

## 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 .....        | 11/09/2024 11:22 (SGT)                           |
| Reported by .....                     | Actual Driver                                    |
| Date of Accident .....                | 30/07/2024 08:15 (SGT)                           |
| Exact Location of Accident .....      | 114 Bukit Purmei Rd, Block 114, Singapore 090114 |
| Additional Location Information ..... | CAR PARK   |
| Country/State of Loss .....           | Singapore  |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ6528U

#### INSURED/POLICYHOLDER

|                                |   |
|--------------------------------|---|
| Is company? .....              | Yes   |
| Name Of Registered Owner ..... | SURESH KUMAR GENERAL WORKS & CONTAINER SERVICES PTE. LTD. |
| Company Reg No .....           | 201725103N  |
| Email Address .....            | info@sureshkumar-gwcs.com                                 |
| Mobile Phone No .....          | (Phone) +65-90869124                                      |
| Alternative Phone No .....     | -   |

#### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer .....   | Mitsubishi          |
| Model .....  | Canter              |
| 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 .....   | Auto                |
| CC .....   | 2998                |
| Vehicle Fuel .....   | -                   |
| First Registration Date .....  | -                   |
| Chassis no .....   | -                   |
| Effective Date/Time of Ownership .....   | -                   |

#### INSURANCE COMPANY

|   |                      |
|---|----------------------|
| Name of Insurance Company .....         | Lonpac Insurance Bhd |
| Policy Number / Cover Note Number ..... | Z24VC05023696-001    |

#### DRIVER

|  |                           |
|--|---------------------------|
| Name of Driver .....   | KRISNAN DHAYALAN          |
| Passport No/FIN .....  | G3566064Q                 |
| Date Of Birth .....  | 17/10/2000                |
| Occupation .....   | Outdoor                   |
| Driving Pass Date .....  | 17/10/2023                |
| Driving License Pass Class .....                                   | 3                         |
| Driving License Validity .....                                     | Valid                     |
| Driving experience .....   | 9 MONTHS                  |
| Gender .....   | Male                      |
| Mobile Number .....  | (Phone) +65-90869124      |
| Alt. Phone Number .....  | -                         |
| Email Address .....  | info@sureshkumar-gwcs.com |
| Address .....  | 192 PANDAN LOOP #01-12    |
| Address complement .....   | -                         |
| Postcode .....   | 128381                    |
| 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 .....   | Collided into Parked 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? .....  | 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 .....                       | 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

PLEASE REFER TO POLICE REPORT T/20240801/7069

#### 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 .....             | SBT9988L    |
| 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) .....     | -           |

**SKETCH PLAN****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 Traffic Police Department for investigation.**
- 6: 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.
- 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.
- (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.

**SURESH KUMAR GENERAL WORKS  
& CONTAINER SERVICES PTE LTD**

REG. NO. 2017251030

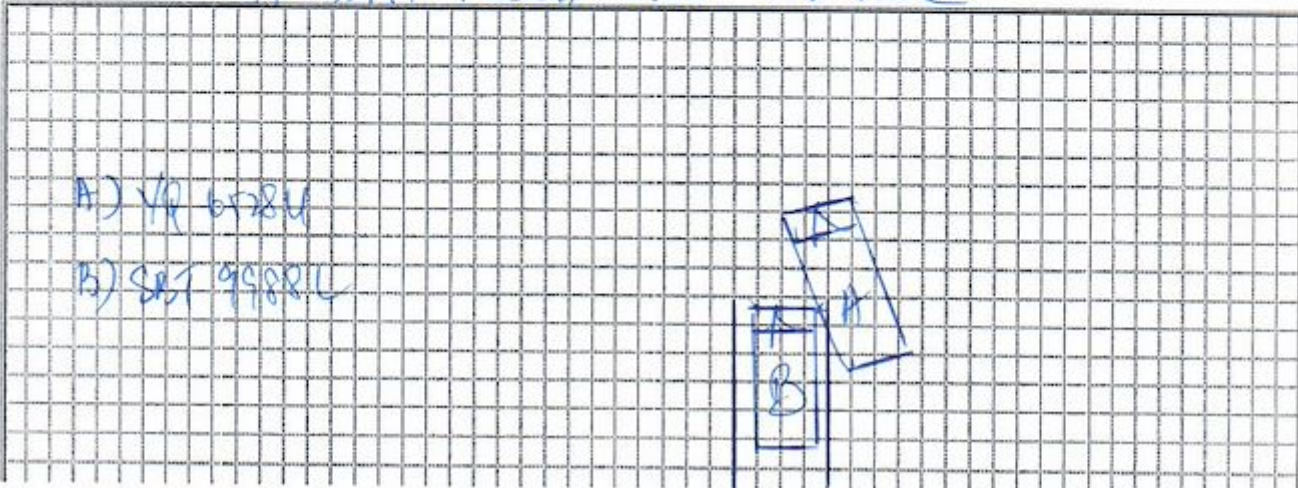
Policyholder's Signature / Date & Time

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

114 BUKIT PURMAH ROAD CAR PARK





Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20240801/2068

Declaration

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

**SURESH KUMAR GENERAL WORKS  
& CONTAINER SERVICES PTE LTD**

REG NO 2017251031

Policyholder's Signature / Date & Time

K. Phayalan  
10/09/2024

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

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







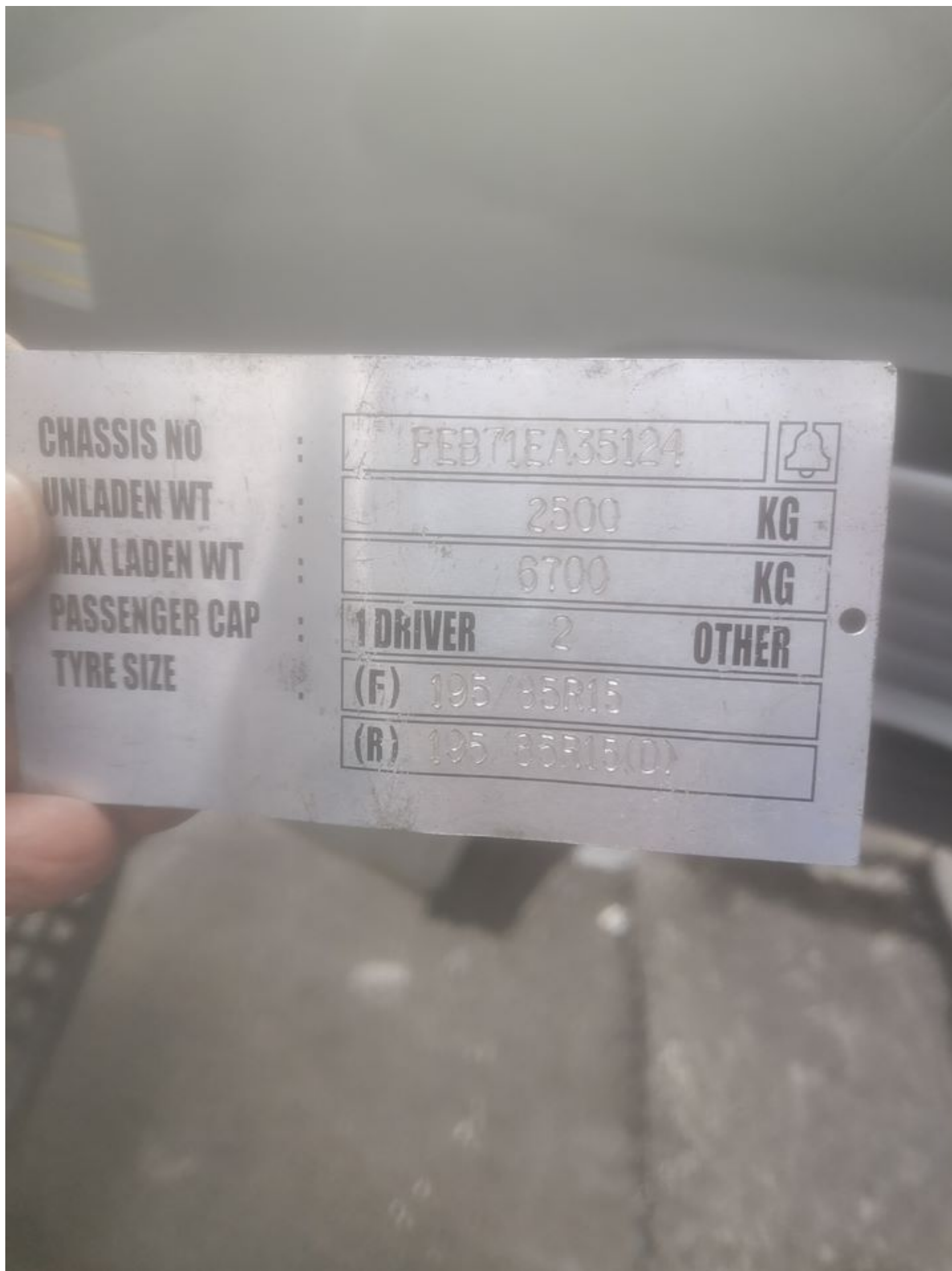
















**SINGAPORE  
POLICE FORCE**

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



T/20240801/7069

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Report No. T/20240801/7069

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |                              |  |                    |  |
|---|------------|------------------------------|--|--------------------|--|
| Date/Time Report Made:<br>01/08/2024 16:10                    |            | Vide Report No.:             |  | Station Diary No.: |  |
| <b>Informant's Particulars</b>                                |            |                              |  |                    |  |
| Name of Informant:<br>KRISHNAN DHAYALAN                       |            |                              | Address:<br>112 BUKIT PURMEI ROAD #13-211 BUKIT PURMEI VILLE<br>SINGAPORE 090112 |                    |  |
| ID Type / ID No.:<br>FIN NO / G3566064Q                       |            |                              | Contact No.:<br>Home/Office: Mobile: 98854197                                    |                    |  |
| Nationality:<br>INDIAN  |            |                              | Email:<br>krishnandhayalan22@gmail.com   |                    |  |
| Sex:<br>Male  | Age:<br>23 | Date of Birth:<br>17/08/2000 | Type of Informant:<br>Driver   |                    |  |
| Race:<br>Indian   |            |                              | Language:<br>English   |                    |  |
| Occupation:<br>Financial markets back office<br>administrator |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry: 16/10/2028              |                    |  |

|   |                      |                      |  |  |
|---|----------------------|----------------------|--|--|
| <b>General Information of the Accident</b>              |                      |                      |  |  |
| Type of Accident:                                       | Non-Injury<br>Others | Drink Drive:<br>No   | Date/Time of Accident:<br>30/07/2024 08:15 | Type of Location:<br>Car Park          |
| Location:<br>I accidentally hit the stationery vehicle  |                      |                      |  |  |
| Weather:<br>Clear                                       |                      | Road Surface:<br>Dry |  |  |
| Traffic Flow:<br>Two Way                                |                      | Traffic Control:     |  | Traffic Volume:<br>No Traffic          |
| Type of Collision:<br>Between Moving Vehicles - Head On |                      |                      |  | Anyone conveyed by<br>ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |           |                  |       |       |                     |                 |
|------------------------------------|-----------|------------------|-------|-------|---------------------|-----------------|
| Vehicle No.                        | Type      | Make             | Model | Color | Condition           | No of Passenger |
| SBT9988L                           | Motor car | MERCEDES<br>BENZ |       | Black | Slightly<br>Damaged | 0               |
| YQ6528U                            | Lorry     | MITSUBISHI       | DHAYA | White | Slightly<br>Damaged | 0               |

| <b>Details of Vehicle Insurance</b> |                      |                   |                |             |
|-------------------------------------|----------------------|-------------------|----------------|-------------|
| Vehicle No.                         | Insurance Company    | Insurance No      | Effective Date | Expiry Date |
| YQ6528U                             | LONPAC INSURANCE BHD | Z24VC05023696-001 | 25/04/2024     | 24/04/2025  |



**SINGAPORE  
POLICE FORCE**

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



T/20240801/7069

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Report No. T/20240801/7069

CONTINUATION OF REPORT

|  |                   |  |  |
|--|-------------------|--|--|
| Details of Person Involved             |                   |  |  |
| Any Pedestrian Involved: No            |                   |  |  |
| No. of Pedestrians Injured: NIL        |                   | Use of Pedestrian Crossing: NA         |  |
| Driver                                 |                   |  |  |
| Name                                   | KRISHNAN DHAYALAN | ID No.                                 | G3566064Q                              |
| Related Vehicle                        | YQ6528U (Lorry)   | Contact No.                            | 98854197                               |
| Hospital/Clinic                        | NIL               | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: 16/10/2028 |
| Date Treatment                         | NIL               | Date Discharge                         | NIL                                    |
| No. of Days granted Medical Leave (MC) | NIL               | Degree of Injury                       | NIL                                    |

**Brief Details.**

I had move the vehicle from car park and proceed to go office accidently i kit the adjacent slot vehicle it was parked stationery. Now only i know i hit the vehicle without knowing. Just now i received a call from the owner. I am not doing purposely. I am not aware i was hit the vehicle when move out from the carpark.



**SINGAPORE  
POLICE FORCE**

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



T/20240801/7069

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Report No. T/20240801/7069

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

This report is lodged at Telok Blangah NPP  
NP168

Signature Of Informant:

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

Date/Time:  
01/08/2024 16:10

Classification Of Case:



**SINGAPORE  
POLICE FORCE**  
SAFEGUARDING EVERY DAY

Our Ref: TP/IP/22488/2024  
Date: 23/08/2024

TRAFFIC POLICE

KRISHNAN DHAYALAN  
BUKIT PURMEI VILLE  
109 BUKIT PURMEI ROAD  
#02-155  
SINGAPORE 090109

000024

10 UBI AVENUE 3  
SINGAPORE 408865

<https://eservices.police.gov.sg>

Dear Sir

**TRAFFIC ACCIDENT INVOLVING SBT9988L AND YQ6528U ALONG BUKIT PURMEI ROAD ON  
30/7/24 AT ABOUT 0815 HRS**

I refer to the above accident.

2 We have completed our investigations and taken no further action against anyone in this case. You may wish to know that our decision does not preclude future prosecution should new evidence emerge at a later stage.

3 Please be informed that our decision does not preclude you from pursuing insurance / civil claims.

4 If you have any clarification, you may contact the Investigation Officer, Sufiyan Bin Khairi at office number: 65476148.

Yours faithfully,  
Sr Staff Sgt Sufiyan Bin Khairi  
IO (Hit & Run Investigation)  
Traffic Police  
Singapore Police Force

This is a computer-generated letter. No signature is required.

A FORCE FOR THE NATION