

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 31/08/2021 18:07 (SGT)
Date of Accident 10/08/2021 16:22 (SGT)
Exact Location of Accident Singapore
Additional Location Information JURONG ISLAND (AYER MARBAU)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC7998U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GOLDEN TRANSPORT & TRADING
Company Reg No 5XXXX326J
Email Address VISAKAN2003@YAHOO.COM
Mobile Phone No (Phone) +65-84686944
Alternative Phone No (Home) +65-84686944

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5108682930-02
Cover Note Number -

DRIVER

Name of Driver DURAISAMY THANGAPANDI
NRIC No SXXXX342C

Date Of Birth	13/03/1974
Occupation	Indoor
Date Of Driving Pass	24/02/1997
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84686944
Alt. Phone Number	-
Email Address	VISAKAN2003@YAHOO.COM
Address	BLK 823 JURONG WEST ST 81 #03-462
Address complement	-
Postcode	640823
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)	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	PC604C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	WU SHAOCHANG
Work Permit No	GXXXX676R
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	DURASAMY THANGAPANDI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC7998U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

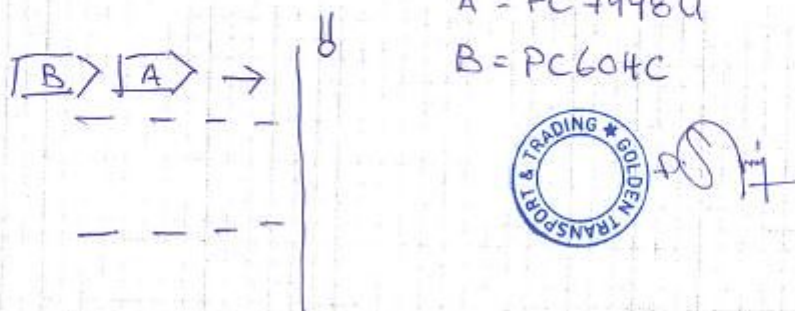
Signature

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

* ON THE ABOVE MENTION DATE, TIME & LOCATION, MY VEHICLE PC 7998U WAS STATIONARY AT THE TRAFFIC LIGHT JUNCTION (RED). A FEW SECOND LATER, I FELT AN IMPACT ON THE REAR PORTION OF MY VEHICLE PC 7998U. I THEN ALIGHTED FROM MY VEHICLE & SAW VEHICLE PC 604C HAD COLLIDED INTO THE REAR PORTION OF MY VEHICLE.

* PLS NOTE: MY VEHICLE SUSTAINED SERIOUS DAMAGE ON THE REAR PORTION. AND ALSO DUE TO THE IMPACT I FELT SEVERE PAIN ON THE REAR OF MY NECK & LOWER BODY, I WILL BE VISITING THE DOCTOR.



D. J. M.

I WENT TO BLESS MEDICAL CENTRE PTE LTD and was given 3 day M/L

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

D. J. M.

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

D. J. M.

Witnessed by Reporting Centre Personnel

SHUGA















**SINGAPORE
POLICE FORCE**



T/20210814/7004

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

1 of 3

Report No. T/20210814/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2021 11:27	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: DURASAMY THANGAPANDI			Address: 823 JURONG WEST STREET 81 #03-462 SINGAPORE 640823		
ID Type / ID No.: NRIC NO / S7469342C			Contact No.: Home/Office: Mobile: 84686944		
Nationality: INDIAN			Email: VISAKAN2003@YAHOO.COM.SG		
Sex: Male	Age: 47	Date of Birth: 13/03/1974	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Van 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: 10/08/2021 16:25	Type of Location: Straight Road
Location: AYER MERBAU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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	Conditio	No of
PC7998U	Van					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210814/7004

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

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Report No. T/20210814/7004

CONTINUATION OF REPORT

Driver			
Name	DURASAMY THANGAPANDI		ID No. S7469342C
Related Vehicle	PC7998U (Van)		Contact No. 84686944
Hospital/Clinic	BLESS MEDICAL CENTRE		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	10/08/2021	Date	10/08/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

on the above mention date and time and location, my vehicle was stationary at a traffic light junction (red), a few seconds later, i felt an impact on the rear portion of my vehicle. i then alight from my vehicle and saw vehicle (PC604C) had collided into my rear portion of my vehicle and badly damaged it. after the accident i felt severe pain on the rear of my neck and lower body, i then proceeded to see a doctor at bless medical centre pte lid and was given 3 days medical leave by the doctor.

**SINGAPORE
POLICE FORCE**

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



T/20210814/7004

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Report No. T/20210814/7004

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
14/08/2021 11:27

Classification Of Case: