

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 Report	10/07/2019 14:03
Date Of Accident	27/05/2019 17:30
Exact Location Of Accident	LORONG 14 GEYLANG PARALLEL PARKING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5484Z
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Insured/Policyholder

Name Of Registered Owner	TRIPLE K CONSTRUCTION & SERVICES
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63380643

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MCV0000068
Cover Note Number	

Driver

Name of Driver	RAMACHANDRAN SELVARASU
NRIC No	G7139442K
Date Of Birth	21/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98934993
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	21 BUKIT BATOK CRES #28-78 SINGAPORE 658065
Postcode	658065
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE STATEMENT.

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	GBG8833A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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 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.
- (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 Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Diagram illustrating the accident sketch plan on a grid background. Two vehicles, labeled A and B, are shown in a parallel parking arrangement. Vehicle A is positioned to the right of Vehicle B. Handwritten text to the right of the diagram indicates the vehicle registration numbers: A = YP 51242 and B = GGG 8833A. Below the diagram, the text "Lot 19 Geylang Parallel Parking" is written.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

G:\XMG Sketch Planform_V2



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



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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190626/2145

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20190626/2145

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2019 19:00		Vide Report No.:		Station Diary No.: 169	
Informant's Particulars					
Name of Informant: RAMACHANDRAN SELVARASU			Address: APT BLK 89 SHORT STREET #10-09 GOLDEN WALL CENTRE SINGAPORE 188216		
ID Type / ID No.: FIN NO / G7139442K			Contact No.: Home/Office: Mobile: 98934993		
Nationality: INDIAN			Email:		
Sex: Male	Age: 41	Date of Birth: 21/05/1978	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3 Date of Expiry: 28/10/2023		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/05/2019 17:30	Type of Location: Car Park
Location: Along Road 1 LORONG 14 GEYLANG				
Along Parallel Parking.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicles - No collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG8833A	Van				No Damage	0
YP5484Z	Lorry				No Damage	7

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190626/2145

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Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20190626/2145

CONTINUATION OF REPORT

Driver			
Name	RAMACHANDRAN SELVARASU	ID No.	G7139442K
Related Vehicle	YP5484Z (Lorry)	Contact No.	98934993
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 28/10/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/05/2019, at about 1700 hrs to 1730 hrs, I was driving the company's lorry (YP 5484 Z) and was performing a parallel parking along Lorong 14 Geylang. There was about 03 passengers sitting behind the lorry while I was performing the parallel parking. At that point of time, there was another van (GBG 8833 A) behind my vehicle which was already parked in the parking lot.

While reversing, my passengers who was seated behind then knocked onto my door to alert me to prevent me from colliding into the vehicle that was parked behind me. As such, I then stopped my vehicle to do a confirmation about it.

At that point of time, the driver which was in the shop then came over to me and informed that I had collided into his vehicle. I then got down from the vehicle and make a search on the situation. The driver then showed me a scratch mark which is located at the front of the vehicle. However, I recalled that I did not collide into his vehicle while reversing. The passengers that were seated behind my vehicle also witnessed to what I had accounted for.

The driver of the other vehicle then claimed that he had a In-Car Camera that is recording the incident. Hence, I then told him to lodge a Police Report instead. Subsequently, we then took photographs of the vehicle before we make our way off.

On 26/06/2019, I was then informed by my company that I am required to lodge a Police Report. Hence, I am here to lodge a Traffic Accident Report for the above-mentioned accident.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190626/2145

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20190626/2145

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:

A /
Sgt 2 LOW JIN KUN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/06/2019 19:00

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

Driving License



Driving License

**BUILDING CONSTRUCTION
SUPERVISOR SAFETY COURSE**
SAFETY COUNCIL PTE LTD (MOM-ATP-008-012-00055)



Name: RAMACHANDRAN SELVARASU
NRIC/WP No.: 0 3237512-
Certificate No.: SC/14/100194
Date of issue: 11/02/2014

SAFETY SUPERVISOR



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 81A)
Republic of Singapore

Employer:
TRIPLE R CONSTRUCTION PTE. LTD.



Name:
RAMACHANDRAN SELVARASU
Work Permit No.: 0 3237512-
Sector:
CONSTRUCTION



X1155400

VISIT PASS
Immigration Regulations

10-01-2015

Name:
RAMACHANDRAN SELVARASU



FIN
G7329442X

Date of Birth
21-05-1978

Sex
M

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Downloaded SGWorkPass
App to check status



YOU ARE TO RETURN THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Please take note that this Safety pass is strictly non-transferable

This safety pass belongs to Safety Council Pte Ltd
Address: No. 61 Ubi Ave 1 #02-03 Singapore 408941

Tel: 62933397 Fax: 62955576
Email: safetycouncil01@gmail.com

Issuing Officer

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



