

## 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 ability.
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 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             | 05/08/2016 13:00                              |
| Date Of Accident           | 04/08/2016 23:30                              |
| Exact Location Of Accident | PIE(TUAS) BEFORE EXIT DUNEARN LAMPOST NO 1307 |
| Country/State of Loss      | SINGAPORE                                     |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | YK2937E                |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | SAVANANDI KARUPATHIVAN |
| NRIC No                     | S0207763I              |
| Email Address               | NOEMAIL                |
| Mobile Phone No             | (LOCAL) +65-82585807   |
| Alternative Phone No        | OTHERS-82585807        |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | NISSAN             |
| Model  | MKB210NHRH         |
| Exact Purpose for which vehicle was being used at time of accident           | WORK PURPOSE       |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5054470053-04                          |
| Cover Note Number         |  |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | SAVANANDI KARUPATHIVAN |
| NRIC No              | S0207763I              |
| Date Of Birth        | 07/10/1949             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 10/03/1978             |
| Driving Experience   | 38 YEARS AND 4 MONTHS  |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-82585807   |
| Fax Number           |                        |
| Contact Number       | OTHERS-82585807        |
| Email Address        | NOEMAIL                |

|   |  |
|---|--|
| Address   | BLK 614 HOUGANG AVE 8 #08-420<br>SINGAPORE |
| Postcode  | 530614                                     |
| Was driver an employee of the Insured's Company     | NO   |
| If No, Relationship of the Driver with the Insured  | OWNER                                      |
| Vehicle Registration Number of Driver's Own Vehicle | -  |
|   | -  |
|   | -  |
| Insurance Company of Driver's Own Vehicle           | -  |
|   | -  |
|   | -  |

#### General Information of the Accident

|                    |  |
|--------------------|--|
| Type Of Accident   | COLLISION- HEAD TO REAR (INSURED HIT TP) |
| Weather Conditions | CLEAR                                    |
| Road Surface       | DRY                                      |

#### Other Information

|  |     |
|--|-----|
| Was any foreign vehicle involved in this accident? | NO  |
| Was any body injured in the Accident?              | NO  |
| Was any other material or property damaged?        | YES |
| Was there any video captured by Car Camera?        | 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                       | HOUGANG NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989                               |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

|   |     |
|---|-----|
| REFER ATTACHED                                |     |
| Are accident photos available for attachment? | YES |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                   |
|-------------------------------------|-------------------|
| Vehicle Registration Number         | XB7908R           |
| Vehicle Make/Model/Colour           |                   |
| Details Of Properties               |                   |
| Name of Driver                      | NACHAN MANICKARAJ |
| NRIC/Passport Number                | F7759108R         |
| Contact Number                      |                   |
| Address                             |                   |
| Postcode                            |                   |
| Insurance Company Name              |                   |
| Nature Of Damage                    |                   |
| No. Of Passenger (Including Driver) |                   |

#### Details of Witness

|               |  |
|---------------|--|
| Name          |  |
| Phone Number  |  |
| Email Address |  |

## Sketch Plan

### SKETCH PLAN

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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 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

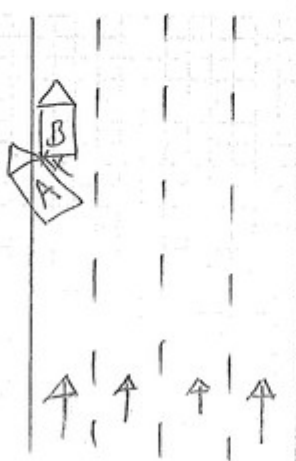
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



A: YK2937E  
B: XB7908R

"Refer Police Report"  
(T/20160805/2019)

I/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

### Common Statement



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

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                                     |   |                          |                            |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made:<br>05/08/2016 08:09   |            | Vide Report No.:<br>D/20160804/0149 |   | Station Diary No.:<br>28 |                            |
| <b>Informant's Particulars</b>               |            |                                     |   |                          |                            |
| Name of Informant:<br>SAVANANDI KARUPATHIVAN |            |                                     | Address:<br>APT BLK 614 HOUGANG AVENUE 8 #08-420 SINGAPORE 530614 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S02077631     |            |                                     | Contact No.:<br>Home/Office: Mobile: 82585807                     |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN            |            |                                     | Email:  |                          |                            |
| Sex:<br>Male                                 | Age:<br>66 | Date of Birth:<br>07/10/1949        | Type of Informant:<br>Driver                                      |                          |                            |
| Race:<br>Indian                              |            |                                     | Language:   |                          | Institution / School Name: |
| Occupation:<br>Self employed                 |            |                                     | Driving Licence Information:<br>Class: 2,3,4 Date of Expiry:      |                          |                            |

**General Information of the Accident**

|  |                      |                                    |  |                                     |
|--|----------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Non-Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>04/08/2016 23:20 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1<br>PAN ISLAND EXPRESSWAY           |                      |                                    |  |                                     |
| PIE(TUAS)<br>Lamp Post Number: 1307                          |                      |                                    |  |                                     |
| Weather:<br>Clear  |                      | Road Surface:<br>Dry               |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                     |                      | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                      |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make   | Model          | Color | Condition            | No of |
|-------------|-------|--------|----------------|-------|----------------------|-------|
| XB7908R     | Lorry |        |                |       |                      | 0     |
| YK2937E     | Lorry | NISSAN | MKB210NH<br>RH | Blue  | Seriously<br>Damaged | 0     |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



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

**CONTINUATION OF REPORT**

| <b>Details of Vehicle Insurance</b> |  |               |            |             |
|-------------------------------------|--|---------------|------------|-------------|
| Vehicle No.                         | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
| YK2937E                             | NTUC Income Insurance Co-Operative Limited | 5054470053-04 | 25/06/2016 | 24/06/2017  |

| Details of Person Involved        |                        |     |  |                                     |
|-----------------------------------|------------------------|-----|--|-------------------------------------|
| Any Pedestrian Involved: No       |                        |     |  |                                     |
| No. of Pedestrians Injured: NIL   |                        |     | Use of Pedestrian Crossing: NA         |                                     |
| Driver                            |                        |     |  |                                     |
| Name                              | SAVANANDI KARUPATHIVAN |     | ID No.                                 | S0207763I                           |
| Related Vehicle                   | NIL                    |     | Contact No.                            | 82585807                            |
| Hospital/Clinic                   | NIL                    |     | Class of Driving Licence & Expiry Date | Class: 2,3,4<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                    |     | Date Discharge                         | NIL                                 |
| No. of Days granted Medical Leave |                        | NIL | Degree of Injury                       | NIL                                 |
| Driver                            |                        |     |  |                                     |
| Name                              | NACHAN MANICKARAJ      |     | ID No.                                 | F7759108R                           |
| Related Vehicle                   | NIL                    |     | Contact No.                            | NIL                                 |
| Hospital/Clinic                   | NIL                    |     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                    |     | Date Discharge                         | NIL                                 |
| No. of Days granted Medical Leave |                        | NIL | Degree of Injury                       | NIL                                 |

**Brief Details.**

On the 04/08/2016 at about 2320hrs, I was driving my lorry (YK2937E) along PIE(TUAS) before the exit Dunearn Rd on the 4th lane of the expressway. As I was driving, I suddenly realized a that there was a road safety lorry (XB7908R) that was parked on the same lane. There were no safety cones or visible lights on the vehicle. I tried to swerve my vehicle to the left however when I realized the vehicle was there, it was already too late. The front right side of my lorry had collided into the rear of the road safety lorry. There were no injuries.



SINGAPORE  
POLICE FORCE



T/20160805/2019

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

3 of 3

Report No. T/20160805/2019

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 MUHAMAD DANISH HAIKAL DONNY  
BUDIARTO INDARTO

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Sr Staff Sgt ESTHER CHONG  
Contact No.: 65476368



Authentication Stamp

Signature: \_\_\_\_\_

Singapore Police Force

Signature Of Informant:

Date/Time:  
05/08/2016 08:09

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

