

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	20/10/2020 10:54
Date Of Accident	17/10/2020 16:30
Exact Location Of Accident	MANDAI RD JUNC OF MANDAI LAKE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM7253B
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Insured/Policyholder

Name Of Registered Owner	KHAISENG TRADING & FISH FARM P/L
Co Reg No	1XXXXX228M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92393819

Vehicle Particulars

Manufacturer	ISUZU
Model	-
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5113528381
Cover Note Number	

Driver

Name of Driver	PARAMASIVAM KANNAN
Passport No/FIN	GXXXX939P
Date Of Birth	06/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2015
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98646592
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	181 NEO TIEW ROAD
Postcode	719023
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	COLLISION - HEAD TO REAR
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	4
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	CAIRNHILL NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 GLOUCESTER ROAD , POSTCODE: 210009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2968999 - FAX NO: 63912398
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201019/2104

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	SKV9375M
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 SDM9498Y
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 3

Vehicle Registration Number GBH4748P
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 PARAMASIVAM KANNAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? YM7253B
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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5. Any false reporting may be referred to the Police for investigation.
6. 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.
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.



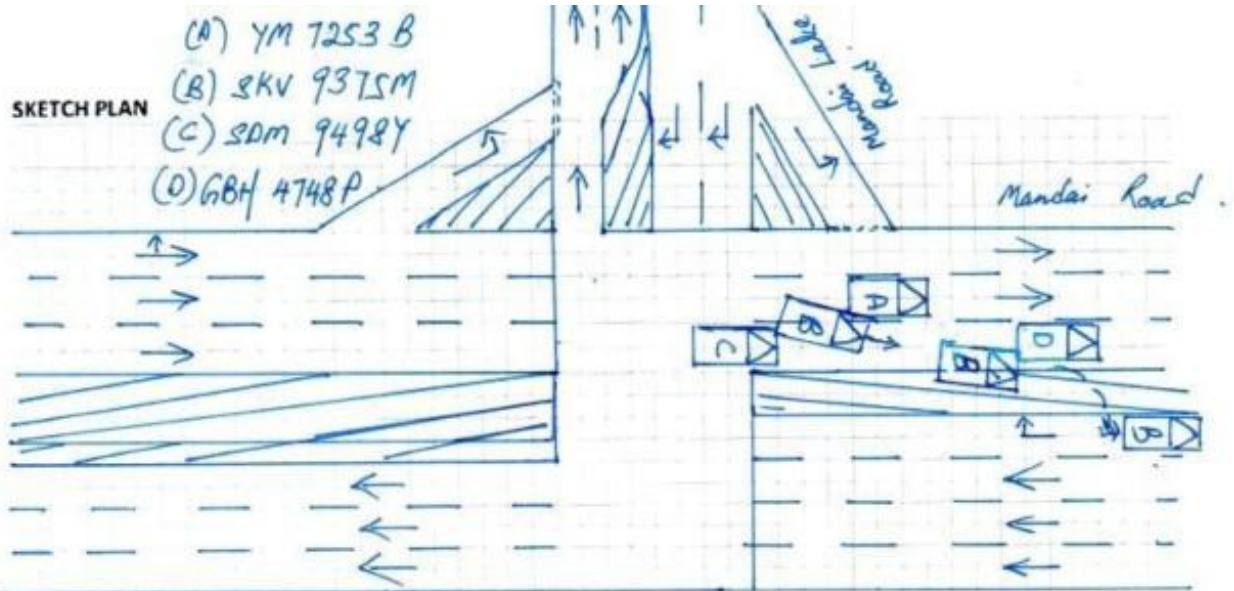
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report

No: 7/20201019/2104.

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:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20201019/2104

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

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Report No. T/20201019/2104

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YM7253B	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PARAMASIVAM KANNAN		ID No. G7121939P
Related Vehicle	YM7253B (Lorry)		Contact No. 98646592
Hospital/Clinic	HEALTHSPRINGS MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/10/2020		Date Discharge 19/10/2020
No. of Days granted Medical Leave	03		Degree of Injury Slight

Brief Details.

I am working for Khaiseng Trading & Fish Farm Pte Ltd as a driver. On 17/10/2020 at about 1630hrs - 1700hrs, I was driving my company's lorry(YM7253B) along Mandai Rd towards Woodlands Rd. I was driving along the 2nd lane. While I was driving, there was one car which tried to cut into my lane as such I slowed down to give way to the vehicle to enter into the 2nd lane. However as I was doing that, a white Toyota(SKV9375M) hit the rear of my lorry. After hitting my lorry, the car did not stop and tried to escape by going to the 1st lane. As he abruptly change lane, the white Toyota was hit from the rear by another black Toyota(SDM9498Y). The impact was very strong that another van(GBH4748P) which was in front of the white Toyota was also hit. Traffic police came down to handle the scene. The damage on my lorry is at the rear right side of the lorry where it is dented inwards and the rear door is damaged.

There was one person injured who was from the black Toyota(SDM9498Y). No one else was seen with any visible injuries. I did not feel any pain at that point of time. However after I went home that night, I felt some pain at my neck. The next day it got worse. I went to the clinic on the 19/10/2020 and was given 3 days MC to rest. The doctor gave me some medications and told me to come back if I feel pain after the 3 days. That is all.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20201019/2104

1 of 3

Report No. T/20201019/2104

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2988999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2020 17:37		Vide Report No.: L/20201017/0140		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: PARAMASIVAM KANNAN			Address: 181 Neo Tiew Rd SINGAPORE 719023		
ID Type / ID No.: FIN NO / G7121939P			Contact No.: Home/Office: Mobile: 98646592		
Nationality: INDIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 06/04/1976	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/10/2020 16:30	Type of Location: Straight Road
Location: MANDAI ROAD				
Lamp Post Number: 133				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SDM9498Y	Car	TOYOTA	WISH 1.8X A	Black	Slightly Damaged	1
SKV9375M	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.8 CVT	White	Slightly Damaged	0
YM7253B	Lorry	ISUZU	NHR85EU3E S	White	Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20201019/2104

Police Station Of Origin:
Caimhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

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Report No. T/20201019/2104

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YM7253B	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PARAMASIVAM KANNAN	ID No.	G7121939P
Related Vehicle	YM7253B (Lorry)	Contact No.	98646592
Hospital/Clinic	HEALTHSPRINGS MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/10/2020	Date Discharge	19/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

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Police Report



**SINGAPORE
POLICE FORCE**



T/2020/019/2104

3 of 3

Report No. T/2020/019/2104

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2988999

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report:

A /

Sgt 2 MUHAMMAD RUSYDI BIN MOHD
YUSOFF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/10/2020 17:37

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt CHONG GUAN FATT

Contact No.: 65476083

Classification Of Case:

Authentication Stamp
NP188

