

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	24/03/2020 17:43
Date Of Accident	24/03/2020 09:20
Exact Location Of Accident	TOH GUAN RD EAST JUST OUTSIDE 61 TOH GUAN RD EAST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE460E
Insured/Policyholder	
Name Of Registered Owner	ENERCON CONCRETE CORE-CUT TECHNOLOGY PTE LTD
Co Reg No	1XXXXX876G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87124786
Alternative Phone No	OFFICE-87124786
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR-3.0 5M/T ABS 2DR 2WD EURO 5 (A)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/19/VC00/104255
Cover Note Number	
Driver	
Name of Driver	MANICKAM GANAPATHY
NRIC No	GXXXX821W
Date Of Birth	15/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2014
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87124786
Fax Number	
Contact Number	OTHERS-87124786
EEmail Address	NOEMAIL

Address	BLK 20 TOH GUAN ROAD EAST #04-50 WESTLITE DORMITORY
Postcode	608591
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?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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)	3
Passenger 1	NAME: : ALAM SHAH GENDER: : MALE
Passenger 2	NAME: : MATALEB GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200324/2049

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	GBF3783Z
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJQ79R
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 SG5037A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category BUS
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 MANICKAM GANAPATHY
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? GBE460E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MATALEB
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? GBE460E
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name ALAM SHAH

Approximate Age

Injuries Sustain BODY PAIN

Injured person in which vehicle? GBE460E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

EMERCON

Concrete Core-Cut Technology Pte Ltd

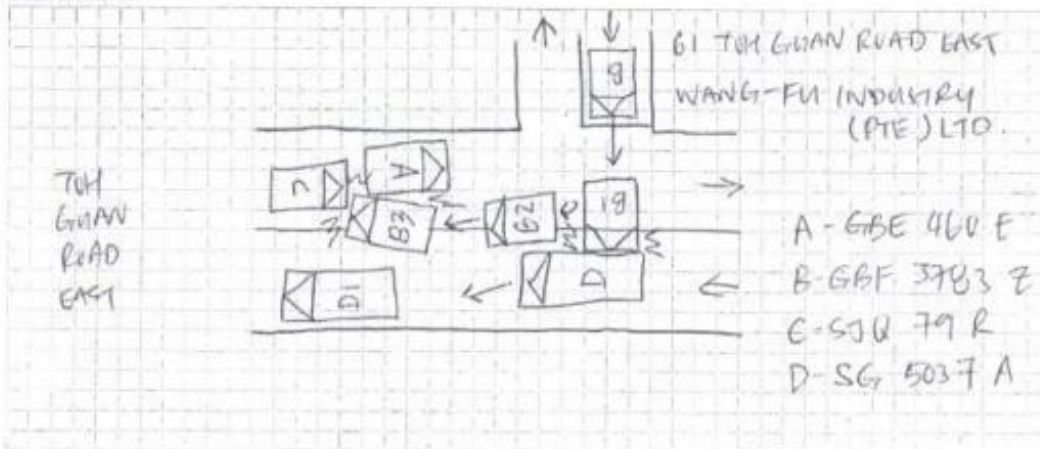
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT NO. T/20200324/7049. A - GBE 460 E
B - GAF 3785 Z
C - SJQ 79 R
D - SG 5037 A

7, MANICKAM CANAPATHY (GG236821 W) IS AUTHORIZED TO
DRIVE VEHICLE NO. GBE 460 E BY EVERION CONCRETE CURE-
CUT TECHNOLOGY PTE LTD.

DECLARATION

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

Concrete Core-Cut Technology Pte Ltd

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature

Kaiser

NR3C/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200324/2049

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

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Report No. T/20200324/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2020 12:22		Vide Report No.: D/20200324/0045		Station Diary No.: 87	
Informant's Particulars					
Name of Informant: MANICKAM GANAPATHY			Address: C/O APT BLK 20 Toh Guan #04-50 WestLite Dormitory SINGAPORE		
ID Type / ID No.: FIN NO / G8236821W			Contact No.: Home/Office: Mobile: 87124786		
Nationality: INDIAN			Email:		
Sex: Male	Age: 38	Date of Birth: 15/05/1981	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lorry 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: 24/03/2020 09:20	Type of Location: Straight Road
Location: TOH GUAN ROAD EAST Outside 61 Toh Guan Road East, Wang-Fu Industry (Pte.) Ltd.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBE460E	Lorry				Seriously Damaged	2
GBF3783Z	Lorry				Slightly Damaged	0
SG5037A	Bus/Coach/Mi nibus				Slightly Damaged	0
SJQ79R	Car				Slightly Damaged	1

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200324/2049

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

2 of 3

Report No. T/20200324/2049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MANICKAM GANAPATHY	ID No.	G8236821W
Related Vehicle	NIL	Contact No.	87124786
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 24/03/2020 at about 0920hrs, I was driving my blue Nissan lorry bearing the vehicle number GBE460E on Toh Guan East Road, at that point of time there was another vehicle, a brown Lexus bearing the vehicle number of SJQ79R driving behind my lorry. I then spotted a Toyota lorry bearing the vehicle number of GBF3783Z sliding down from a steep slope of 61 Toh Guan Road East, Wang-Fu Industry (Pte.) Ltd. I immediately break my vehicle to prevent collision. The white lorry then collided with a green Tower Transit bus, bearing the vehicle number of SG5037A, which was at the oncoming lane.

After the collision, the white lorry was diverted to our direction and the white lorry collided to my blue lorry and the bus collided with the car behind me. Thus, police assistance was called upon. There was a male passenger on the bus was injured and he was conveyed to the hospital by ambulance.

I also wish to inform that my lorry suffered damages such as a dented and scratches at the right back rear but I am not injured by the accident. I was unsure about the full details of the damages on other vehicles.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200324/2049

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

3 of 3

Report No. T/20200324/2049

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 CHUA KIAN TIONG

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

24/03/2020 12:22

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD NOOR BIN ABDUL

RAHMAN

Contact No.: 65476201

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO: JN1SC2F24Z0857260

U.L.W : 1780 KGS

M.L.W : 3500 KGS

P. CAP : F: 1 DRIVER, 2 OTHERS
R: 00

TYRE SIZE : F: 175 x 80R 15PLY
R: 155 x 13R 8PLY (D)

Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66300206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MM47003636 Vehicle Registration No: GRE 460 E
Name (as shown in NRIC) : MANICKAM CANAPATHY NRIC/FIN/Passport No : GXXXXX821W
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 87124786
Email Address : _____
Date of Accident : 24/03/2020 Time of Accident : 09:20
Place of Accident : TOL GRAN RD EAST JUST OUTSIDE 61 TOLL PLAZA RD EAST
Insurance Company : Tempo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

VEHICLE D NUMBER 70 SG5037A

Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: _____
Date: _____