No	201730698M
Email Address	TECHVACE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62866720

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN
Exact Purpose for which vehicle was being used at time of accident	WORK (TO SERVICE CLIENT)
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115649187-000001
Cover Note Number	

Driver

Name of Driver	SELVAM ANBU
Work Permit No	G6706130L
Date Of Birth	27/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	24/01/2017
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84523410
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	85 KALLANG DORMITARY KALLANG AVE #04-02
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : DAN KAR HOW GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , 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.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Accident Sketch Plan Pg. 1

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Fax: 62865220 Fax Back: 62736676

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: **GBH15946Y**
ACCIDENT DATE:

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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.

B. 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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

TECHV
Line mail, handle fresh
POLICYHOLDER'S SIGNATURE
Date & Time:

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

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

Accident Sketch Plan Pg. 1

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SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

OWN DAMAGE () 3RD PARTY CLAIM () REPORTING ONLY (✓) OWN WORKSHOP ()

DECLARATION

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

TECHV
 Policyholder's Signature
 Date & Time:
 TECHV COOL WORKZ PTE. LTD.

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

CHARN'S CUSTOMCRAFT
 Reporting Centre Person's Signature
 Name:
 NRIC/FIN No.:

NOTE IF ACCIDENT REPORT SUBMITTED AFTER 24 HOURS NCD WILL BE AFFECTED

ACCIDENT STATEMENT

DATE OF REPORT: 12/02/2020 ACCIDENT DATE & TIME: 11/02/2020 @ 18:45
 ACCIDENT LOCATION: ALONG RO 4 TRAVELLING TOWARD ROAD 2, THOMSON RD.
 COUNTRY: SINGAPORE OR MALAYSIA

VEHICLE DETAILS/POLICYHOLDER DETAILS

VEHICLE NO: G8H 5946 Y POLICY NUMBER: 545649187-000001
 POLICYHOLDER NAME: TECH VACE @ GMAIL HP/OFFICE: 6296 6720
 NRIC NO: TECH - V AIR COOL EN GINERWU COVAGE: COMP
 EMAIL:
 INSURANCE: NTUC DIRECT ASIA AXA HL FWD BUDGET

VEHICLE PARTICULARS

MODEL: TOYOTA HIACE VAN
 VEHICLE CATEGORY: PRIVATE OR COMMERCIAL
 PURPOSE DURING ACCIDENT: WORKING. (SERVICING)
 CLAIM: OWN DAMAGE REPORTING ONLY THIRD PARTY

DRIVER DETAILS

NAME: SELVAM ANBU
 NRIC NO: G 67661362
 DATE OF BIRTH: 27/5/1991
 OCCUPATION: INDOOR OR OUTDOOR PERVICWU
 PASSED DATE: 24/1/2017
 GENDER: FEMALE OR MALE
 HP NUMBER: 84528410
 ADDRESS (COMPULSARY): 85 KALLANG
 POSTCODE: DOMINION KALLANG
 AVE 704-02
 EMAIL:
 R/S WITH POLICYHOLDER: EMPLOYEE
 WEATHER CONDITION: DRY / CLEAR / WET / RAIN
 INJURY: NO
 POLICE REPORT: YES
 VIDEO FOOTAGE OR VOICE RECORD: -
 OFFER BY OTHER WORKSHOP: -
 NO OF VEHICLE INVOLVED: 2
 WITNESS: IF YES - NAME&HP: -
 NO PPL IN CAR: 1
 PASSENGER NAME (NAME AND GENDER):
 1) DAN KAR HOW (M)
 2) =
 3)

THIRD PARTY'S DETAILS

VEHICLE NO: 845 2825 Z
 NAME:
 NRIC NO:
 HP NUMBER:
 INSURANCE:
 ADDRESS:
 MODEL: HOWDA CIVIC
 VEH CATEGORY:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200212/2025

Police Station Of Origin:
Rochor N.P.C
11 Kaimpong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20200212/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2020 09:58	Vide Report No.:	Station Diary No.: 40
--------------------------------------------	------------------	--------------------------

Informant's Particulars				
Name of Informant: SELVAM ANBU			Address: APT BLK 34 Whampoa West #01-19 SINGAPORE 330034	
ID Type / ID No.: FIN NO / G6706130L			Contact No.: Home/Office: Mobile: 84523410	
Nationality: INDIAN			Email:	
Sex: Male	Age: 28	Date of Birth: 27/05/1991	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 2B,3 Date of Expiry: 23/01/2022	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/02/2020 18:45	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 THOMSON ROAD YIO CHU KANG ROAD Thomson Road turning right towards Yio Chu Kang Road				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two 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
GBH5946Y	Van	TOYOTA	HIACE VAN TURBO 5DR MT	White	Slightly Damaged	1
SLK2825Z	Car	HONDA	CIVIC	White	Slightly Damaged	3

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



**SINGAPORE
POLICE FORCE**



T/20200212/2025

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20200212/2025

CONTINUATION OF REPORT

Driver			
Name	SELVAM ANBU	ID No.	G6706130L
Related Vehicle	GBH5946Y (Van)	Contact No.	84523410
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 23/01/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Ryan Lim Ding Xian	ID No.	S9546440HG
Related Vehicle	SLK2825Z (Car)	Contact No.	97821418
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 11/02/2020 at about 1845hrs, while I was driving my company van (GBH5946Y) along Thomson Road towards Yio Chu Kang Road, I was driving on the first lane and I was turning right towards Yio Chu Kang Road and the vehicle (SLK2825Z) in front of me had brake and I could not brake in time and hit onto the rear part of the vehicle.

No one was injured during the accident. The vehicle rear part had slight dented. That is all.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20200212/2025

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Report No. T/20200212/2025

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:

A /

Sgt 3 KENNETH CHEW SZE YIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / G/A /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

12/02/2020 09:58

Classification Of Case:



Authentication Stamp
NP 667 POLICE FORCE

SIGNATURE

Identification Card Pg. 1


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G 6706130L**

Name **SELVAM ANBU**

Birth Date: **27 May 1991**
 Issue Date: **24 Jan 2017**
 Valid Till: **23/01/2022**

002650656K




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

Employer
TECH-V COOL WORKZ PTE. LTD.

Name
SELVAM ANBU

Work Permit No
0 3505183-

Sector
CONSTRUCTION



K1914003


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

		EFFECTIVE DATE
C Class 2B	Motorcycles <= 200 CC	24 Jan 2017
C Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	13 Feb 2018

G6706130L

S / No. 9000305392

Licence No: G6706130L



NP 428A

VISIT PASS
 Immigration Regulations

Name
SELVAM ANBU

FIN
G6706130L

Date of Birth
27-05-1991

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 SGWorkPass App to check status



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



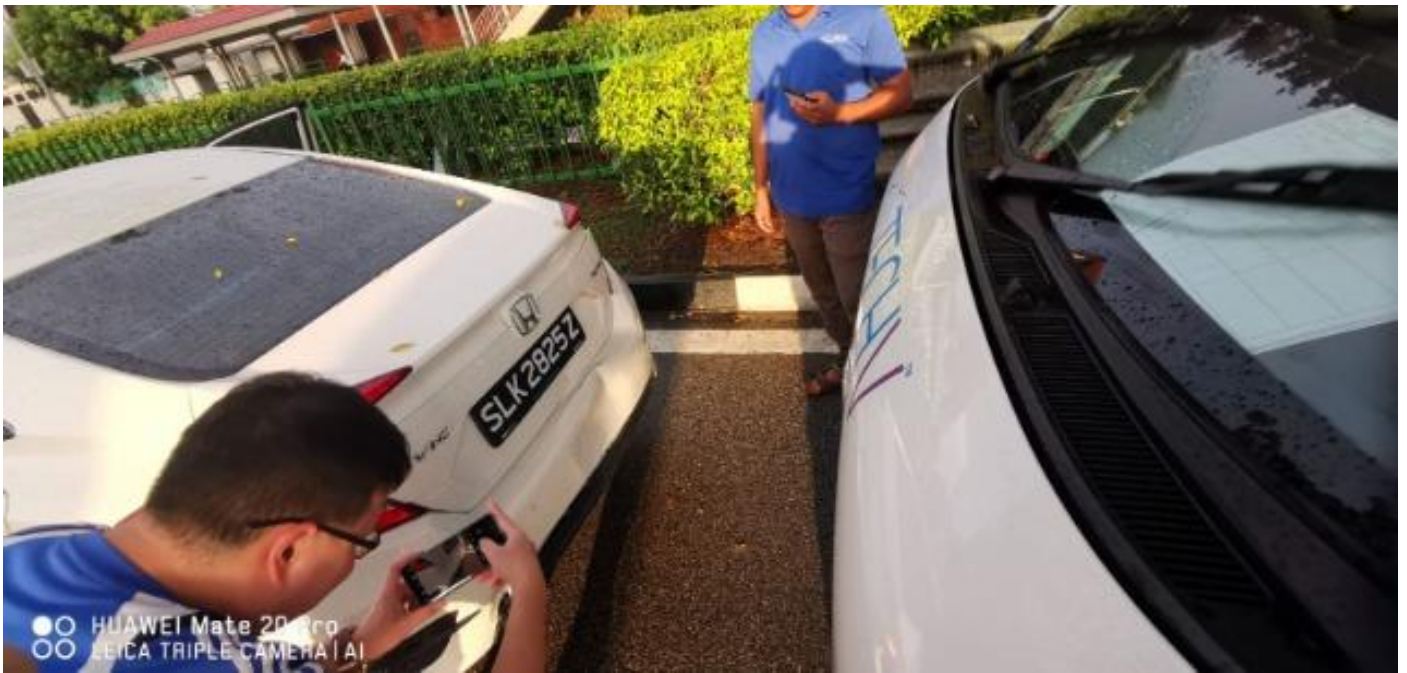
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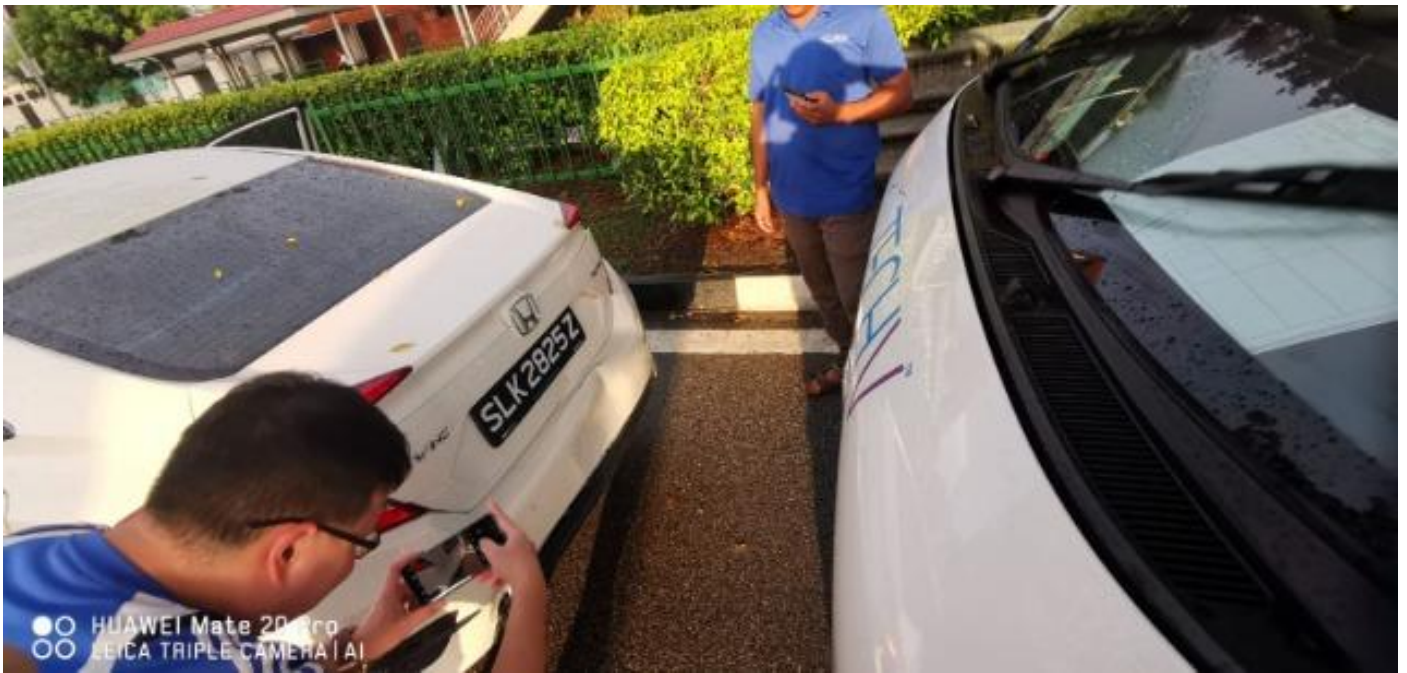
Accident Photo



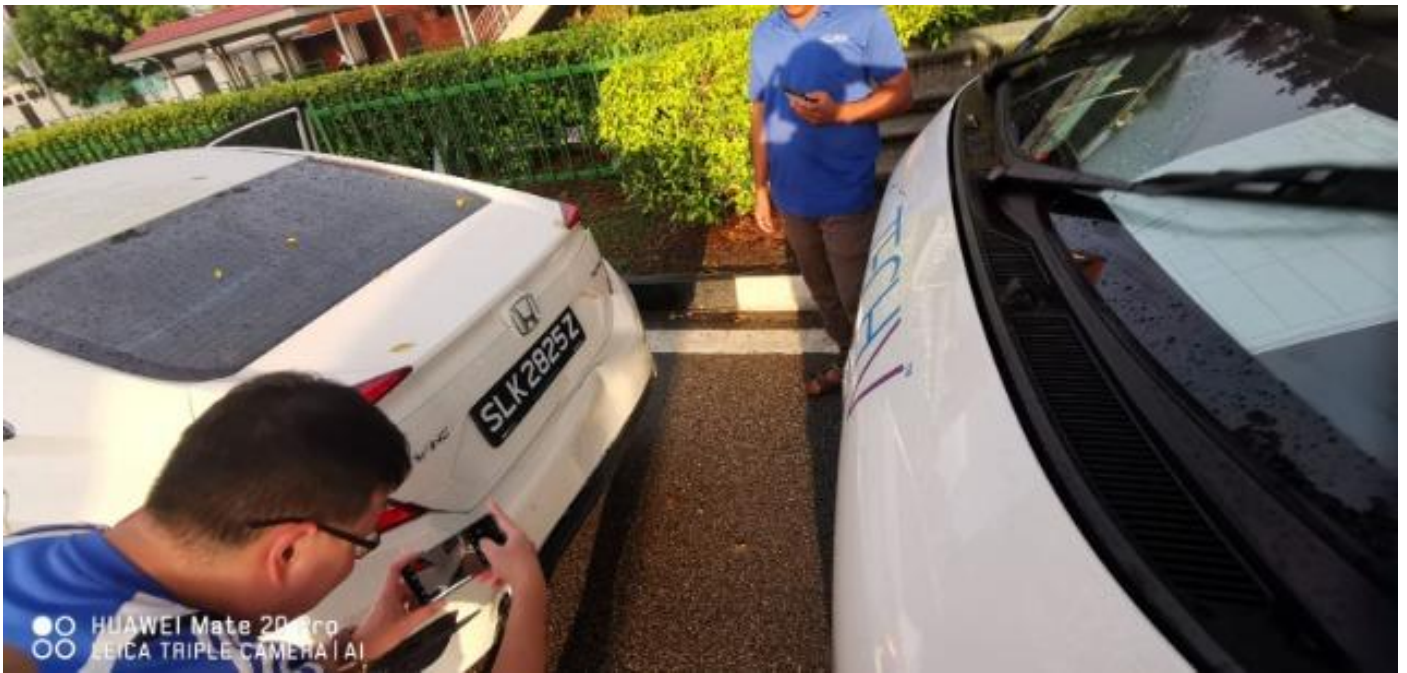
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Accident Photo



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