

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	27/07/2020 10:24
Date Of Accident	25/07/2020 13:10
Exact Location Of Accident	CTE BEFORE PIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3548G
Insured/Policyholder	
Name Of Registered Owner	TONG LOONG ENGINEERING PTE LTD
Co Reg No	199307598D
Email Address	ADMIN@TONGLOONG.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62624401

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ19-003722
Cover Note Number	27/7/19-26/7/20

Driver

Name of Driver	GANESAN PARTHASARATHI
Passport No/FIN	G6199568X
Date Of Birth	11/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81273696
Fax Number	
Contact Number	
Email Address	SARATHI@TONGLOONG.COM

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	CHAIN COLLISION
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	5
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20200727/2037

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	SJE9946S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIAO TZE CHENG
NRIC/Passport Number	G3322858P
Contact Number	98830568
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD3288B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver BOH JEE CHIAT
NRIC/Passport Number S0174184E
Contact Number 82927918
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMD4250T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver QUEK KIM SHEE
NRIC/Passport Number S1198813Z
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SKD9191X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver SEE THU MAN
NRIC/Passport Number
Contact Number 90882271
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GANESAN PARTHASARATHI
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBG3548G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan

SKETCH PLAN

VEHICLE NO.: GBG 3548G
INSURER : EA
DATE & TIME: 25/7/20
1:10 pm

IMPORTANT NOTICE

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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.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Efead
NRIC/FIN No.: 451

Sketch Plan #2

SKETCH PLAN

Sketch Plan

Braddell

6

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↑

A = GBG 3548 G

B = SJE 9946 S
Siao Tze Cheng
G 73322858 P
hp: 98830568

C = SHD 3288 B
Boh Jee Chiat
S 0174184 E
hp: 82927918

D = SMD 4250 T
Quek Kim Choo
C 1198813 Z

E = SKD 9191 X
See Thui Man
hp: 90882271

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: T/20200727/2037

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.: _____

GARMC SketchPlanForm_V3 () Claim Own Policy (X) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200727/2037

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20200727/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2020 12:15	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars			
Name of Informant: GANESAN PARTHASARATHI		Address: APT BLK 764 YISHUN STREET 72 #09-386 WOODLANDS VIBES SINGAPORE 760764	
ID Type / ID No.: FIN NO / G6199568X		Contact No.: Home/Office: Mobile: 81273696	
Nationality: INDIAN		Email:	
Sex: Male	Age: 36	Date of Birth: 11/04/1984	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: MANAGER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/07/2020 13:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY PAN ISLAND EXPRESSWAY Near to Australian international school before ERP.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
GBG3548G	Van			White	Slightly Damaged	0
SHD3288B	Car				Slightly Damaged	0
SJE9946S	Car				Slightly Damaged	0
SKD9191X	Car				Slightly Damaged	0
SMD4250T	Car				Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200727/2037

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Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20200727/2037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GANESAN PARTHASARATHI	ID No.	G6199568X
Related Vehicle	GBG3548G (Van)	Contact No.	81273696
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/07/2020	Date Discharge	25/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Boh Jee Chiat	ID No.	S0174184E
Related Vehicle	SHD3288B (Car)	Contact No.	82927918
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	Siao Tze Cheng	ID No.	G3322858P
Related Vehicle	SJE9946S (Car)	Contact No.	98820568
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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200727/2037

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20200727/2037

CONTINUATION OF REPORT

Name	See Tho Mun	ID No.	NIL
Related Vehicle	SKD9191X (Car)	Contact No.	90882271
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	Quek Khim Chee	ID No.	S1198813Z
Related Vehicle	SMD4250T (Car)	Contact No.	91158020
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

Brief Details.

On 25/07/2020 at about 1:10pm, I was driving along Central Expressway towards PIE. When I reached at Ang Mo Kio Avenue 5 exit, there was a heavy traffic as such vehicles were moving slow. When I reached to braddell road Exit, suddenly a vehicle (SJE9946S) bang on to my rear of my vehicle. Due to the impact, my vehicle bang on to a taxi which was in front of mine (SHD3288B). After coming out from my vehicle, I realized that there were 2 other vehicles which was in front of the taxi were also involved in the accident due to the impact caused by (SJE9946S). The vehicle in front of the taxi was SMD4250T and in front of SMD4250T vehicle was SKD9191X. No ambulance or traffic police came.

On the same day at about 5pm, I proceeded to Khoo Teck Puat hospital as I felt pain on my right leg and swell on my neck. I was given total of 5 days of MC by Khoo Teck Puat Hospital, doctors.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200727/2037

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Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768627
Tel No: 1800-8529999

Report No. T/20200727/2037

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:

L /

SI MOHAMED SAHIR

Signature Of Informant:

G. Dulin

Signature Of Interpreter:

Not applicable

Date/Time:

27/07/2020 12:15

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

SN 085

Authentication Stamp

NP158



Signature:

Singapore Police Force

Identification Card

S PASS
Employment of Foreign Manpower Act (Chapter 31A)
Republic of Singapore

Employer:
TONG LOONG LOGISTICS PTE LTD

Photo: 

Name:
GANESAN PARTHASARATHI

S Pass No:
E 34517838

Industry:
CONSTRUCTION

Barcode: 

K1891504

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: **G6199568X**


Name:
GANESAN PARTHASARATHI

Birth Date: **11 Apr 1984**

Issue Date: **01 Oct 2016**

Valid Till: **30/09/2021**

Photo: 

Barcode: 

VISIT PASS
Immigration Regulations

Name:
GANESAN PARTHASARATHI

Photo: 

FRN:
G6199568X

Date of Birth:
11-04-1984

Sex:
M

Nationality:
INDIAN

Download 30WorkPass App to check status

QR Code: 

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Barcode: 

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 01 Oct 2016

NP 478A

Barcode: 

License No: G6199568X

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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