

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	07/04/2020 16:09
Date Of Accident	06/04/2020 16:45
Exact Location Of Accident	PIE (CHANGI) BEFORE THOMSON RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ937L
Insured/Policyholder	
Name Of Registered Owner	M/S S P ALUM ENGINEERING PTE LTD
Co Reg No	2XXXXX571Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91008178
Alternative Phone No	OFFICE-91008178

Vehicle Particulars

Manufacturer	ISUZU
Model	NNR85UH4A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3052041900
Cover Note Number	

Driver

Name of Driver	KANDAIYA PAULRAJ
Passport No/FIN	GXXXX370X
Date Of Birth	05/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2019
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91355315
Fax Number	
Contact Number	OFFICE-91355315
EEmail Address	NOEMAIL

Address	10 BUROH STREET #05-35 WEST CONNECT BUILDING
Postcode	627564
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	CLEAR
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?	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: : MANNAN ABDUL GENDER: : MALE
Passenger 2	NAME: : ULLAH MOHAMMAD GENDER: : MALE

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: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200407/2041.

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	GBF956L
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) 1

DETAILS OF INJURED PERSON 1

Name KANDAIYA PAULRAJ

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YQ937L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name MANNAN ABDUL

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YQ937L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name ULLAH MOHAMMAD

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YQ937L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan



SKETCH PLAN


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. 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.

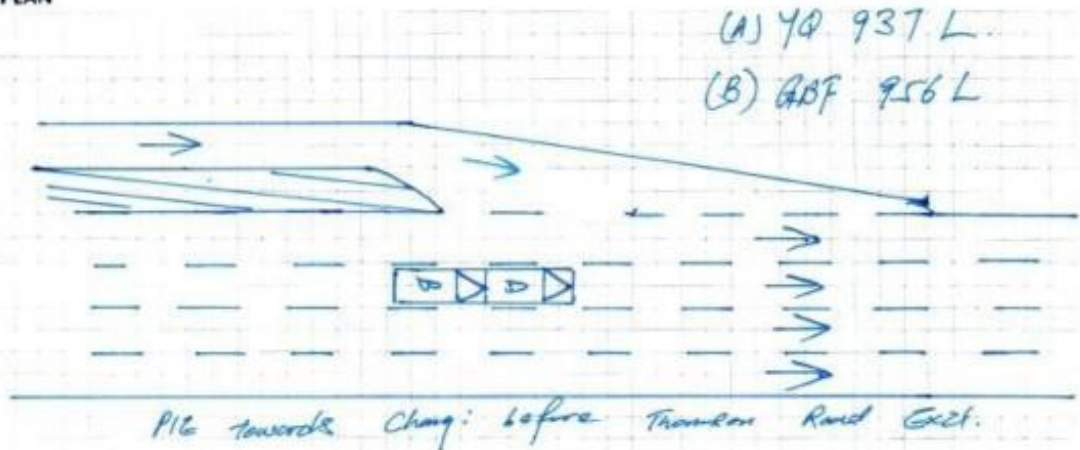
 
Policyholder's Signature
Date & Time:


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

On 06/04/2020 at @ 1645 hrs, I was travelling in my vehicle (YQ 937 L) along P16 towards Chang: before Thomson Road exit on the 3rd lane from the right. I was moving slowly due to heavy traffic ahead. Suddenly, a van (GBF 956 L) coming from the rear at a high speed and collided onto the rear portion of my lorry.

DECLARATION

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

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.:

Police Report

07-04-20:13:04

1/ 3



**SINGAPORE
POLICE FORCE**



T/20200407/2041

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

1 of 3

Report No. T/20200407/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2020 12:47		Vide Report No.:		Station Diary No.: 52
Informant's Particulars				
Name of Informant: KANDAIYA PAULRAJ		Address:		
ID Type / ID No.: FIN NO / G8202370X		Contact No.: Home/Office: Mobile: 91355315		
Nationality: INDIAN		Email:		
Sex: Male	Age: 38	Date of Birth: 05/06/1981	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: CONSTRUCTION		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/04/2020 16:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY AIRPORT BOULEVARD PIE TOWARDS CHANGI BEFORE THOMSON ROAD EXIT				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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:
GBF956L	Van					0
YQ937L	Lorry				Slightly Damaged	2

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

Police Report

07-04-2013:04 ;

2/ 3



**SINGAPORE
POLICE FORCE**



T/20200407/2041

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

2 of 3
Report No. T/20200407/2041

CONTINUATION OF REPORT

Driver			
Name	NG KWANG HUA		ID No. S2503008G
Related Vehicle	GBF956L (Van)		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	KANDAIYA PAULRAJ		ID No. G8202370X
Related Vehicle	YQ937L (Lorry)		Contact No. 91355315
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	06/04/2020	Date Discharge	06/04/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 6/4/2020 at around 1640hrs, I was driving my vehicle(YQ937L) along PIE towards changi together with 2 passengers. As I was driving near to Thomson road exit at the third lane, I spotted a heavy traffic in front of me and starting slowly down my speed. Out of a sudden, I felt a huge impact coming from my rear. I alighted my vehicle and realized that a van(GBF956L) has collided onto me. I exchange particulars with the driver and left the scene. As I felt pain on my neck and left elbow, I proceed for a medical check up and was given 5 days of MC. Both my passenger also seek medical attention and was also given 5 days of MC. I wish to state that there is a in car camera installed in my vehicle however I am unsure if it had capture the incident. The collision has causes my rear to be dented.

Police Report

07-04-20:13:04

3/ 3



**SINGAPORE
POLICE FORCE**



T/20200407/2041

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

3 of 3

Report No. T/20200407/2041

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 ONG JIN HONG

Signature Of Informant:

K. Paulina

Signature Of Interpreter:

Not applicable

Date/Time:

07/04/2020 12:47

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151



**SINGAPORE
POLICE FORCE**

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

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



Accident Photo



