

MSME20036474 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 25/03/2020 11:52
SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 25/03/2020 12:46

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	25/03/2020 11:52
Date Of Accident	23/03/2020 16:00
Exact Location Of Accident	ALONG PALM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4550Y
Insured/Policyholder	
Name Of Registered Owner	UNITED WORKS PTE LTD
Co Reg No	2XXXXX702D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96306544

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ19-005204
Cover Note Number	

Driver

Name of Driver	MATHAVAN MANOJ KUMAR
NRIC No	GXXXX166Q
Date Of Birth	15/01/1993
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93538845
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address -
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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? 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 GEYLANG NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 1 CASSIA LINK , POSTCODE: 397618 , 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/20200324/2090.

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 SBM9228J
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 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)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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. 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.
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.

X

M. MANOJ
Policyholder's Signature
Date & Time:

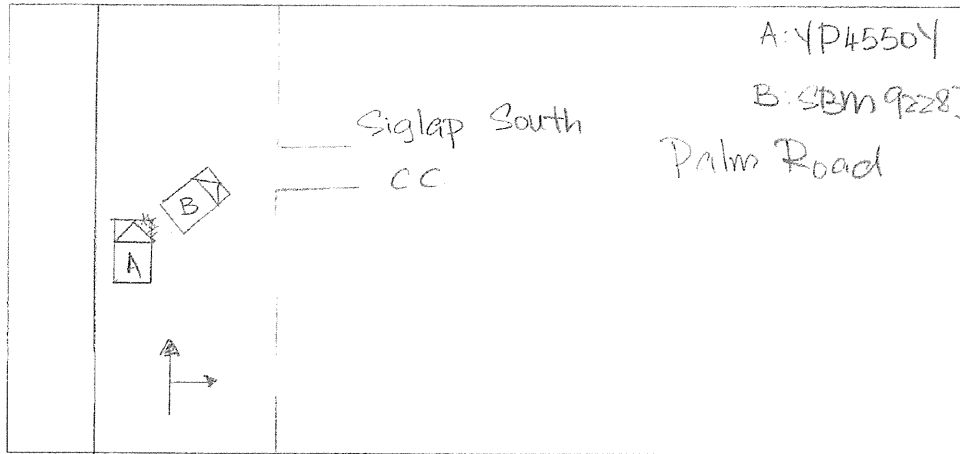


M. MANOJ
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

NEW HOCK TRUCK

SKETCH PLAN



Refer Police Report: T/20200324/2090 M.MANUS

X

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

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200324/2090

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20200324/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2020 15:03	Vide Report No.:	Station Diary No.: 70
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Informant's Particulars

Name of Informant: MATHAVAN MANOJ KUMAR	Address: 33 Ubi Ave 3 #07-61 Vertex Tower A SINGAPORE 408868		
ID Type / ID No.: FIN NO / G2659166Q	Contact No.: Home/Office: Mobile: 93538845		
Nationality: INDIAN	Email:		
Sex: Male	Age: 27	Date of Birth: 15/01/1993	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER	Driving Licence Information: Class: 3 Date of Expiry: 09/05/2024		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/03/2020 16:00	Type of Location: Straight Road
Location: Along Road 1 PALM ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBM9228J	Car	VOLVO	XC40 T5 MOMENTUM		Slightly Damaged	0
YP4550Y	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Slightly Damaged	0

Details of Person Involved

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

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200324/2090

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20200324/2090

CONTINUATION OF REPORT

Name	Michelle		ID No.	NIL
Related Vehicle	SBM9228J (Car)		Contact No.	81823622
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	MATHAVAN MANOJ KUMAR		ID No.	G2659166Q
Related Vehicle	YP4550Y (Lorry)		Contact No.	93538845
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 09/05/2024
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 23/03/2020, since morning I parked my company lorry (YP4550Y) along Palm Road for road work. At about 4pm, I discovered the lorry front right headlight was damaged and dangling. A lady approached me and informed me that she is the driver of a car (SBM9228J) and she accidentally hit onto my company lorry while driving. The lady driver exchanged her name and contact number with me. She also informed me that she wished to settle the matter privately. However, my company informed to claim through insurance and lodge a police report for recorded purposes.

Sketch Plan #5 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20200324/2090

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20200324/2090

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:
G /
Sgt 3 PU SONGHUI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65474885

**SINGAPORE
POLICE FORCE**

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
24/03/2020 15:03

Classification Of Case: