

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	29/10/2020 15:40
Date Of Accident	28/10/2020 10:20
Exact Location Of Accident	ALJUNIED ROAD / GEYLANG EAST CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2940D
Insured/Policyholder	
Name Of Registered Owner	PN-I SERVICES PTE. LTD.
Co Reg No	201326828W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97683777

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BE6SRDEA
Exact Purpose for which vehicle was being used at time of accident	
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 300245797 MKC (COMP)
Cover Note Number	

Driver

Name of Driver	PERIYASAMY MUTHUSELVAN
Passport No/FIN	G3856022R
Date Of Birth	15/10/1994
Occupation	OUTDOOR
Date Of Driving Pass	24/12/2015
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85304556
Fax Number	
Contact Number	
EEmail Address	MUTHUGEETHARAKSHITH@GMAIL.COM

Address	21 BUKIT BATOK CRESCENT #24-73 WCEGA TOWER
Postcode	658065
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 - CROSS JUNCTION
Weather Conditions	AFTER RAIN
Road Surface	WET

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?	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)	3
Passenger 1	NAME: : SHAFIEE GENDER: : MALE
Passenger 2	NAME: : ABU HASSAN GENDER: : MALE

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

REFER TO POLICE REPORT ATTACHED

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	SHA1142S
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHOO JOO ENG

NRIC/Passport Number	S0199992C
Contact Number	96197017
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PERIYASAMY MUTHUSELVAN
Approximate Age	26
Injuries Sustain	LEG PAIN
Injured person in which vehicle?	YN2940D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	21 BUKIT BATOK CRESCENT #24-73 WCEGA TOWER
Postcode	658065

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.
- B. 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:

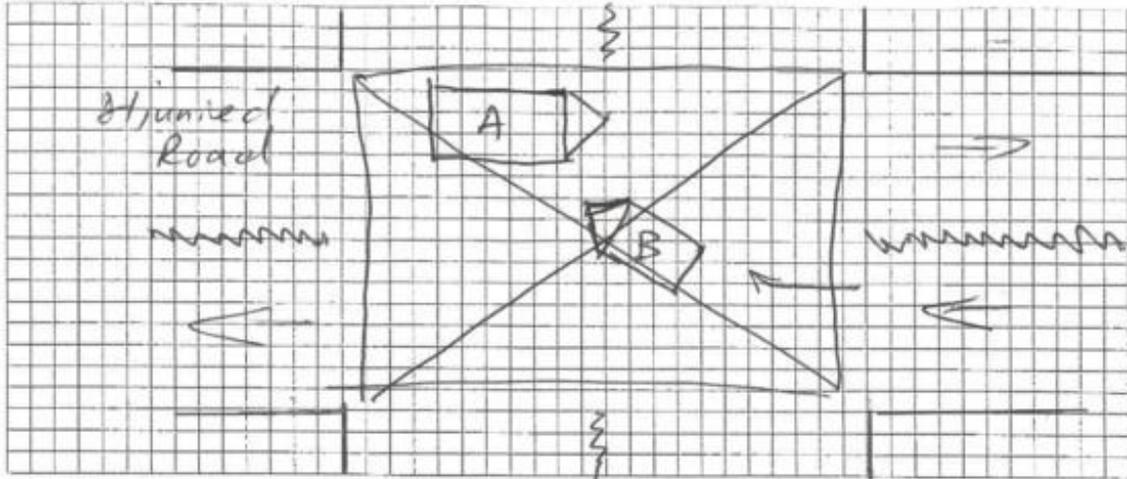
29 OCT 2020

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vac@idac.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

A - YN3940D B - SHA 1142S

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report attached.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Handwritten Signature]

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

[Handwritten Signature]

Date & Time: 29 OCT 2020

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@idac.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20201029/7017

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

1 of 4

Report No. T/20201029/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2020 13:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PERIYASAMY MUTHUSELVAN			Address:		
ID Type / ID No.: FIN NO / G3856022R			Contact No.: Home/Office:		Mobile: 85304556
Nationality: INDIAN			Email: MTHUGEETHARAKSHITH@GMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 15/10/1994	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: Driver		Driving Licence Information: Class: 3,4		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/10/2020 10:20	Type of Location: X-Junction
Location: ALJUNIED ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA1142S	Car	HYUNDAI	I40	Blue	Seriously Damaged	0
YN2940D	Lorry	MITSUBISHI	FUSO	White	Seriously Damaged	2

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20201029/7017

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

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Report No. T/20201029/7017

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YN2940D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A300245797MKC	05/01/2020	04/01/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHOO JOON ENG		ID No.	S0199992C
Related Vehicle	SHA1142S (Car)		Contact No.	96197017
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: ,3,4 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	PERIYASAMY MUTHUSELVAN		ID No.	G3856022R
Related Vehicle	YN2940D (Lorry)		Contact No.	85304556
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	29/10/2020		Date	29/10/2020
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

On 28/10/2020 at about 1020 Hrs i YN2940D was traveling along Aljunied Road towards Sallim Road with 2 passenger onboard.while i come to the Junction near Aljunied Road and Geylang East Central the traffic lights is green so i continue to process straight.Out of sudden a Taxi SHA1142S dush out from the opposite direction with out checking the on coming vehicle and recklessly make a right turn.Herce his front portion collided onto my Lorry right side front portion and cause damage to my Lorry right side portion damage.After the accident we exchange particular and take some scene photo and left.My right Leg was injured cause to the impact of the accident.Late in the afternoon my legs more pain so i consult doctor at FAMILY MEDICAL CLINIC PTE LTD and was given 3 days MC from 29/10/2020 to 31/10/2020.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20201029/7017

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

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Report No. T/20201029/7017

CONTINUATION OF REPORT

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20201029/7017

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

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Report No. T/20201029/7017

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: 29/10/2020 13:05
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

