SN0824C60001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 06/12/2024 11:15 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (06/12/2024 11:15 (SGT))

# **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 Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 First Submission 06/12/2024 11:15 (SGT) Reported by **Actual Driver** Date of Accident 07/08/2024 12:27 (SGT) Exact Location of Accident Upper Paya Lebar Rd, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number GR6779U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner VINAYAK SEELAN ENGINEERING PTE. LTD. Company Reg No 201511767K Email Address seelanvenath@gmail.com Mobile Phone No (Phone) +65-82809665 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

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 2982 Vehicle Fuel First Regisration Date

Effective Date/Time of Ownership

#### INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7240052585

DRIVER

Chassis no

Name of Driver MATHAVAN JEGADEESAN Passport No/FIN M3031702L Date Of Birth 25/03/1994 Occupation Outdoor Driving Pass Date 14/12/2022 Driving License Pass Class Driving License Validity Valid Driving experience 1 YEAR AND 8 MONTHS Gender Mobile Number (Phone) +65-80345489 Alt. Phone Number Email Address kevinjegdeesh@gmail.com Address 15 RAMBAI ROAD #03-15H Address complement Postcode 424334 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 No Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Rochor Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002949999 Alt. Police Station Phone No (Fax) +65-63918583 Police Station Address 11 Kampong Kapor Road Singapore 208678 Was notice of intended Prosecution given? Nο If yes, against whom?

# CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO POLICE REPORT T/20241017/2000

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SLJ8678Y Mercedes C180
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	_

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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:

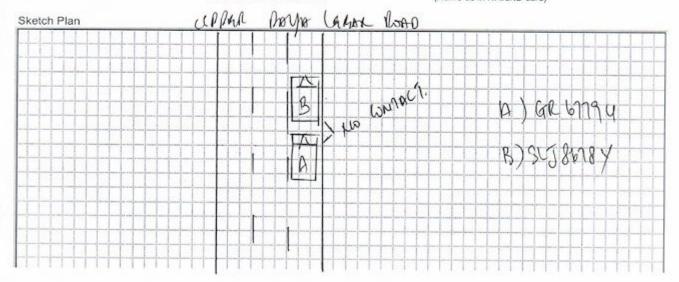
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal Information provided by me or possessed by my insurer (collectively the "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

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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























T/20241017/2000

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Report No. T/20241017/2000

1 of 3

Tel No: 1800-2949999

### REPORT OF A TRAFFIC ACCIDENT

Date/Time 17/10/202	e Report M 24 00:20	ade:	Vide Report No.: F/20240807/0075	Station Diary No.: 9
Informan	t's Particu	lars		
	Informant: /AN JEGAD	DEESAN	Address: 15 RAMBAI RD #03-15H SING	GAPORE 424334
ID Type / FIN NO /	ID No.: M3031702	L	Contact No.: Home/Office:	Mobile: 80345489
Nationali INDIAN	ty:		Email: kevinjegdeesh@gmail.com	
Sex: Male	Age; 30	Date of Birth: 25/03/1994	Type of Informant: Driver	
Race: Indian			Language: English	
Occupa	tion: RUCTION		Driving Licence Information: Class: 2B,3	Date of Expiry: 22/08/2027

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/08/2024 12:25	Type of Location X-Junction
Location: UPPER PAY	A LEBAR ROAD			
		Road Surface:		
Weather: Clear		Dry		
Weather: Clear Traffic Flow: One Way			rking	Traffic Volume: Light

M. Ct. I. M.	7	Maka	Model	Color	Conditio	No of Passenger
Vehicle No.	Туре	Make	Model		- OUTUITO	Tro Oli assorigo
GR6779U	Lorry	TOYOTA	DYNA	Silver	No Damage	1
SLJ8678Y	Motor car	MERCEDES BENZ	C180	Black	No Damage	0

Details of Person Involved	THE PERSON OF THE REAL PROPERTY AND ADDRESS OF THE PERSON
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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



Report No. T/20241017/2000

## CONTINUATION OF REPORT

Driver	CONTRACTOR STATE OF THE STATE O	<b>电影大学电影</b>	AND THE	14 Hotel	MICHELL DE
Name	MATHAVAN JEGADEESAN		ID No.		M3031702L
Related Vehicle	GR6779U (Lorry)			act No.	80345489
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: 2B,3 Date of Expiry: 22/08/2027
Date Treatment	NIL Date Disch		A COLUMN TO A COLU	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	
Driver	Control of the second second	AND DESCRIPTION OF THE	100 TO THE	MAN SANSON	CONTROL OF THE PARTY OF THE PAR
Name	Unknown Driver		ID No		NIL
Related Vehicle	SLJ8678Y (Motor car)		Conta	ict No.	NIL
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Discr			NIL	
No. of Days gran	nted Medical Leave NIL	Degree of		NIL	

### Brief Details.

On 07/08/24 at about 1225hrs, I was driving my company lorry (GR6779U, Toyota Dyna) along Upper Paya Lebar Rd towards Bartley Rd. I was driving along the 3rd lane. When my lorry drove past Breadtalk Building, a car (SLJ8678Y, Mercedes C180) that was driving in front of me and driving along the 3rd lane. suddenly applied the brake. I was shocked by his actions and immediately applied the brakes as well. I noticed that there were no vehicles in front of the car and there was no traffic light there which requires

My lorry managed to come to a stop very close to the car's rear and my lorry did not touch the car at all. However, the car's driver came out and accused me of colliding into his car's rear. I then called for the

There was a passenger with me however no one was injured. I made a check on my lorry and the car and did not observe any damages. No ambulance came.

I was given a case card (F/20240807/0075), I was then informed to lodge a police report.

