

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 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 First Submission | 20/08/2024 13:43 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 19/08/2024 10:20 (SGT) |
| Exact Location of Accident | Yishun Industrial Park A, Singapore 752106 |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | XD2398J |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|--------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | TRANSFIELD LOGISTICS PTE. LTD. |
| Company Reg No | 200514035M |
| Email Address | TRANSFIELD@SINGNET.COM.SG |
| Mobile Phone No | (Phone) +65-63623639 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Scania |
| Model | P380CB8X4MHZ |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | - |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Reporting only |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 11705 |
| Vehicle Fuel | - |
| First Registration Date | 12/05/2008 |
| Chassis no | YS2P8X40002032066 |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|---|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | D24MTHCVE000624 |

DRIVER

| | |
|--|-------------------------------|
| Name of Driver | SURESH KUMAR PARAMASIVAN |
| Passport No/FIN | G6544307X |
| Date Of Birth | 28/12/1989 |
| Occupation | Outdoor |
| Driving Pass Date | 03/03/2015 |
| Driving License Pass Class | 4 |
| Driving License Validity | Valid |
| Driving experience | 9 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-88592452 |
| Alt. Phone Number | - |
| Email Address | SURESH.QUATTRO@GMAIL.COM |
| Address | 20-10 Pangsapuri Tasek Impian |
| Address complement | Jalan Suria Muafakat 1 |
| 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 - Opening Door of Vehicle |
| 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? | Yes |
| 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 |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Nanyang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007929999 |
| Alt. Police Station Phone No | (Fax) +65-67912972 |
| Police Station Address | No. 2 Jurong West Avenue 5 Singapore 649482 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN & POLICE REPORT NO: T/20240819/2077

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|-------------|
| Vehicle Registration Number | SNF6017R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-----------|
| Name of injured person | PASSENGER |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SNF6017R |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

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.

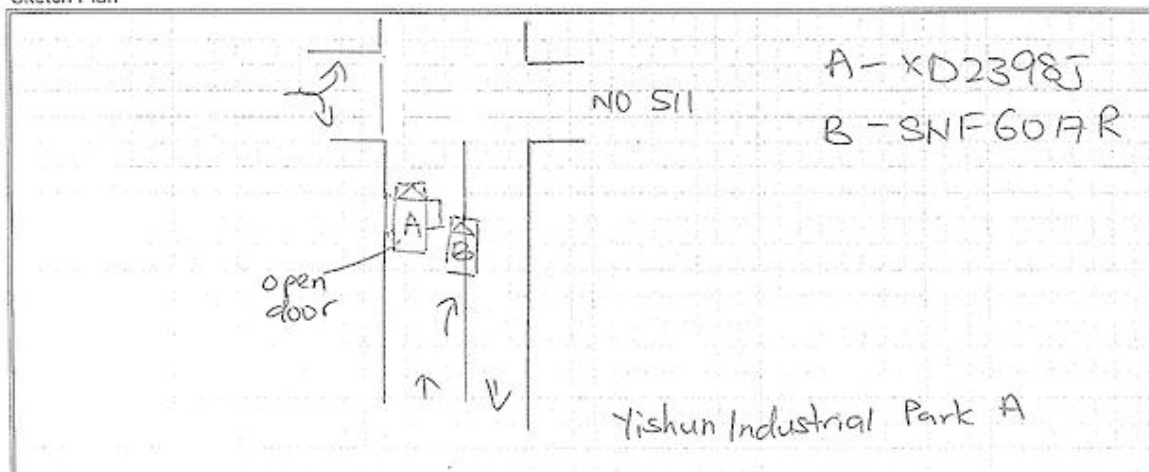


Policyholder's Signature / Date & Time

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

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

Sketch Plan



| | |
|--|--|
| Describe Circumstance of the Accident | |
| <p style="font-size: 1.2em; margin-top: 0;">Refer to the Police Report</p> | |
| <div style="float: right; border: 1px solid black; padding: 5px; width: 200px;"> <input type="checkbox"/> Claim own policy <input type="checkbox"/> Claim third party <input type="checkbox"/> Claim OD / TP at other workshop <input checked="" type="checkbox"/> For record purpose Policy No. <u>D24MTHCYE000624</u> Insurer <u>Sompo</u> Veh. No. <u>KD2398J</u> </div> | |
| <p style="font-size: 0.8em; margin: 0;">I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.</p> | |

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

SNG AH TEE MOTOR & PANEL SVC PTE LTD

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















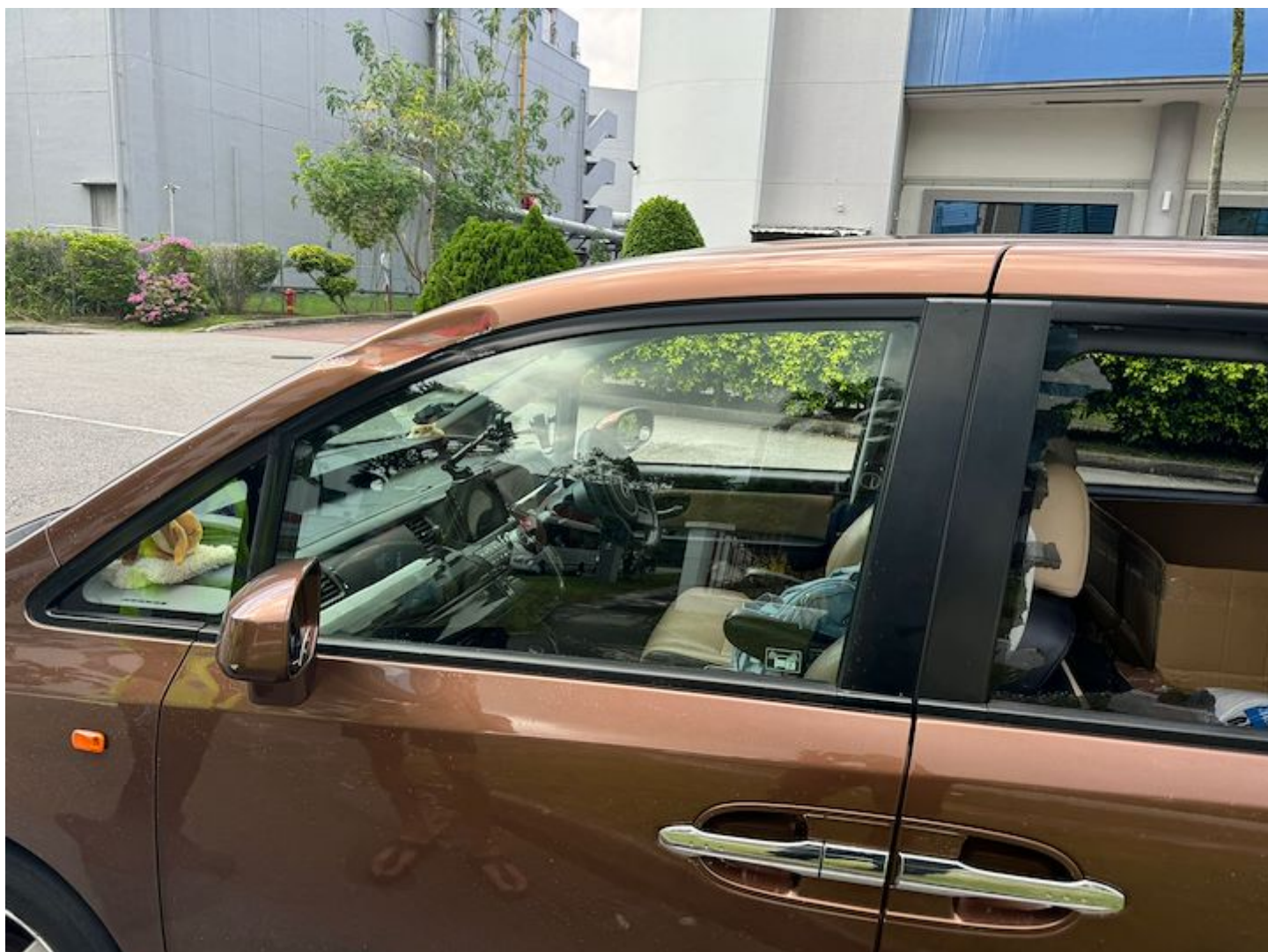
































**SINGAPORE
POLICE FORCE**



T/20240819/2077

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20240819/2077

REPORT OF A TRAFFIC ACCIDENT

| | | | |
|--|------------|--|------------------------------|
| Date/Time Report Made: 19/08/2024 17:52 | | Vide Report No.: L/20240819/0044 | Station Diary No.: 192 |
| Informant's Particulars | | | |
| Name of Informant: SURESH KUMAR PARAMASIVAN | | Address: C/O 2 Buroh Crescent #03-02 SINGAPORE 627546 | |
| ID Type / ID No.: FIN NO / G6544307X | | Contact No.: Home/Office: Mobile: 88592452 | |
| Nationality: MALAYSIAN | | Email: | |
| Sex: Male | Age: 34 | Date of Birth: 28/12/1989 | Type of Informant: Driver |
| Race: Indian | | Language: Malay | |
| Occupation: Lorry driver | | Driving Licence Information: Class: 2B,3,4A,4 Date of Expiry: | |

| | | | | |
|---|--------------------|--|--------------------------------------|--|
| General Information of the Accident | | | | |
| Type of Accident: Non-Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 19/08/2024 10:20 | Type of Location: Straight Road | |
| Location: YISHUN INDUSTRIAL PARK A | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | Anyone conveyed by ambulance: Yes | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|-----------|--------|-------|-------|-------------------|-------------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passengers |
| SNF6017R | Motor car | | | | Seriously Damaged | 1 |
| XD2398J | Lorry | SCANIA | | Red | Seriously Damaged | 0 |

| Details of Vehicle Insurance | | | | |
|-------------------------------------|-------------------------------------|-----------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No. | Effective | Expiry Date |
| XD2398J | SOMPO INSURANCE SINGAPORE PTE. LTD. | D24MTHCVE000624 | 24/05/2024 | 11/05/2025 |



**SINGAPORE
POLICE FORCE**



1/20240819/2077

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3
Report No: 1/20240819/2077

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------------|-----------------------------------|---|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | SURESH KUMAR PARAMASIVAN | ID No. | G6544307X |
| Related Vehicle | XD2398J (Lorry) | Contact No. | 88592452 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 2B,3,4A,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

On 19.08.2024 at about 1020hrs, I parked my lorry no. XD2398J at the roadside along Yishun Industrial Park A outside unit no. 511. When I opened the driver's side door, suddenly one car no. SNF6017R overtook my lorry from the right side and thus hit the edge of the driver's side door of my lorry causing some damage at the edge of the door. The left side of the said car was also damaged. However, the said car had a passenger who is pregnant. Thus, she was conveyed to hospital.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20240819/2077

3 of 3

Report No. T/20240819/2077

CONTINUATION OF REPORT

Signature of Officer Recording The
J /
SR STAFF SGT ABDUL
RAHMAN BIN ABDUL MALIK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT KWOK WEI JIE, DANIEL
Contact No.: 89220186

Signature Of Informant:

Date/Time:
19/08/2024 17:52

Classification Of Case:

NP168