

## 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	16/05/2020 09:59
Date Of Accident	20/01/2019 23:00
Exact Location Of Accident	TUAS CHECKPOINT 2ND LINK BRIDGE TWDS MALAYSIA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1717Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JTSK AUTO SERVICES
Co Reg No	-
Email Address	JTSK_DEVAS@OUTLOOK.COM
Mobile Phone No	
Alternative Phone No	OFFICE-83988383

### Vehicle Particulars

Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	RECOVERY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMCVSN1840501800
Cover Note Number	

### Driver

Name of Driver	KISHORE S/O JAYAKUMAR
NRIC No	SXXXX566H
Date Of Birth	20/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83988383
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 520 JELAPANG ROAD #01-281
Postcode	670520
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JPC2518 (MOTORCYCLE)
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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200515/2032

#### 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	JPC2518
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	UNKNOWN
Approximate Age	
Injuries Sustain	ABRASION
Injured person in which vehicle?	JPC2518
Were seat belts worn?	
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.
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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

Diagram illustrating the accident location on a grid. A vehicle is shown at the intersection of a vertical line and a horizontal line, labeled 'A' and 'B'. The vehicle is a small car with a driver's side indicated by a triangle.

A = YR 1717 Z  
B = JPC 2518

Second Link Bridge towards Malaysia

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7120200515 / 2032

### 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.:

16/05/20

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200515/2032

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

2 of 3

Report No. T/20200515/2032

### CONTINUATION OF REPORT

#### **Brief Details.**

On 20 January 2019 at about 2300hrs, I was driving my Tow-Truck under my company (JTSKAUTOSERVICES) to tow away a vehicle that has broke down at Second Link Bridge from Tuas Checkpoint towards Malaysia. As my truck had loaded up the vehicle, subsequently a Malaysia Motorcycle (JPC2518) crashed onto the rear of my Tow-truck. The rider then fell down on the road. I went to check on him, he had some abrasions on his arm. The passer by all came to help. Shortly after, Malaysia police came and interviewed the rider. The rider inform that he is sleepy. The Malaysia police then allowed me to leave the scene, I then drove off to tow the break down vehicle back to Singapore. I am lodging this report as my insurance inform me that someone has claimed against me.

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Kampung Ubi NPP  
9 Euros Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999



T/20200515/2032

1 of 3

Report No: T/20200515/2032

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
15/05/2020 15:14

Video Report No.:

Station Diary No.:  
9

### Informant's Particulars

Name of Informant:  
KISHORE SIO JAYAKUMAR

Address:  
APT BLK 520 JELAPANG ROAD #01-281 SINGAPORE  
670520

ID Type / ID No.:  
NRIC NO / S8410566H

Contact No.:  
Home/Office: Mobile: 83988383

Nationality:  
SINGAPORE CITIZEN

Email:  
jskautoservices@gmail.com

Sex: Male Age: 26 Date of Birth: 20/03/1994

Type of Informant:  
Driver

Race:  
Indian

Language:

Institution / School Name:

Occupation:  
SELF-EMPLOYED

Driving Licence Information:  
Class: 2B,2A,3,4

Date of Expiry:

### General Information of the Accident

Type of  
Accident:

Injury  
Others

Drink  
Drive:  
No

Date/Time of  
Accident:  
20/01/2019 23:00

Type of Location:  
Bridge

Location:  
Along Road 1  
SECOND LINK

TUAS CHECKPOINT SECOND LINK BRIDGE TOWARDS MALAYSIA

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
One Way

Traffic Control:  
Not Controlled

Traffic Volume:  
Heavy

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
JPC2518	Motorcycle				Slightly Damaged	0
YQ17172	Lorry				Slightly Damaged	0



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200515/2032

Police Station Of Origin:  
Kampong Ubi NPP  
8 Eunus Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7478889

2 of 3

Report No: T/20200515/2032

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## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200515/2032

3 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Euros Crescent #01-2087 SINGAPORE  
400009  
Tel No: 1800-7478999

Report No. T/20200515/2032

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 1 YIP YONG NAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/05/2020 15:14

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP188



SIGNATURE