

## 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	25/02/2020 15:12
Date Of Accident	20/02/2020 09:00
Exact Location Of Accident	ALONG LIM CHU KANG LANE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD2213J
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#### Insured/Policyholder

Name Of Registered Owner	THONG HUAT BROTHERS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85154634
Alternative Phone No	OFFICE-63672014

#### Vehicle Particulars

Manufacturer	HINO
Model	FS1ELKD-12.9 D (M)
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	Z/19/VC06/105614
Cover Note Number	

#### Driver

Name of Driver	CHINNAKUNCHU VEERAMANI
Passport No/FIN	GXXXX784K
Date Of Birth	25/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	25/09/2015
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85154634
Fax Number	
Contact Number	OFFICE-63672014
Email Address	NOEMAIL

Address	4 SUNGEI KADUT AVENUE
Postcode	729641
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 - MAJOR/MINOR RD
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200220/7005

#### 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	XE4699Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	CHINNAKUNCHU VEERAMANI
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Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	XD2213J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

POLICY PLAN

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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.

通發兄弟私人有限公司  
THONG HUAT BROTHERS (PTE.) LTD

Policyholder's Signature  
Date & Time:

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

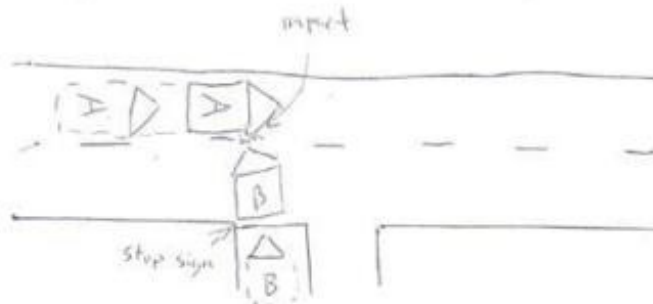
Reporting Centre Person's Signature  
Name:  
NRIC/FBI No:

# Accident Sketch Plan

lin chee keng lane 3

Veh A XD 2213J

Veh B XE 4699Y



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Peter to police report T/20200220/7005

## DECLARATION

通發兄弟私人有限公司 are true in every respect.  
THONG HUAT BROTHERS (PTE.) LTD

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRBC/Filly No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200220/7005

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200220/7005

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2020 13:09	Vide Report No.: L/20200220/0049	Station Diary No.:
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### Informant's Particulars

Name of Informant: CHINNAKUNCHU VEERAMANI			Address: 4 SUNGEI KADUT AVENUE SUNGEI KADUT INDUSTRIAL ESTATE SINGAPORE 729641		
ID Type / ID No.: FIN NO / G8306784K			Contact No.: Home/Office: Mobile: 85154634		
Nationality: INDIAN			Email: thongbeechoo@pacific.sg		
Sex: Male	Age: 35	Date of Birth: 25/06/1984	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/02/2020 09:00	Type of Location: T-Junction
Location:  LIM CHU KANG LANE 3				
Lamp Post Number: 53				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD2213J	Lorry	HINO	FS1ELKD	Blue	Seriously Damaged	0
XE4699Y	Lorry			Green	Seriously Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
XD2213J	LONPAC INSURANCE BHD			



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200220/7005

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200220/7005

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHINNAKUNCHU VEERAMANI	ID No.	G8306784K
Related Vehicle	XD2213J (Lorry)	Contact No.	85154634
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	20/02/2020	Date Discharge	20/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	GOH KWANG HUI	ID No.	S7010908E
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 20/02/2020 at about 0900hrs, I was driving my lorry bearing plate number XD2213J along Lim Chu Kang Lane 3 towards Lim Chu Kang Road. While I was driving, I noticed another lorry bearing plate XE 4699Y turning left from Lim Chu Kang Lane 5A into Lim Chu Kang Lane 3. The other lorry made a wide turn without making a stop to check for any oncoming vehicle. The lorry was going at quite a fast speed. As a result, his front side of the lorry collided onto my right side of my lorry located near the driver seat. I suffered from muscle pain due to the impact.

Police and ambulance attended to the scene. I was not conveyed to the hospital.

On the same day, I visited Mayfair Medical Centre and I was given 03 days MC (20/01/2020 - 22/01/2020).

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20200220/7005

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Report No. T/20200220/7005

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
20/02/2020 13:09

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

