

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	17/07/2020 16:47
Date Of Accident	16/07/2020 18:10
Exact Location Of Accident	JUNC OF VICTORIA ST & OPHIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4666Y
Insured/Policyholder	
Name Of Registered Owner	M/S COPL TECH(M&E)PTE LTD
Co Reg No	2XXXXX833Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82689979

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	DMCVSN3074541900
Cover Note Number	

Driver

Name of Driver	DHAKSHINAMURTHY PRAKASH
Passport No/FIN	GXXXX164L
Date Of Birth	10/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	21/05/2009
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90081525
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	69 ROWELL RD
Postcode	208008
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?	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?	YES
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLIOCE REPORT:T/20200716/2131

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	FBQ7051T
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	SLIGHT
Injured person in which vehicle?	FBQ7051T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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

Policyholder's Signature
Date & Time:

R

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/7/20, 3pm

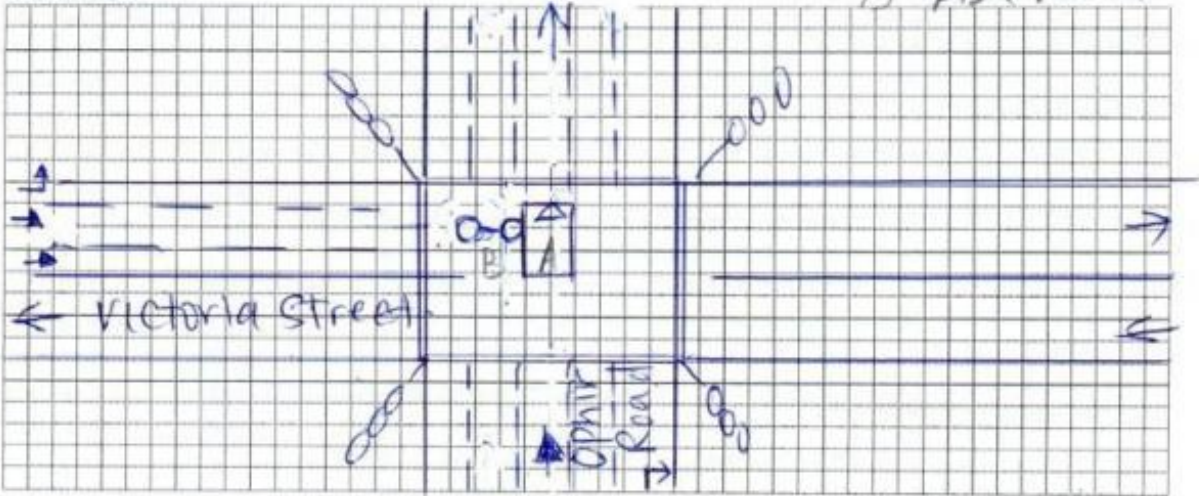
2/gyw 17/07/20

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

Accident Sketch Plan

A - GBF4666Y
B - FBR7051T

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Peter Police Report
1/2020 0716/2131

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: 1/1/20, 3pm

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

sgw 17/07/20

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200716/2131

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200716/2131

CONTINUATION OF REPORT

Driver			
Name	DHAKSHINAMURTHY PRAKASH		ID No. G7436184L
Related Vehicle	GBF4666Y (Van)		Contact No. 90081525
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS GOING ALONG OPHIR ROAD AND SAW THAT THE TRAFFIC LIGHTS WERE GREEN, THUS I CONTINUED TO MOVE FORWARD. AT THE AREA OF THE JUNCTION, A MOTORBIKE SUDDENLY CAME OUT AND COLLIDED INTO THE LEFT SIDE DOOR OF MY VEHICLE. AFTER THE ACCIDENT, I PARKED MY VEHICLE AND CAME TO CHECK UP ON THE OTHER PARTY AND NOTICED THAT SOME OTHER PASSER-BY HAD ALSO CAME BY TO CHECK UP ON THE OTHER PARTY. I DID NOT MANAGE TO EXCHANGE PARTICULARS WITH THE OTHER PARTY BUT MANAGED TO TAKE PHOTOS OF THE DAMAGE TO MY VEHICLE. THE OTHER PARTY WAS LATER CONVEYED TO THE HOSPITAL.

THAT IS ALL.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200716/2131

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20200716/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/07/2020 22:22		Vide Report No.: A/20200716/0117		Station Diary No.:
Informant's Particulars				
Name of Informant: DHAKSHINAMURTHY PRAKASH		Address: 69 ROWELL ROAD SINGAPORE 208008		
ID Type / ID No.: FIN NO / G7436184L		Contact No.: Home/Office: Mobile: 90081525		
Nationality: INDIAN		Email:		
Sex: Male	Age: 36	Date of Birth: 10/06/1984	Type of Informant: Driver	
Race:		Language:	Institution / School Name:	
Occupation: OTHERS		Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/07/2020 18:10	Type of Location:
Location: Junction of Road 1 and Road 2 VICTORIA STREET OPHIR ROAD				
Weather: Clear		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ7051T	Motorcycle					0
GBF4866Y	Van					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T20200716/2131

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T20200716/2131

CONTINUATION OF REPORT

Driver			
Name	DHAKSHINAMURTHY PRAKASH		ID No. G7436184L
Related Vehicle	GBF4668Y (Van)		Contact No. 90081525
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS GOING ALONG OPHIR ROAD AND SAW THAT THE TRAFFIC LIGHTS WERE GREEN, THUS I CONTINUED TO MOVE FORWARD. AT THE AREA OF THE JUNCTION, A MOTORBIKE SUDDENLY CAME OUT AND COLLIDED INTO THE LEFT SIDE DOOR OF MY VEHICLE. AFTER THE ACCIDENT, I PARKED MY VEHICLE AND CAME TO CHECK UP ON THE OTHER PARTY AND NOTICED THAT SOME OTHER PASSER-BY HAD ALSO CAME BY TO CHECK UP ON THE OTHER PARTY. I DID NOT MANAGE TO EXCHANGE PARTICULARS WITH THE OTHER PARTY BUT MANAGED TO TAKE PHOTOS OF THE DAMAGE TO MY VEHICLE. THE OTHER PARTY WAS LATER CONVEYED TO THE HOSPITAL.

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Police Report



SINGAPORE
POLICE FORCE



T/20200716/2131

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200716/2131

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:
TP /
LEE CHEN EN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/07/2020 22:22

Officer In Charge Of Case:
TP / GIT /
Staff Sgt NUR ADELINA BINTE MOHAMMAD
FUAT
Contact No.: 65478066

Classification Of Case:

Authentication Stamp
NP108