

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 10/12/2020 18:06 (SGT)
Date of Accident 08/12/2020 19:10 (SGT)
Exact Location of Accident Yishun Ave 8, Singapore
Additional Location Information TOWARDS YISHUN AVENUE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP9050R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHAN & CHAN ENGINEERING PTE LTD
Company Reg No 2XXXXX814Z
Email Address bensonseow91@gmail.com
Mobile Phone No (Phone) +65-91546658
Alternative Phone No +65-91546658

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NPR85U
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 China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00065002000
Cover Note Number -

DRIVER

Name of Driver NEELAMEGAM PANDI SELVAM
Passport No/FIN GXXXX707X
Date Of Birth 14/01/1985
Occupation Outdoor

Date Of Driving Pass	07/08/2014
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92462270
Alt. Phone Number	-
Email Address	bensonseow91@gmail.com
Address	600 HOUGANG AVENUE 3
Address complement	-
Postcode	538846
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	Dry

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)	8
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHEIKH MIZAN
Gender	Male

PASSENGER 2

Name	PERUMAL JAGANATHAN
Gender	Male

PASSENGER 3

Name	NACHAN VELLAKKANNU
Gender	Male

PASSENGER 4

Name	ISAMADDIN
Gender	Male

PASSENGER 5

Name	KANNAPPAN CHIDAMBARAM
Gender	Male

PASSENGER 6

Name	MURUGESAN SIVANANDAM
Gender	Male

PASSENGER 7

Name	SIKDER ARIF
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
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Police Station Name	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	PC4122A
Vehicle Manufacturer	-
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	PC3708S
Vehicle Manufacturer	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHEIKH MIZAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP9050R
Were seat belts worn?	-

Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	NACHAN VELLAKKANNU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP9050R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3	
Name of injured person	PERUMAL JAGANATHAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP9050R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4	
Name of injured person	ISAMADDIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP9050R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 5	
Name of injured person	KANNAPPAN CHIDAMBARAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP9050R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 6	
Name of injured person	MURUGESAN SIVANANDAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 7	
Name of injured person	NEELAMEGAM PANDI SELVAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP9050R
Were seat belts worn?	-

Was this injured conveyed to hospital by ambulance? No

INJURED 8

Name of injured person SIKDER ARIF

Address -

Address Complement -

Post Code -

Approximate Age Years Old -

Injuries Sustained SLIGHT INJURY

Injured person in which vehicle? YP9050R

Were seat belts worn? -

Was this injured conveyed to hospital by ambulance? No

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 purposes(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.

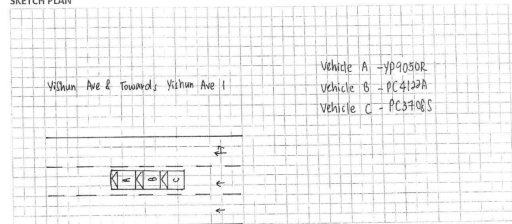


Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, veh A (YP9050R) was travelling straight along at the stated location on lane 2. As vehicle in front of me slowed down and came to a stop, I followed suit. Second later, I felt an impact from my rear portion, vehicle B (PC4122A) collided onto my rear portion. I then alighted and realised that I was involve in a chain collision of 3 vehicles.

Passenger Name: 1. Shaleh Mizan	Gender: 1. Male
2. Nachan Vellakkannu	2. male
3. Perumal Jaganathan	3. male
4. Ismaddin	4. male
5. Kannappan Chidambaram	5. male
6. Munugesan Sivanandam	6. male
7. Sikder Arif	7. male

DECLARATION

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

Policyholder's Signature
Date & Time:

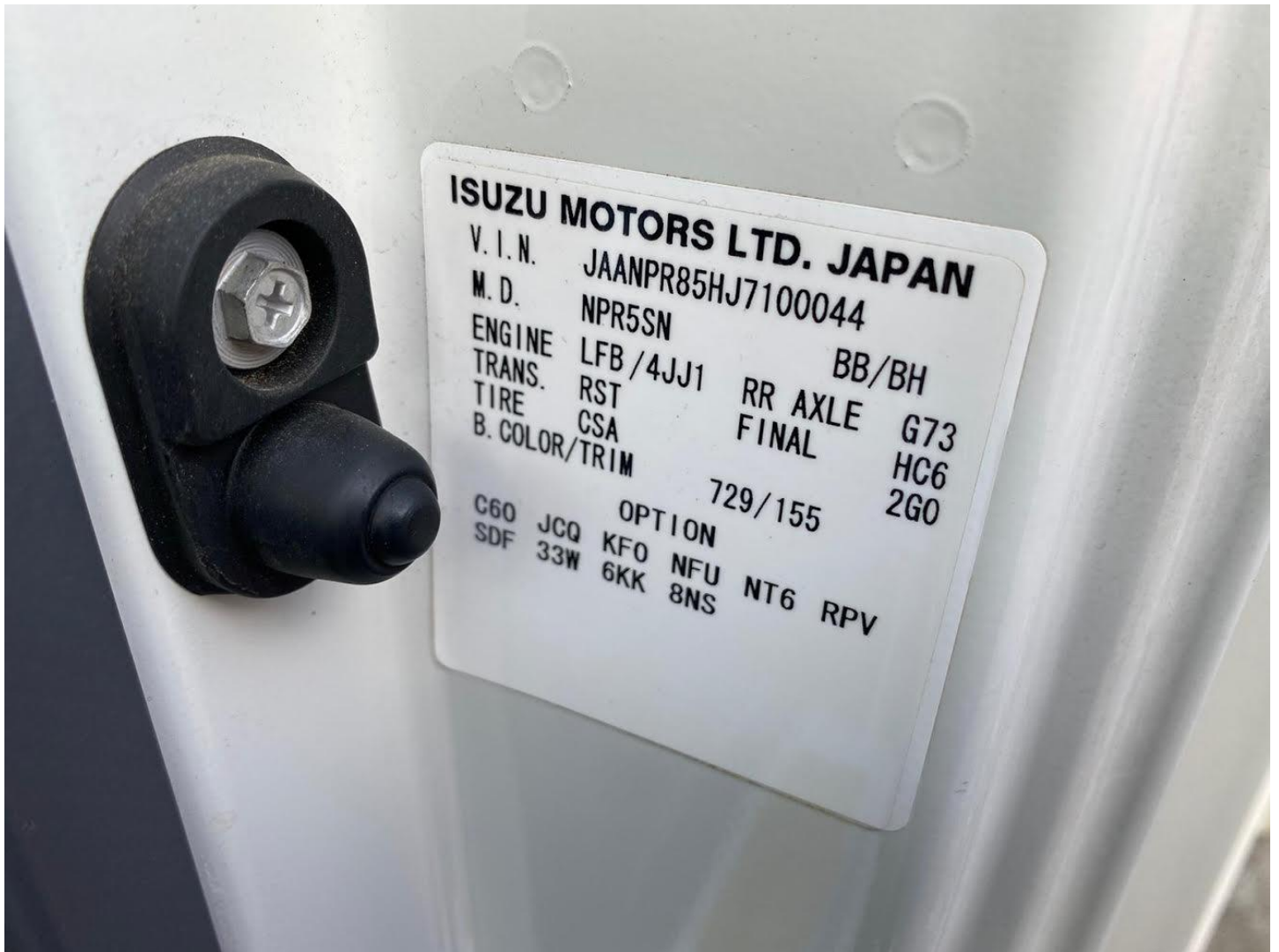
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



















**SINGAPORE
POLICE FORCE**



T/20201209/20180

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3
Report No. T/20201209/20180

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2020 21:50 Vide Report No.: Station Diary No.: 5007

Informant's Particulars

Name of Informant: NEELAMEGAM PANDI SELVAM Address: APT BLK 51 ADMIRALTY ROAD WEST #01-05 COCHRANE LODGE I SINGAPORE 757443
ID Type / ID No.: FIN NO / G7948707X Contact No.: Home/Office: Mobile: 92462270
Nationality: INDIAN Email:
Sex: Male Age: 35 Date of Birth: 14/01/1985 Type of Informant: Driver
Race: Indian Language: Institution / School Name:
Occupation: SUPERVISOR 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:	08/12/2020 19:10	Type of Location:	Straight Road
Location: YISHUN AVENUE 8							
Lamp Post Number: 23							
Weather: Clear		Road Surface: Dry		Road Speed Limit:			
Traffic Flow: One 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
PC3708S	Bus/Coach/Mi nibus					0
PC4122A	Bus/Coach/Mi nibus					0
YP9050R	Lorry				Seriously Damaged	8



SINGAPORE
POLICE FORCE



T/20201209/2018D

2 of 3

Report No. T/20201209/2018D

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

CONTINUATION OF REPORT

Brief Details.

On 08/12/2020 at around 1910hrs, I was driving my lorry (YP9050R) was travelling straight along Yishun Ave 8 towards Yishun Ave 1 on lane 2. As vehicle in front of me slowed down and came to a stop, I followed suit. After my vehicle came to a complete stop, I felt an impact from my rear portion and realized that vehicle (PC4122A) collided onto my rear. I alighted to make a check and realized that I was involved in a chain collision of 3 vehicle. The other vehicle behind (PC4122A) was (PC3708S).

I went to see the doctor as I felt some pain over at my back and right knee as such I went to see a doctor at Intemedical Kovan and was given a 3days MC from 09/12/2020 to 11/12/2020.

My vehicle passenger name as follows:-

- 1) Sheikh Mizan
- 2) Nachan Vallakkannu
- 3) Perumal Jaganathan
- 4) Ismaddin
- 5) Kannappan Chidambaram
- 6) Murugesan Sivanandam
- 7) Sikder Arif

No Police and Ambulance on scene and I am lodging this report for my insurance claims.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999



T/20201209/2018D

3 of 3

Report No. T/20201209/2018D

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: F / Sgt 1 Tan Jun Hao Derek	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2020 21:50
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case: SN 085
Authentication Stamp NP168	Signature:

Singapore Police Force