

## 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 .....	05/09/2024 18:25 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	30/08/2024 15:00 (SGT)
Exact Location of Accident .....	Sembawang Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YP2009H
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SKYLINK VEHICLE RENTAL PTE LTD
Company Reg No .....	201710755G
Email Address .....	CLAIMS@SKYLINK.COM.SG
Mobile Phone No .....	(Phone) +65-92335098
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	NPR85UH5A
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 .....	2999
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	JAANPR85HG7100185
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D24MFL0003653

#### DRIVER

Name of Driver .....	JAYAKUMAR KUMARAN
Passport No/FIN .....	G8917662Q
Date Of Birth .....	30/07/1996
Occupation .....	Outdoor
Driving Pass Date .....	14/06/2023
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	1 YEAR AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88353724
Alt. Phone Number .....	-
Email Address .....	KUMARANJK555@GMAIL.COM
Address .....	19A CHENCHARU LINK #01-05 TEMPORARY SITE OFFICE SINGAPORE
Address complement .....	-
Postcode .....	769979
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	HIRER'S DRIVER
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan attached.

#### 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 .....	SCJ6188P
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Private car
Name of Driver .....	LOW THIAN CHYE
Contact Number .....	(Phone) +65-97417830
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

SKETCH PLAN

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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.
- (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.

SKYLINK VEHICLE RENTAL PTE LTD  
ROC: 201710755G  
1 Bukit Batok Crescent  
#08-03 WCEGA Plaza  
Singapore 658064

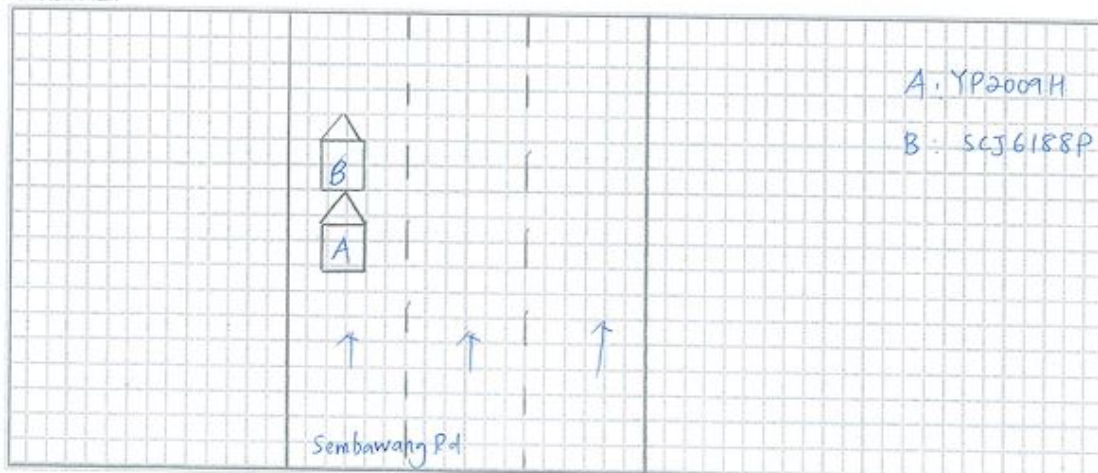
SKYLINK ENGINEERING PTE LTD  
ROC: 202100108N  
1 Bukit Batok Crescent  
#08-52 WCEGA Plaza  
Singapore 658064

Policyholder's Signature / Date & Time

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

Please refer to the police report L/20240830/7067.

Declaration

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

**SKYLINK VEHICLE RENTAL PTE LTD**  
 ROC: 201710755G  
 1 Bukit Batok Crescent  
 #08-03 WCEGA Plaza  
 Singapore 658064

Policyholder's Signature / Date & Time

*J. K. A.*

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

**SKYLINK ENGINEERING PTE LTD**  
 ROC: 202100108N  
 1 Bukit Batok Crescent  
 #08-52 WCEGA Plaza  
 Singapore 658064

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























**SINGAPORE  
POLICE FORCE**



L/20240830/7067

1 of 1

**POLICE REPORT (NP299)**

Report No. L/20240830/7067

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 30/08/2024 16:34		Vide Report No.		Station Diary No.	
Name Of Informant JAYAKUMAR KUMARAN		Address 19A CHENCHARU LINK #01-05 TEMPORARY SITE OFFICE SINGAPORE 769979			
ID Type / ID No. FIN NO / G8917662Q		Contact No. Home/Office:                      Mobile: 88353724			
Nationality INDIAN		Email Address kumaranjk555@gmail.com			
Occupation Lorry driver		Sex Male	Age 28	Date of Birth 30/07/1996	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 30/08/2024 15:00		Location Of Incident SEMBAWANG ROAD			

**Brief details.**

I am making a cover report for traffic accident.  
On the above mentioned date and time, I was driving my lorry (YP2009H) along sembawang rd towards Upper Thomson Road. I was on the third lane approaching the junction between Yishun ave 3 and Sembawang Rd. It was a red light so I applied my brakes slowly. The light turned green and the cars in front slowly moved off one by one. I was waiting for the car in front of me (SCJ6188P) to move off but he did not move and I did not apply the brakes in time to stop. The front of my lorry collided with the rear of that car. There were minor scratches on the car. Nobody was injured, no police or ambulance attended the incident. I exchanged contact details with the other driver. he is Low Thian Chye (HP 97417830)

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/08/2024 16:34
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 1