#### 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.   | ionic to the distinting of this report at the control and to copies of the report soming made available |
|--|---|
|  | ACCIDENT STATEMENT  |
| Date Of Report   | 30/07/2020 17:21  |
| Date Of Accident   | 29/07/2020 16:45  |
| Exact Location Of Accident   | AYE TWDS CHANGI AFTER ALEXANDRA RD EXIT   |
| Country/State of Loss  | SINGAPORE   |
| D  | DETAILS OF OWN VEHICLE  |
| Vehicle Registration Number  | GBD209X   |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | PRESTIGE MAINTENANCE & ENGINEERING PTE LTD  |
| Co Reg No  | 2XXXXX974M  |
| Email Address  | NOEMAIL   |
| Mobile Phone No  | (LOCAL) +65-98717060  |
| Alternative Phone No   | OFFICE-98717060   |
| Vehicle Particulars  |   |
| Manufacturer   | NISSAN  |
| Model  | CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5   |
| 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                                       | 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  | DMCVSN30722919000   |
| Cover Note Number  |   |
| Driver   |   |
|  |   |

Name of Driver ISSAC S/O JESURAJU

NRIC No SXXXX038J
Date Of Birth 19/12/1963
Occupation OUTDOOR
Date Of Driving Pass 30/05/2018

Driving Experience 2 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-88757074

Fax Number

Contact Number OFFICE-88757074

EMail Address NOEMAIL

**BLK 124 KIM TIAN PLACE** Address

#01-205

Postcode 160124

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SIBLING** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

Number of Passengers (Including Driver)

2

Passenger 1

ambulance?

NAME: : ARUDAS S/O DORAISAMY

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes.Please state which Police Station

Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### **Circumstances of Accident**

REFER TO POLICE REPORT - T/20200730/2049.

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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SJG1643H Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 19

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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

Vehicle Registration Number SHF557J

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

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**

ISSAC S/O JESURAJU Name

Approximate Age

**BODY** Injuries Sustain Injured person in which vehicle? GBD209X YES Were seat belts worn? Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name ARUDAS S/O DORAISAMY

Approximate Age

Injuries Sustain **BODY** GBD209X Injured person in which vehicle? Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### **Accident Sketch Plan**

### SKETCH PLAN

#### IMPORTANT NOTICE

100

- 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.
- 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.
- 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 enquines 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 Fersonal 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

PRESTIGE MAINTENANCE & ENGINEERING PTE LTD

UEN: 201023974M

Nordcom 1, 3 Gambas Crescent, #08-13, Singapore 757088

Porcyholder's Sayssane

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signati Name:

NRIC/FIN No.:

### **Accident Sketch Plan**

SKETCH PLAN Veh A: GBD209X Veh B. SJG1643H Veh C: SHF 557J AYE DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to Police Regart Report NO: T 20200730 2049 PRESTREE ANATIONAICE & ENGINEERING PTE LTD
UEN! 2010239746 Oregoing particulars are true in e Nordcom 1, 3 Gambas Cres ant, #03-19, Singapore 7,57088 Driver's Signature Reporting Centre Personnel's 7 (If driver is not the policyholder) Name:





Police Station Of Origin:

Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

1 of 4 Report No. T/20200730/2049

### REPORT OF A TRAFFIC ACCIDENT

|   | Date/Time Report Made: 30/07/2020 13:13 |       | Vide Report No.:                                      | Station Diary No.:<br>80    |  |  |
|---|---|-------|---|-----------------------------|--|--|
| Informa                                     | nt's Partic                             | ulars |   |                             |  |  |
|   | Informant<br>NO JESUR                   |       | Address:<br>APT BLK 124 KIM TIAN PLACE                | CE #01-205 SINGAPORE 160124 |  |  |
| ID Type / ID No.:<br>NRIC NO / S1628038J    |   |       | Contact No.:<br>Home/Office:                          | Mobile: 88757074            |  |  |
|   | Nationality:<br>SINGAPORE CITIZEN       |       | Email:  |                             |  |  |
| Sex: Age: Date of Birth: Male 56 19/12/1963 |   |       | Type of Informant:<br>Driver                          |                             |  |  |
| Race:<br>Indian                             |   | 1     | Language:<br>English                                  | Institution / School Name:  |  |  |
| Occupation:<br>DRIVER                       |   |       | Driving Licence Information: Class: 3 Date of Expiry: |                             |  |  |

| Type of<br>Accident:               | Injury<br>Attended by Police                                 | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>29/07/2020 16:25 | Type of Location:<br>EXPRESSWAY |  |
|------------------------------------|--|------------------------------------|---|---------------------------------|--|
|                                    | H EXPRESSWAY TOWARDS BT MERAH                                |                                    |   |                                 |  |
| Weather:<br>Raining                |  | Road Surface:<br>Wet               |   | Road Speed Limit:               |  |
| Traffic Flow:<br>Dual Carriage Way |  | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Moderate     |  |
|                                    | Type of Collision:<br>Between Moving Vehicles - Head To Rear |                                    |   | Anyone conveyed by              |  |

| Details of Vehicle Involved |       |         |         |       |                      |                 |
|-----------------------------|-------|---------|---------|-------|----------------------|-----------------|
| Vehicle No.                 | Туре  | Make    | Model   | Color | Condition            | No of Passenger |
| GBD209X                     | Lorry | NISSAN  | CABSTAR | Gold  | Seriously<br>Damaged | 1               |
| SGJ1643H                    | Car   | TOYOTA  |         | Red   | Seriously<br>Damaged |                 |
| SHF557J                     | Car   | RENAULT |         | Red   | Slightly<br>Damaged  | 0               |

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





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

2 of 4 Report No. T/20200730/2049

CONTINUATION OF REPORT

| Passenger   |  |                   |  |  |                              |   |  |
|---|--|-------------------|--|--|------------------------------|---|--|
| Name  | ARUDAS S/O DORAISAMY   |                   |  | IDN  |                              | 04407070  |  |
|   |  |                   |  | ID No.   |                              | S1497522E   |  |
| Related Vehicle   | GBD209X (Lorry)  |                   |  | Contact No.  |                              | 85804223  |  |
| Uses it 100   |  |                   |  |  |                              | . 00004223  |  |
| Hospital/Clinic   | HL FAMILY CLINIC & SURGERY PTE LTD   |                   |  | Clas   | s of                         | Class: NIL  |  |
|   |  |                   |  | Driving<br>Licence &   |                              | Date of Expiry: NIL                               |  |
| Date Treatment  | 29/07/2020   | 29/07/2020        |  |  | y Date                       |   |  |
|   | nted Medical Leave   | trad \$4 - di Lis |  |  |                              |   |  |
| Driver  | medical Leave  | 05                | Degree o   | f Injury   | Slig                         | ht  |  |
| Name  | ISSAC S/O JESUF  | 20.11.1           | THE PARTY OF THE P |  |                              |   |  |
| 01001000  | TOOKE STO JESUR  | CAJU              |  | ID No  | ).                           | S1628038J   |  |
| Related Vehicle   | GBD209X (Lorry)  |                   |  | -  |                              |   |  |
| THE RESERVE OF PERSONS ASSESSED.  | Jackson (Lony)   |                   |  | Conta  | act No                       | 88757074  |  |
| Hospital/Clinic   | HL FAMILY CLINIC   | & SURGE           | RYPTELTO   | Class of<br>Driving  |                              | Classic   |  |
|   | TOTAL STATE OF THE PARTY OF THE |                   | ACT IL LID   |  |                              | Class: 3  |  |
|   |  |                   |  | Licen  | g °                          | Date of Expiry: NIL                               |  |
|   |  |                   |  |  |                              |   |  |
| Date Treatment  |  |                   | Date Disc  |  | Date                         | 7/0000  |  |
| No. of Days granted Medical Leave 05 Degree of                          |  |                   | Iniun  |  | 7/2020                       |   |  |
| Driver  |  |                   | Dogree of  | injury   | Sligh                        | 1   |  |
| Name  | TEO LAI CHENG  |                   |  | ID No  |                              | 974000400   |  |
|   |  |                   |  | 10.140   | 10                           | S7426210D   |  |
| Related Vehicle   | SGJ1643H (Car)   |                   |  | Contact No.  |                              | 97388729  |  |
|   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                   |  | - or ma  | J. 110.                      | 01000128  |  |
| Total Control   |  |                   |  |  |                              |   |  |
| Hospital/Clinic   | NIL  |                   |  | Class  | of                           | Class: NIL  |  |
| Hospital/Clinic   | NIL  |                   |  |  |                              | Class: NIL<br>Date of Expiry: NII                 |  |
| Hospital/Clinic   | NIL  |                   |  | Class<br>Driving<br>Licence  | 3                            | Class: NIL<br>Date of Expiry: NIL                 |  |
|   |  |                   |  | Driving  | e &                          |   |  |
| Date Treatment  | NIL  |                   | Date Disch   | Driving<br>Licence<br>Expiry   | e &                          |   |  |
| Date Treatment  |  | NIL               | Date Disch   | Driving<br>Licence<br>Expiry   | e &<br>Date                  |   |  |
| Date Treatment<br>No. of Days gran<br>Driver                            | NIL<br>ed Medical Leave  |                   | Degree of  | Driving<br>Licence<br>Expiry   | e &<br>Date<br>NIL           |   |  |
| Date Treatment  | NIL<br>led Medical Leave<br>MOHD SHAH BIN A  |                   | Degree of  | Driving<br>Licence<br>Expiry   | e &<br>Date<br>NIL           |   |  |
| Date Treatment<br>No. of Days gran<br>Driver<br>Name                    | NIL<br>led Medical Leave<br>MOHD SHAH BIN A<br>HWEE HIN  |                   | Degree of  | Driving<br>Licence<br>Expiry<br>narge<br>Injury  | Date<br>NIL<br>NIL           | Date of Expiry: NIL                               |  |
| Date Treatment<br>No. of Days gran<br>Driver<br>Name                    | NIL<br>led Medical Leave<br>MOHD SHAH BIN A  |                   | Degree of  | Driving<br>Licence<br>Expiry<br>narge<br>Injury  | Date<br>NIL<br>NIL           | Date of Expiry: NIL                               |  |
| Date Treatment<br>No. of Days gran<br>Driver<br>Name<br>Related Vehicle | NIL<br>ed Medical Leave<br>MOHD SHAH BIN A<br>HWEE HIN<br>SHF557J (Car)  |                   | Degree of  | Driving<br>Licence<br>Expiry<br>large<br>Injury  | Date NIL NIL NIL the No.     | Date of Expiry: NIL S1345638J                     |  |
| Date Treatment<br>No. of Days gran<br>Driver<br>Name<br>Related Vehicle | NIL<br>led Medical Leave<br>MOHD SHAH BIN A<br>HWEE HIN  |                   | Degree of  TAN   | Driving<br>Licence<br>Expiry<br>large<br>Injury<br>ID No.  | Date NIL NIL of No.          | Date of Expiry: NIL S1345638J 96969198 Class: NIL |  |
| Date Treatment<br>No. of Days gran<br>Driver<br>Name                    | NIL<br>ed Medical Leave<br>MOHD SHAH BIN A<br>HWEE HIN<br>SHF557J (Car)  |                   | Degree of  TAN   | Driving<br>Licence<br>Expiry<br>large<br>Injury<br>ID No.<br>Contact<br>Class of<br>Driving                      | Date NIL NIL NIL of No.      | Date of Expiry: NIL S1345638J 96969198 Class: NIL |  |
| Date Treatment<br>No. of Days gran<br>Driver<br>Name<br>Related Vehicle | NIL<br>ed Medical Leave<br>MOHD SHAH BIN A<br>HWEE HIN<br>SHF557J (Car)  |                   | Degree of  TAN   | Driving<br>Licence<br>Expiry<br>large<br>Injury<br>ID No.<br>Contact<br>Class of<br>Driving<br>Licence           | Date NIL NIL NIL NIL NIL NO. | Date of Expiry: NIL<br>\$1345638J<br>96969198     |  |
| Date Treatment<br>No. of Days gran<br>Driver<br>Name<br>Related Vehicle | NIL<br>ed Medical Leave<br>MOHD SHAH BIN A<br>HWEE HIN<br>SHF557J (Car)  |                   | Degree of  TAN   | Driving<br>Licence<br>Expiry<br>large<br>Injury<br>ID No.<br>Contact<br>Class of<br>Driving<br>Licence<br>Expiry | Date NIL NIL NIL NIL NIL NO. | Date of Expiry: NIL S1345638J 96969198 Class: NIL |  |





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 3 of 4 Report No. T/20200730/2049

CONTINUATION OF REPORT

#### Brief Details.

On 29th July 2020 at around 4.25pm, I was travelling along AYE heading towards Bt Merah. I was driving my gold lorry, GBD209X, Nissan Cabstar and was with my relative, Arudas S/O Doralsamy, S1497522E, Hp: 85804223. I was at the left most lane at that point of time. Also, the road was wet due to rain.

While driving along AYE, suddenly, I felt a very strong impact from the back of my lorry. The impact cos my lorry to spin towards the center lane. While spinning, a red Renault TransCab taxi, SHF557J, had hit onto the left rear side of my lorry. I discovered that a red Toyota car, with the car registration number SGJ16743H (what I could recall as the car's plate number had came off the car by then) had collided to the rear of my lorry.

When it was safe, my lorry, the taxi as well as the car then shifted to the road shoulder where we exchanged particulars. The lady driver, Ms Teo Lai Cheng, S7426210D, Hp: 97388729 explained to me and the taxi driver, Mr Mohd Shah Bin Abdullah @ Tan Hwee Hin, S1345638J, Hp: 96969198, that she had lost control of her car due to the bad weather and because of that, her car had swerved and hit onto the back of my lorry causing it to spin.

I felt pain on my neck and back due to the collision and my relative felt pain on his neck and knees due to the collision.

Subsequently, LTA arrived, I passed my details to the LTA officer and left as me and my relative was rushing to go to Singapore General Hospital as my mother had passed away.

Later on Traffic Police contacted me, to send photos of the damage to my lorry. I then went to the doctor at HL Family Clinic & Surgery at Blk 111Jalan Bt Merah #01-1704 with my relative and both my relative and me received 5 days of MC each. My MC number is MC/106024 and my relative's MC number is MC/106025.

I then came to Police Station to lodge a Traffic Accident Report.





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

4 of 4 Report No. T/20200730/2049

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: J / Staff Sgt AHMAD AIDIL BIN JUMARI                                      | Signature Of Informant:  |
|--|--|
| Signature Of Interpreter: Not applicable   | Date/Time:<br>30/07/2020 13:13   |
| Officer In Charge Of Case: TP / GIT / Miex_chang(x) Cpf - gov 20) Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083 | Classification Of Case:  |
| Authentication Stamp   | And the state of t |





















