

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	30/07/2021 17:24 (SGT)
Date of Accident	23/06/2021 09:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER SERANGOON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX5752X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FRONTBUILD ENGINEERING & CONSTRUCTION PTE LTD
Company Reg No	200105052H
Email Address	denise@frontbld.com.sg
Mobile Phone No	(Phone) +65-68536606
Alternative Phone No	(Office) +65-68536606

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2986

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00056522000
Cover Note Number	09/07/20 - 08/07/21

DRIVER

Name of Driver	NAGARAJAN SENTHIL
Passport No/FIN	G7924288N

Date Of Birth	30/03/1977
Occupation	Outdoor
Date Of Driving Pass	21/04/2017
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98933948
Alt. Phone Number	-
Email Address	denise@frontbld.com.sg
Address	C/O FRONTBUILD ENGINEERING & CONSTRUCTION PTE LTD
Address complement	-
Postcode	-
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT 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	GBF4114Z
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
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	DRIVER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	GBF4114Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

1. VEHICLE NO.: GX 5752X
 2. INSURER CO: China
 3. ACCIDENT
 DATE & TIME: 23/6/21 09:05

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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.

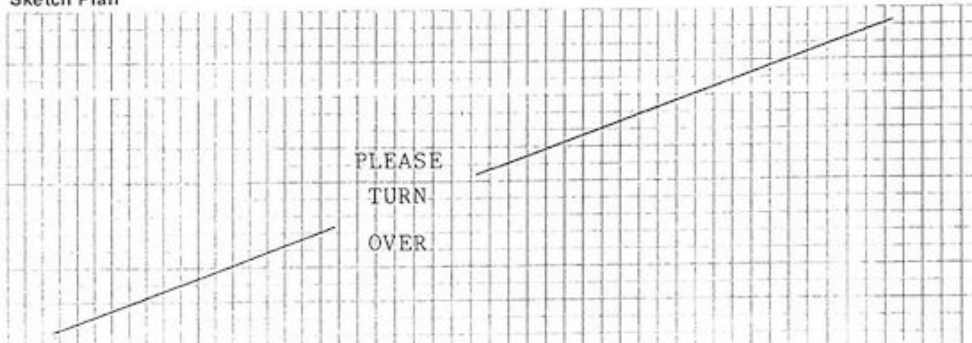


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No = T/20210708/2067

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.:

() Claim Own Policy () Claim Third Party (X) Reporting Only
() Claim OD/TP at other workshop ()















**SINGAPORE
POLICE FORCE**



T/20210708/2067

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20210708/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2021 14:35		Vide Report No.:		Station Diary No.: 50	
Informant's Particulars					
Name of Informant: NAGARAJAN SENTHIL			Address:		
ID Type / ID No.: FIN NO / G7924288N			Contact No.: Home/Office: Mobile: 98933948		
Nationality: INDIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 30/03/1977	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2021 09:05	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
GBF4114Z	Lorry	TOYOTA	DYNA 3.0 MANUAL	Silver	No Damage	1
GX5752X	Lorry	TOYOTA	DYNA 150 D	Blue	No Damage	2

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



**SINGAPORE
POLICE FORCE**



T/20210708/2067

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Report No. T/20210708/2067

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Driver			
Name	NAGARAJAN SENTHIL	ID No.	G7924288N
Related Vehicle	NIL	Contact No.	98933948
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 23/06/2021 at about 0905hrs, my vehicle (GX5752X) was travelling along upper serangoon road. The weather was clear and traffic volume was heavy. My vehicle was stopped at the junction and when the light turned green my vehicle moved and collided into (GBF4114Z). I alighted to make a check and discovered that there was no damage on our vehicle and the driver of (GBF4114Z) has no injuries on him. I did not take any picture from the incident or exchange particulars. However the driver of (GBF4114Z) took some picture of my vehicle and a photo of my driving license at the accident location before moving off. I will wish to add that there are no in-car camera installed in my vehicle.

On 07/07/2021 at about 1925hrs I received a sms message from Francis_TAY@spf.gov.sg from TP IO asked me to lodge a police report as the incident happen along Upper Serangoon Road on 23/06/2021 the driver of (GBF4114Z) has reported 3 days medical certificate.



**SINGAPORE
POLICE FORCE**



T/20210708/2067

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Report No. T/20210708/2067

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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:

E /

Sgt 2 TAN QI AN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Signature Of Informant:

Date/Time:

08/07/2021 14:35

Classification Of Case:

Authentication Stamp

NP168



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Our Ref : SNM21D203587/GX5752X/C02

Via Ordinary Mail

Date : 22 Jul 2021

FRONTBUILD ENGINEERING & CONSTRUCTION PTE LTD
10 ADMIRALTY STREET
#04-07 NORTH LINK BUILDING
SINGAPORE 757695

Dear Policyholder

RE: ACCIDENT INVOLVING OUR VEHICLE NOS. GX5752X AND GBF4114Z ON 23 Jun 2021 ALONG UPPER
SERANGOON ROAD
Policy : DMCVSNW00056522000

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per the Motor Claims Framework.

We would urge you to comply with the condition to file your accident report with your vehicle to us IMMEDIATELY, through our designated Accident Reporting Centres which are also our authorised workshops, regardless of whether or not it would give rise to a claim. You may log onto our website www.sg.cntaiping.com for location of the respective centres/workshops.

Please take note that your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with this condition.

Please contact our claims department at 63896116 should you require our assistance or clarification.

Regards

(This is a computer generated letter and no signature is required)

cc : AN0642A INSURANCE 1 AGENCIES PTE LTD