#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/07/2020 17:53
Date Of Accident	03/07/2020 17:20
Exact Location Of Accident	JLN BOON LAY NEAR L/P: 77
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP8341H
Insured/Policyholder	
Name Of Registered Owner	UNI-TAT ICE & MARKETING PTE LTD
Co Reg No	1XXXXX736C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HINO
Model	HINO XZU710R-HKFMS3
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B400000412MKF
Cover Note Number	

Driver

Name of Driver VEERAPPAN ELAIYARAJA

Passport No/FIN GXXXX393L

Date Of Birth 04/05/1991

Occupation OUTDOOR

Date Of Driving Pass 26/05/2017

Driving Experience 3 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-93361458

Fax Number

Contact Number OFFICE-93361458

EMail Address NOEMAIL

Address 51 UBI AVENUE 1

#01-26 PAYA UBI INDUSTRIAL PARK

Postcode 408933

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 SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JTW6251 (MOTORCYCLE)

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?

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 MACPHERSON NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-7449999 - FAX NO: 65476366

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT - T/20200706/2080.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLK4569A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver LEO ANN KHEE
NRIC/Passport Number SXXXX498H
Contact Number 96610573

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number JTW6251

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE
Name of Driver TEO LEK POK

NRIC/Passport Number

Contact Number 88173989

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 "...
  - 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:
  - 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)

V. Elayanis

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

refor to affached statch Plan.

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	pice	Sold	- 7/22000	6/2080		
			1	1		
					_	
	77					

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

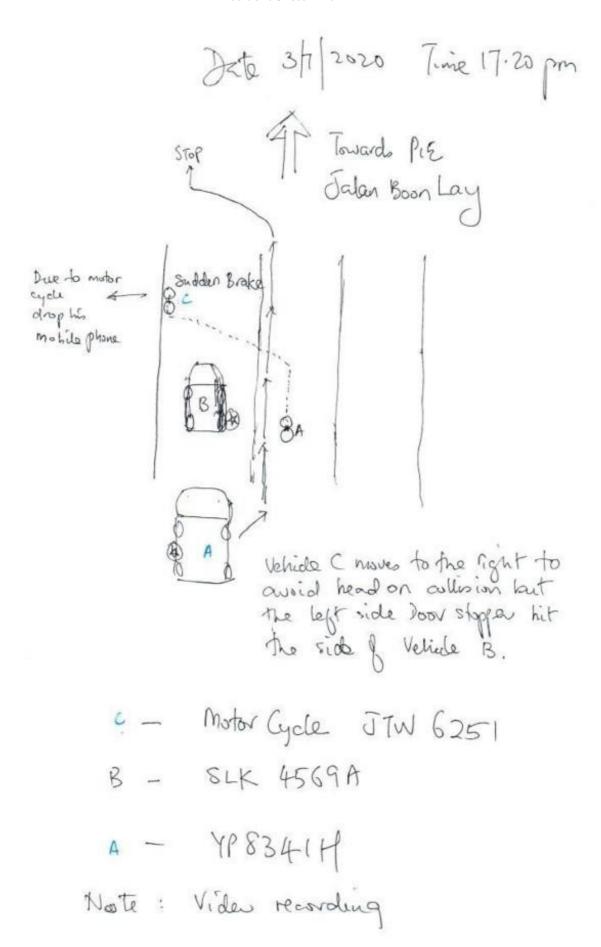
Date & Time:

Reporting Centre Personnel Signature

Name:

NRIC/FIN No.:

#### **Accident Sketch Plan**







1 of 4

Report No. T/20200706/2080

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

	F A TRAFFIC		Their Board No.	Station Diary No.		
Date/Time Report Made: 06/07/2020 18:25			Vide Report No.:	25		
Informa	nt's Particu	ulars				
Name of	Informant: PAN ELAI		Address: APT BLK 51 UBI AVENUE 1 #01-27 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933			
ID Type / ID No.: FIN NO / G2158393L			Contact No.: Home/Office:	Mobile: 93361458		
National	-		Email:			
Sex: Male	Age: 29	Date of Birth: 04/05/1991	Driver .			
Race:			Language:	Institution / School Name:		
Occupation: Lorry driver			Driving Licence Information: Class: 3	Date of Expiry: 25/05/2022		

Seneral Inform	mation of the Accide		DetecTime of	Type of Location
Type of Accident	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2020 17:20	Straight Road
JALAN BOOM Lamp Post N Weather:	N LAY EXPRESSWAY N LAY TOWARDS PIE	Road Surface:		Road Speed Limit:
Clear		Traffic Control:	Traffic Volume:	
Traffic Flow: One Way	197	Not Controlled	Heavy	
Type of Collis	sion: ving Vehicles - Side S	wipe - Same Direction		Anyone conveyed by ambulance:

	ehicle Involve		Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	COICI	-	4
JTW6251	Motorcycle	-			No	1
31440231	Motorcyana				Damage	
	0	_			Slightly	0
SLK4569A	Car				Damaged	
7 12 W 7 4 4 4	15000	-			Slightly	0
YP8341H	Lorry				Damaged	



T/20200706/2080

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Report No. T/20200

Tel No: 1800-7449999

CONTINUATION OF REPORT

Details of Perso			A STREET OF THE PARTY OF THE PA			
Any Pedestrian I						
No. of Pedestriar	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Name	TEO LEK POK			ID No.		NIL
Related Vehicle	JTW6251 (Motorcy	cle)		Contact No.		88173989
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	The state of the s		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver						
Name	LEO ANN KHEE			ID No.		S7821498H
Related Vehicle	SLK4569A (Car)		Contact No.		96610573	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN	ed Medical Leave	NIL	Degree of Injury NIL			
Driver					7316	
Name	VEERAPPAN ELAIYARAJA			ID No	-	G2158393L
Related Vehicle	YP8341H (Lorry)			Contact No.		93361458
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: 3 Date of Expiry: 25/05/2022
Date Treatment	NIL		Date Disci		NIL	
	ed Medical Leave	NIL	Degree of		NIL	

### Brief Details.

On 03/07/2020, at about 1720hrs. I was driving my company lorry (UNI-TAT ICE & MARKETING PTE LTD), vehicle number YP8341H. I was driving along the most left lane of Jalan Boon Lay towards PIE, where by a vehicle in front of me suddenly brake and came to a stop. I immediately change lane and swerve to the right next lane to avoid head on collision, while doing that, my left side of my truck swiped onto the vehicle SLK4569A. I immediately pull over my lorry in front. When I come to a stop in front of the vehicle. I spotted there is a Malaysia motorcycle JTW6251 stopped in front of the SLK4569A. The driver of the car told me that the motorcycle stopped abruptly to pick up something on the road. I called my office to report the incident. I then exchanged particulars with the driver however the Malaysia rider did



T202007082080

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

3 of 4 Report No. T/20200706/2080

CONTINUATION OF REPORT

not provide any particulars. The car driver then provided me the footage of his in-car dash camera which showed that the motorcycle rider and his pillion dropped something and they stopped abruptly to pick up something from the ground; hence, the car driver then emergency brake to prevent collision. No one is injured. My rear left side of my lorry door stopper was stuck onto the right rear side of the car during the side swipe.





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

4 of 4 Report No. T/20200706/2080

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 Reci G / Sgt 1 YIP YONG NAN	ording The Report:	Signature Of Inform	fanjary	
Signature Of Interpreter: Not applicable	,	Date/Time: 06/07/2020 18:25		
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI		Classification Of Ca	se:	
Contact No.: 65476151  Authentication Stamp NP168	SINGAPORE POLICE FORCE			
	SIGN	ATURE		











