

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	03/11/2020 12:59
Date Of Accident	27/10/2020 18:15
Exact Location Of Accident	HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4315X
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	ENG CHIN HANG CONSTRUCTION PTE LTD
Co Reg No	1XXXXX823K
Email Address	BL.ONG@ENGCHINHANG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67481891

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
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	REPORTING ONLY
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	DMCVSNW00091922002
Cover Note Number	

Driver

Name of Driver	VAIYAPURI SENTHILKUMAR
Passport No/FIN	GXXXX996W
Date Of Birth	13/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	31/12/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98635511
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	10 KRANJI LINK SIONG KEE BUILDING
Postcode	728646
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	SIDE SWIPE
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	2
Was any body injured in the Accident?	NO
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	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201027/2131

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	FBJ9810T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHD YUSOFF BIN HASHIM
NRIC/Passport Number	SXXXX290B
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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. 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.



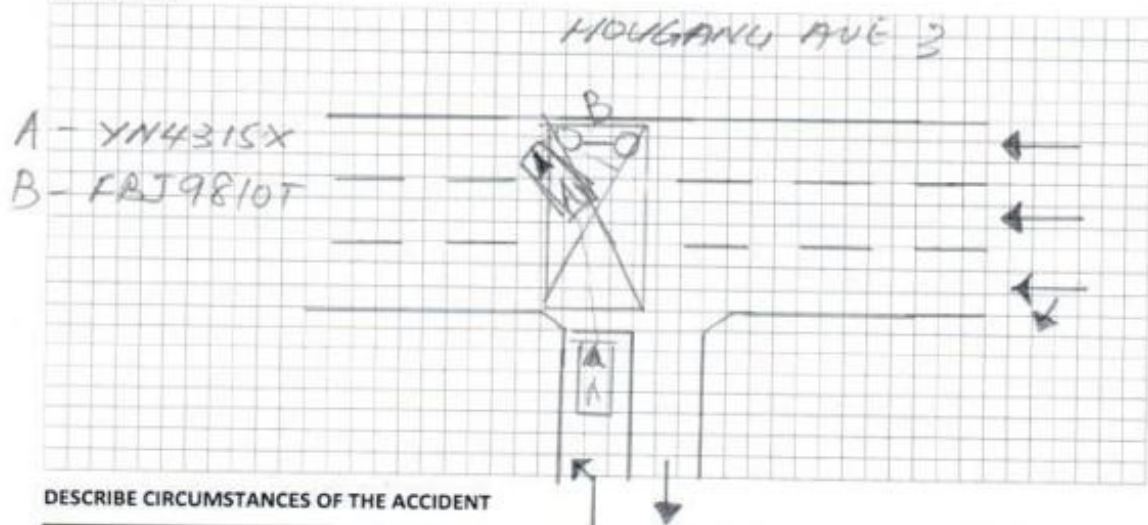
Policyholder's Signature
Date & Time:

SA 3-11-20
Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Signature] 03/11/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



Pls refer to the police report: 7/20201037/2131

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.:

GUARANT SketchPlanForm_V2

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20201027/2131

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20201027/2131

CONTINUATION OF REPORT

Rider			
Name	MOHD YUSOFF BIN HASHIM		ID No. S1593290B
Related Vehicle	FBJ9810T (Motorcycle)		Contact No. NIL
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	Slight
Driver			
Name	VAIYAPURI SENTHILKUMAR		ID No. G7431996W
Related Vehicle	YN4315X (Lorry)		Contact No. 98635511
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/10/2020 at about 1815hrs, I was driving my lorry YN4315X (Mitsubishi, White). I wanted to exit from the cluster of Blk 247 to Blk 254 Hougang Ave 3 towards Hougang Avenue 3. The road traffic was congested and there was a lot of vehicles at that point in time. The weather was clear and the road was dry.

When I saw the vehicles had stopped and the yellow box in front of me was clear, I drove out to the first lane and my lorry was slightly diagonal. I observed that it was all good as such I stop my lorry waiting for the traffic to move. Suddenly, I felt a thud on the right side mirror of my lorry and I noticed a motorcycle FBJ9810J fell onto the road. I was shock as such I got down my lorry.

The rider was observed to be conscious and he called ambulance on his own. I tried to help the rider but he did not need it. I observed there were scratches on the motorcycle and there was no major damage. Traffic police later arrived at scene and they advised me to lodge a police report vide F/20201027/0146 and the TP IO is Syed Isa. I left the location and last saw the motorcycle was pushed to the side of the road.

This is the first time such incident happened. I have no injury and there is no damage on my lorry. There is no CCTV in my lorry.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20201027/2131

Police Station Of Origin:
Hougang N.P.C.
80 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20201027/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2020 20:48		Vide Report No.: F/20201027/0146		Station Diary No.: 153	
Informant's Particulars					
Name of Informant: VANIYAPURI SENTHILKUMAR			Address: 10 KRANJI LINK SIONG KEE BUILDING SINGAPORE 728546		
ID Type / ID No.: FIN NO : G7431898W			Contact No.: Home/Office: Mobile: 98635511		
Nationality: INDIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 13/05/1984	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Driver: No	Date/Time of Accident: 27/10/2020 18:15	Type of Location: Straight Road
Location: HOUGANG AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ9810T	Motorcycle	YAMAHA	FZ16ST MANUAL	Black	Slightly Damaged	0
YN4315X	Lorry	MITSUBISHI	FE63BEOSR DEA	White	No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T20201027/2131

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T20201027/2131

CONTINUATION OF REPORT

Rider			
Name	MOHD YUSOFF BIN HASHIM		ID No. S1583290B
Related Vehicle	FBJ9810T (Motorcycle)		Contact No. NIL
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	Slight
Driver			
Name	VAIYAPURI BENTHILKUMAR		ID No. G7431998W
Related Vehicle	YN4315X (Lorry)		Contact No. 98835511
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/10/2020 at about 1815hrs, I was driving my lorry YN4315X (Mitsubishi, White). I wanted to exit from the cluster of Blk 247 to Blk 254 Hougang Ave 3 towards Hougang Avenue 3. The road traffic was congested and there was a lot of vehicles at that point in time. The weather was clear and the road was dry.

When I saw the vehicles had stopped and the yellow box in front of me was clear, I drove out to the first lane and my lorry was slightly diagonal. I observed that it was all good as such I stop my lorry waiting for the traffic to move. Suddenly, I felt a thud on the right side mirror of my lorry and I noticed a motorcycle FBJ9810U fall onto the road. I was shock as such I got down my lorry.

The rider was observed to be conscious and he called ambulance on his own, I tried to help the rider but he did not need it. I observed there were scratches on the motorcycle and there was no major damage. Traffic police later arrived at scene and they advised me to lodge a police report vide F/20201027/0146 and the TP IO is Syed Isa. I left the location and last saw the motorcycle was pushed to the side of the road.

This is the first time such incident happened. I have no injury and there is no damage on my lorry. There is no CCTV in my lorry.

Police Report



SINGAPORE
POLICE FORCE



T/20201027/2131

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890889

3 of 3

Report No: T/20201027/2131

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sr Staff Sgt ROYSHAM DIN HAJI KAMSANI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No.:

Authentication Stamp

NP/25

Signature Of Informant:

Date/Time:

27/10/2020 20:48

Classification Of Case: