

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 09:45
Date Of Accident	24/02/2020 15:00
Exact Location Of Accident	ALONG AYE TWDS TUAS 22.2KM (L/P 431)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1779U
Insured/Policyholder	
Name Of Registered Owner	BUILDING RESOURCES INDUSTRIES PTE LTD
Co Reg No	1XXXXX045Z
Email Address	OPERATION@BRI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68623376

Vehicle Particulars

Manufacturer	ISUZU
Model	CYH52T-15.7 D (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	VCA/P1795531
Cover Note Number	

Driver

Name of Driver	TAN KIM KOON
NRIC No	SXXXX795J
Date Of Birth	19/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	03/11/1983
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98439844
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 732 JURONG WEST STREET 73 #02-38
Postcode	640732
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQT5765 (BUS)
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
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	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED STATEMENT.

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	YN9495B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAMAIAH RAGHUVARAN
NRIC/Passport Number	GXXXXX007W
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

JQT5765

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

MUHAMAD SYARIF ZUL AINI BIN ISMAIL

NRIC/Passport Number

AXXXX4015

Contact Number

0175106135

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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 lodging 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 purposes 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: 25/3/20

10.000.00





Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report T/20100338/2158.

DECLARATION

We declare that the above statements are true in every respect.



Policyholder's Signature

Date & Time: 26/2/20

10.00 AM



Driver's Signature

(if driver is not the policyholder)

Date & Time



Reporting Centre Personnel's Signature

Name

NOC/PTN No.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200224/2158

1 of 4

Police Station Of Origin:
Nanyang N.P.C.
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No. 1800-7929999

Report No. T/20200224/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 24/02/2020 19:34	Vide Report No. J/20200224/0079	Station Diary No. 107
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Informant's Particulars			
Name of Informant TAN KIM KOON		Address: APT BLK 732 JURONG WEST STREET 73 #02-38 SINGAPORE 640732	
ID Type / ID No NRIC NO / S1561795J		Contact No Home/Office: Mobile 98439844	
Nationality SINGAPORE CITIZEN		Email:	
Sex Male	Age 57	Date of Birth 19/04/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 24/02/2020 15:00	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY TOWARDS TUAS 22.2KM Lamp Post Number: 431				
Weather: Clear		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
JQT5765	Bus/Coach/M nibus				Seriously Damaged	10
XE1779U	Lorry	ISUZU	CYH52T	Silver	Slightly Damaged	0
YN9495B	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB		Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200224/2158

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No: T/20200224/2158

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAMAIAH	ID No.	G8103007W
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
Driver			
Name	TAN KIM KOON	ID No.	S1561795J
Related Vehicle	NIL	Contact No.	98439844
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	SYARII	ID No.	017-5106135
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 24/02/2020 at about 1500hrs, I was driving my company lorry bearing license plate XE1779U along AYE. The traffic was heavy during there time thus the vehicles were moving slowly. When the vehicle infront of me came to a stop, I did the same and came to a stop. Suddenly, I heard a long bang and an impact on the rear of my lorry. I alighted and saw that there was a collision between 2 other vehicles. The vehicle bearing license plate YN9495B collided into my rear while JQT5765 collided into YN9495B.

My vehicle suffered dents and scratches on the rear
YN9495B Lorry suffered dents on the front of the lorry, the bumper had fallen off and the windscreen was

Police Report



**SINGAPORE
POLICE FORCE**



T/20200224/2158

Police Station Of Origin :
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649482
Tel No: 1800-7929999

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Report No: T/20200224/2158

CONTINUATION OF REPORT

shattered

JQT5765 bus suffered dent on the left front and cracked windscreen.

No one was injured. Police was at scene and issued me a case card reference to J/20200224/0079. No government property was damaged. I did obtain the other parties' particulars.

Police Report



SINGAPORE
POLICE FORCE



T/20200224/2158

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Tel No. 1800-7929999

Report No. T/20200224/2158

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 /
SC2 HAGEN FONG HAO JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No. 65476414

Authentication Stamp:
NP168



Signature Of Informant:

Date/Time:
24/02/2020 19:34

Classification Of Case: