

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	09/10/2020 17:08
Date Of Accident	08/10/2020 08:40
Exact Location Of Accident	COMMONWEALTH AVE WEST BEFORE CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8630P
Insured/Policyholder	
Name Of Registered Owner	RAJA'S ROJAK TRADING ENTERPRISE
Co Reg No	5XXXX847E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84358560
Alternative Phone No	OFFICE-84358560

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSNW00019152000
Cover Note Number	

Driver

Name of Driver	PITCHAI RAJAN
NRIC No	SXXXX618I
Date Of Birth	11/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1995
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84358560
Fax Number	
Contact Number	OTHERS-84358560
EEmail Address	NOEMAIL

Address	BLK 351 WOODLANDS AVENUE 1 #05-721
Postcode	730351
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	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 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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20201009/7010

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	SMT2817M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN5887E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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 PITCHAI RAJAN

Approximate Age

Injuries Sustain BODY PAIN

Injured person in which vehicle? GBC8630P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

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.

RAJA'S ROJAX TRADING ENTERPRISE
53401847E

Policyholder's Signature
Date & Time:

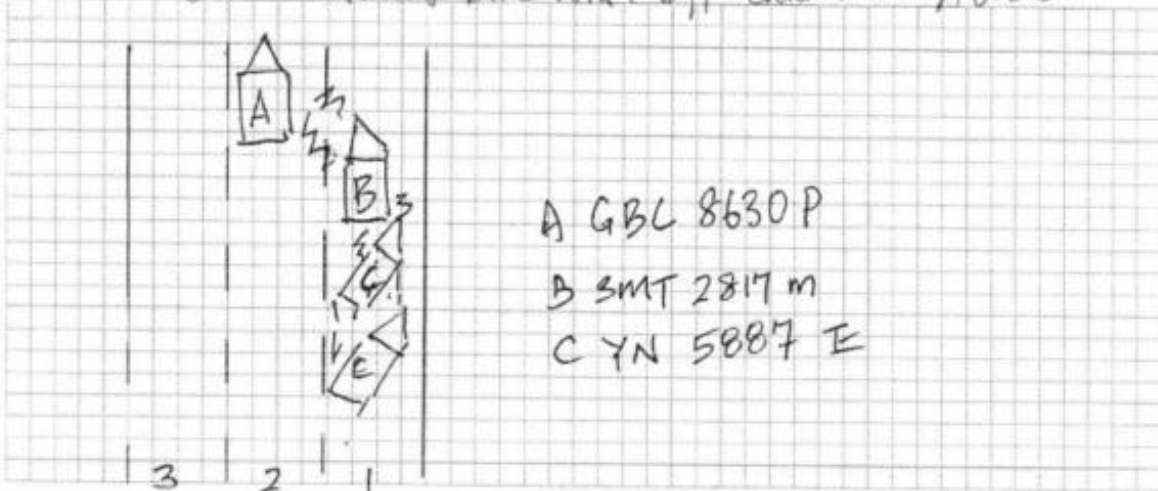
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

COMMONWEALTH AVE W/ B/F CARMAN AVE 6



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT T/20201009/7010

REF TO POLICE REPORT T/20201009/7010

DECLARATION

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

RAJA'S ROYAL TRADING ENTERPRISE

53401847E

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201009/7010

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

1 of 3

Report No. T/20201009/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2020 15:06		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PITCHAI RAJAN			Address: 351 WOODLANDS AVENUE 1 #05-721 SINGAPORE 730351		
ID Type / ID No.: NRIC NO / S2193618I			Contact No.: Home/Office: Mobile: 84358560		
Nationality: SINGAPORE CITIZEN			Email: rajanpitchai808@gmail.com		
Sex: Male	Age: 52	Date of Birth: 11/12/1967	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/10/2020 08:40	Type of Location: Straight Road
Location: COMMONWEALTH AVENUE WEST				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC8630P	Lorry					0
SMT2817M	Car					0
YN5887E	Lorry					0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201009/7010

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

2 of 3

Report No. T/20201009/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PITCHAI RAJAN	ID No.	S2193618I
Related Vehicle	GBC8630P (Lorry)	Contact No.	84358560
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/10/2020	Date	09/10/2020
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

On the above date and time, I was travelling along Commonwealth Ave West towards Clementi Ave 6. My vehicle was stationary on the middle lane of 3 lanes as the traffic was red. Suddenly, I felt an impact from my right. I alighted and realised that vehicle YN5887E from lane 1 had skidded and collided onto the rear of vehicle SMT2817M that caused it to collide onto my vehicle.

On 9th October 2020, I went to Intemedical 24 Hr Clinic to seek treatment and was given 4 days MC.

I am doing this report for insurance claim purpose only.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201009/7010

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

3 of 3

Report No. T/20201009/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
09/10/2020 15:06

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

