

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 Submission 18/12/2020 15:32 (SGT)
Date of Accident 17/12/2020 17:50 (SGT)
Exact Location of Accident Jurong Port Rd, Singapore
Additional Location Information twds jalan tepong
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM1590S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MERDEKA CONSTRUCTION COMPANY PTE LTD
Company Reg No 1XXXXX267R
Email Address wenkeong@merdekasg.com
Mobile Phone No (Phone) +65-64818328
Alternative Phone No (Office) +65-64818328

VEHICLE PARTICULARS

Manufacturer Nissan
Model Pu41t4
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage ThirdParty
Fleet Policy No
Policy Number A29098879TMV
Cover Note Number -

DRIVER

Name of Driver SUBBIAH CHITAMPARAM
Passport No/FIN GXXXX251M
Date Of Birth 25/05/1975
Occupation Outdoor

Date Of Driving Pass	19/07/2019
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86783787
Alt. Phone Number	-
Email Address	wenkeong@merdekasg.com
Address	51 ADMIRALTY ROAD WEST
Address complement	#04-21
Postcode	757443
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201217/2126.

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	YP1169K
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA5934Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SUBBIAH CHITAMPARAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	YM1590S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN**IMPORTANT NOTICE**


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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:

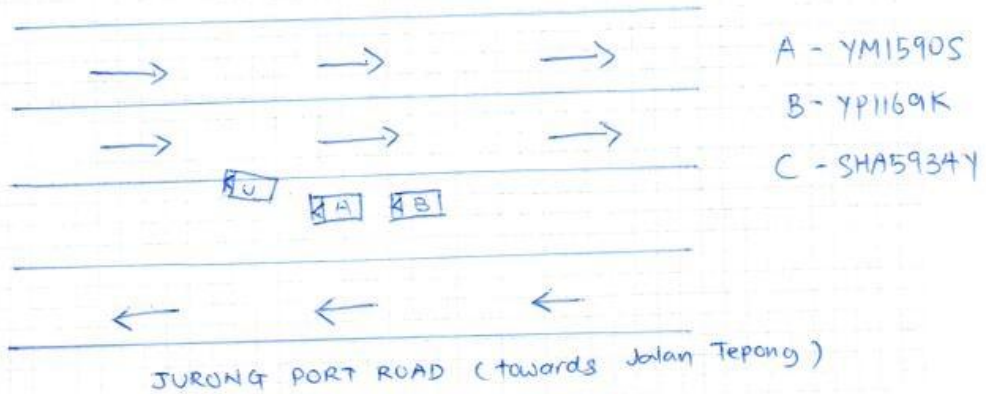
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.


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.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20261217/2126

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.:







































**SINGAPORE
POLICE FORCE**



T/20201217/2126

1 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20201217/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2020 21:54	Vide Report No.:	Station Diary No.: 81
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Informant's Particulars

Name of Informant: SUBBIAH CHITAMPARAM			Address: 51 Admiralty Road West #04-21 SINGAPORE 757443	
ID Type / ID No.: FIN NO / G8074251M			Contact No.: Home/Office:	Mobile: 86783787
Nationality: INDIAN			Email:	
Sex: Male	Age: 45	Date of Birth: 25/05/1975	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/12/2020 17:50	Type of Location: Straight Road
Location: JURONG PORT ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SHA5934Y	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR			0
YM1590S	Lorry	NISSAN	PU41T4		Slightly Damaged	0
YP1169K	Lorry	ISUZU	NPR85UH5A			0



**SINGAPORE
POLICE FORCE**



T/20201217/2126

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Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20201217/2126

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUBBIAH CHITAMPARAM	ID No.	G8074251M
Related Vehicle	YM1590S (Lorry)	Contact No.	86793787
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (JURONG EAST)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/12/2020	Date Discharge	17/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 17/12/2020 at about 1750hrs, I was driving my company vehicle bearing registration plate number YM1590S intending to fetch my worker at Jurong Port. While travelling along Jurong Port Road near to 19 Jurong Port Road, I noticed that one taxi in front bearing registration plate number SHA5934Y slowing down intending to turn. I braked and stopped behind the taxi. Subsequently, another lorry bearing registration YP1169K had collided into my rear of the vehicle which resulted my vehicle colliding into the taxi in front. I then called my manager and he assisted me. My vehicle sustained dents on the rear and front of the vehicle. At the point of time, no one was injured. I felt some pain around my neck and head and went to Unihealth 24-Hr Clinic and was given 3 days MC from 18 December to 20 December.

I wish to state that there is no in-car camera on my vehicle. No Police or Ambulance came to my incident.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20201217/2126

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Report No. T/20201217/2126

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:

D /
Sgt 1 ANG BINGLUN, BRENDON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/12/2020 21:54

Officer In Charge Of Case:

TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168