

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 31/03/2021 11:57 (SGT)
Date of Accident 30/03/2021 07:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PUNGGOL ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD5915Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HARFORD ENGINEERING PTE LTD
Company Reg No 199602659G
Email Address PANGCF@HARFORD.COM.SG
Mobile Phone No (Phone) +65-96625063
Alternative Phone No +65-96625063

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fv51j
Variant -
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 12882

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z20VC05005974
Cover Note Number -

DRIVER

Name of Driver CHINNASAMY PRAKASH
Work Permit No G676351Q

Date Of Birth	12/05/1989
Occupation	Outdoor
Date Of Driving Pass	17/10/2016
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94557362
Alt. Phone Number	-
Email Address	PANGCF@HARFORD.COM.SG
Address	BLK 25 MANDAI ESTATE #04-02 INNOVATION PLACE
Address complement	-
Postcode	729930
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SMK911J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	KOH SHENG CHIANG CARTER
NRIC No	-1
Contact Number	(Phone) +65-98896890
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.
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.



Handwritten signature: P. Sabry L
Handwritten date and time: 31/03/2011 9.25am

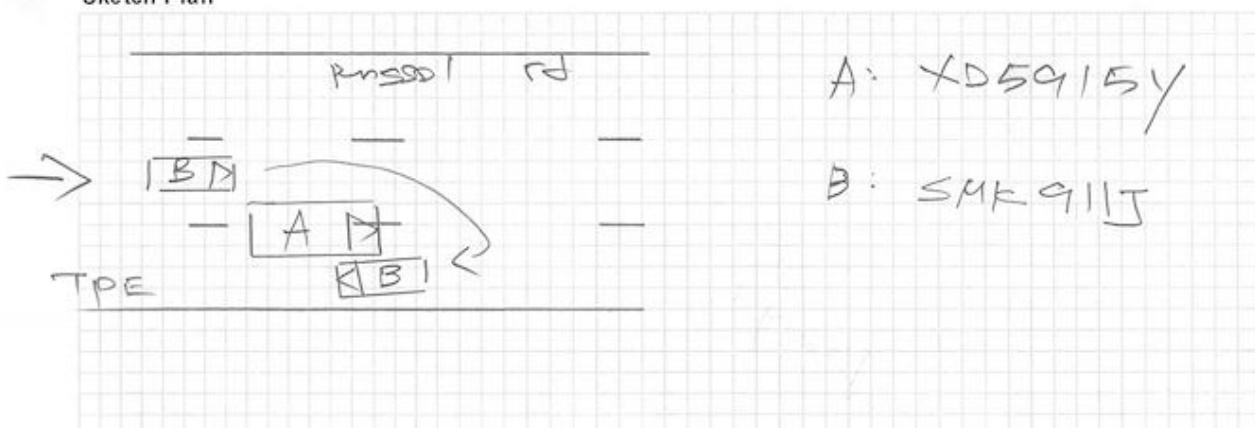


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



refer with attach police report.

We declare the foregoing particulars are true in every respect.

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel





















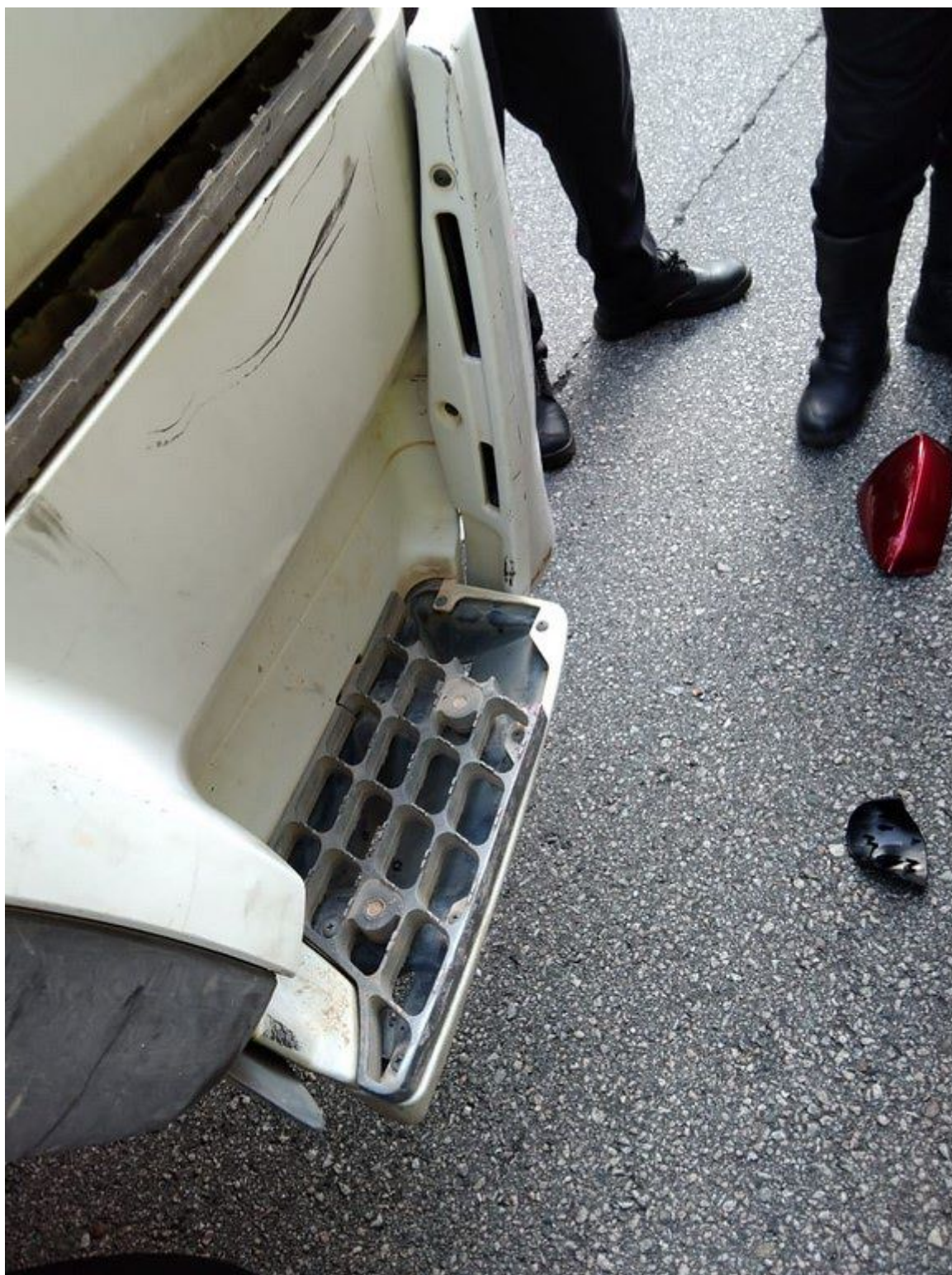




























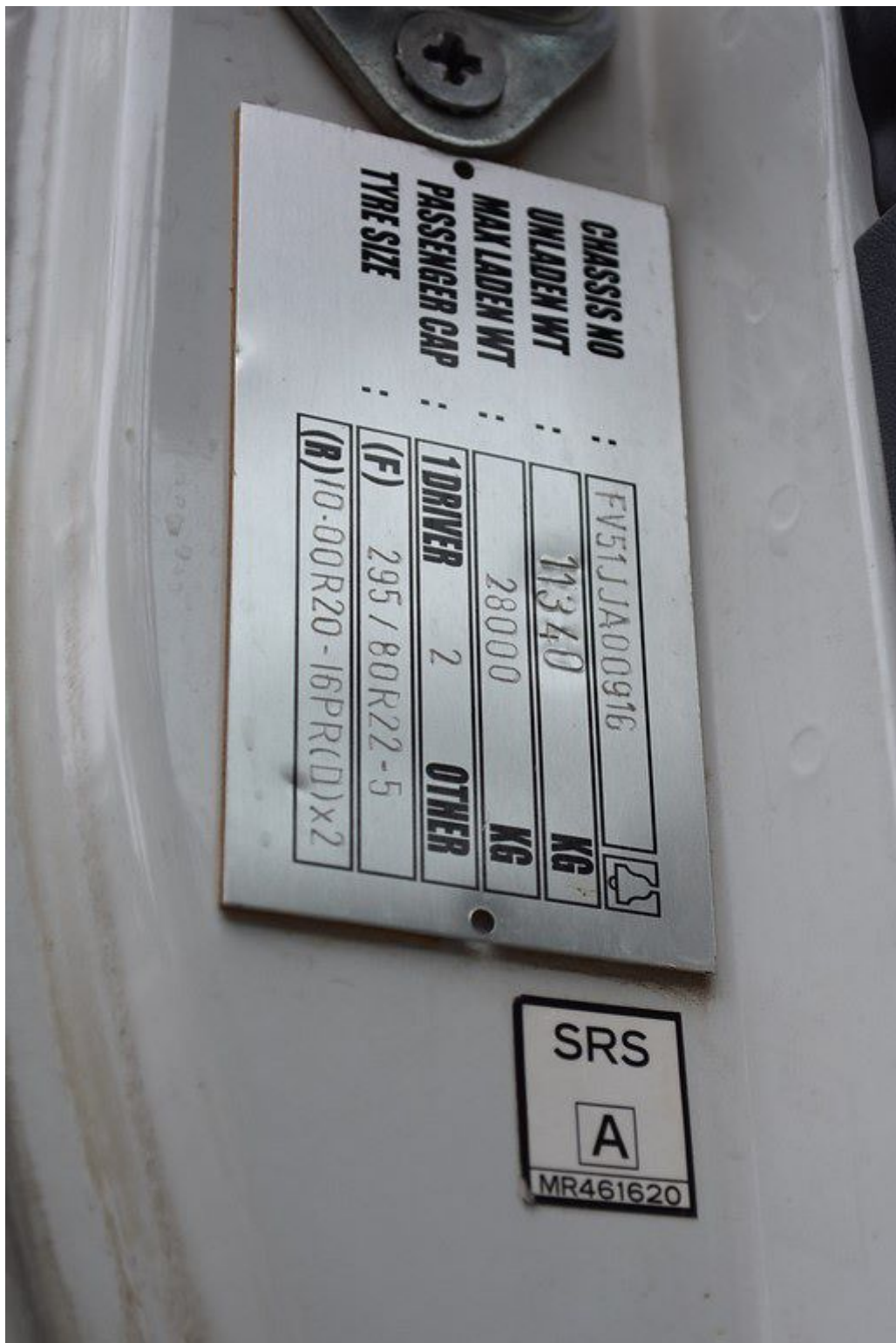
















**SINGAPORE
POLICE FORCE**



T/20210330/2045

1 of 3

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

Report No. T/20210330/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2021 12:02		Vide Report No.: E/20210330/0035		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHINNASAMY PRAKASH			Address: APT BLK 25 MANDAI ESTATE #04-02 INNOVATION PLACE SINGAPORE 729930		
ID Type / ID No.: FIN NO / G6763151Q			Contact No.: Home/Office: Mobile: 94557362		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 12/05/1989	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/03/2021 07:30	Type of Location: Straight Road
Location: PUNGGOL ROAD				
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 Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMK911J	Car	MAZDA	MAZDA6 SEDAN 2.0 AT EXECUTIVE 2WD	Red		0
XD5915Y	Lorry	MITSUBISHI	FV51JJD4R DEA	White		0



**SINGAPORE
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T/20210330/2045

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

2 of 3

Report No. T/20210330/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH SHENG CHIANG CARTER	ID No.	S8007724F
Related Vehicle	SMK911J (Car)	Contact No.	98896890
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	NIL
Driver			
Name	CHINNASAMY PRAKASH	ID No.	G6763151Q
Related Vehicle	XD5915Y (Lorry)	Contact No.	94557362
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTION DATE TIME AND LOCATION,

I WAS TRAVELING ALONG TPE(PIE) TOWARDS PUNGGOL ROAD. I WAS ON FIRST LANE FROM THE RIGHT OF THREE LANES.. I WANTED TO SHIFT INTO THE SECOND LANE. I SAW A RED VEHICLE WHICH WAS QUITE FAR BEHIND SO I MADE THE DECISION TO SHIFT LANE. WHILE SHIFTING LANE THE RED VEHICLE SUDDENLY SPED UP AND OVERTOOK ME WHEN I WAS ALREADY HALF WAY IN WHICH THEN CAUSE MY FRONT TO COLLIDE INTO THE SIDE OF THE RED VEHICLE. AFTER THE COLLISION WE STOPPED AND EXCHANGE PARTICULARS. LATER TRAFFIC POLICE AND AMBULANCE ARRIVED AND SATS OFFICERS AND ALSO LTA ARRIVED AT THE SCENE THAT IS ALL.



SINGAPORE
POLICE FORCE



T/20210330/2045

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

3 of 3

Report No. T/20210330/2045

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:

TP /
SM NAYKIB SYAWAL BIN NAZMUL HASSAN

Signature Of Informant:

PSABMY L

Signature Of Interpreter:

Not applicable

Date/Time:

30/03/2021 12:02

Officer In Charge Of Case:

TP / GIT /
Sgt 2 DAVID YAP
Contact No.: 96192349



Classification Of Case:

SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature: _____