

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	17/09/2024 16:37 (SGT)
Reported by	Actual Driver
Date of Accident	15/09/2024 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	595 SEMBAWANG RD, SHELL STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6397K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZH BUILDERS PTE LTD
Company Reg No	201634644G
Email Address	EUROSUCCESS0202@GMAIL.COM
Mobile Phone No	(Phone) +65-90600832
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
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 - Claiming third party
Vehicle Category	Goods vehicle
Transmission	Manual
CC	3000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5140016892

DRIVER

Name of Driver	BOJARAJ RAJA VIGNESH
Passport No/FIN	G8754098M
Date Of Birth	21/09/1993
Occupation	Outdoor
Driving Pass Date	25/11/2021
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83002171
Alt. Phone Number	-
Email Address	EUROSUCCESS0202@GMAIL.COM
Address	262 YISHUN ST 22 #05-763
Address complement	-
Postcode	760262
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	Chain 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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

SEE ATTACHED POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	TO REQUEST FROM DRIVER.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SND7698D
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	CHIN LOI SEONG
NRIC No	S2752282C
Contact Number	(Phone) +65-81687283
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK7158H
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JEREMY EMMANUEL
Contact Number	(Phone) +65-83390637
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	4

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMA2314Y
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	BOJARAJ RAYA VIGNESH
Gender	Male
Phone No	(Phone) +65-83002171
Address	-
Address Complement	-

Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBF6397K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.



Policyholder's Signature / Date & Time

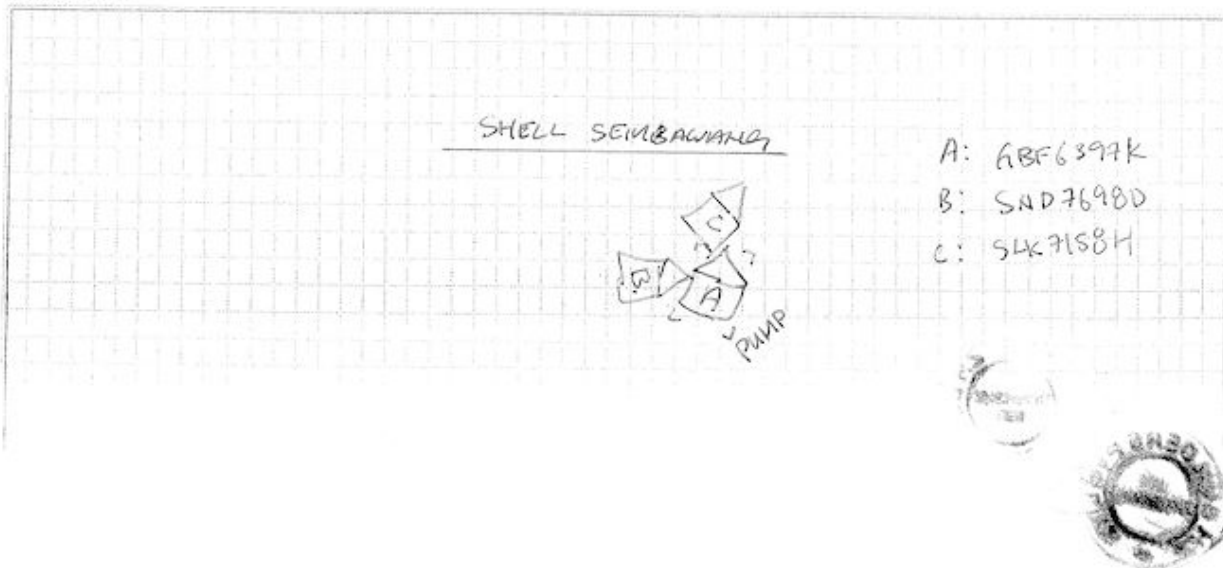
Signature
17/09/24

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

REFER TO T/20240917/730

Declaration

I declare that the foregoing particulars are true in every respect.



[Signature]
17/9/24


































**SINGAPORE
POLICE FORCE**


T/20240917/7030

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

1 of 3

Report No. T/20240917/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2024 12:02		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: BOJARAJ RAJA VIGNESH		Address: 262 YISHUN ST 22 #05-763 SINGAPORE 760262		
ID Type / ID No.: FIN NO / G8754098M		Contact No.: Home/Office: Mobile: 83002171		
Nationality: INDIAN		Email: EUROSUCCESS0202@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 21/09/1993	Type of Informant: Driver	
Race: Indian		Language: English		
Occupation: Lorry driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/09/2024 17:00	Type of Location:
Location: SEMBAWANG ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6397K	Lorry					0
SLK7158H	Motor car		HARRIER	White		4
SND7698D	Motor car	TOYOTA	PRUIS	White		0

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



**SINGAPORE
POLICE FORCE**



T/20240917/7030

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

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Report No. T/20240917/7030

CONTINUATION OF REPORT

Driver			
Name	BOJARAJ RAJA VIGNESH		ID No. G8754098M
Related Vehicle	GBF6397K (Lorry)		Contact No. 83002171
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious
Driver			
Name	JEREMY EMMANUEL		ID No. NIL
Related Vehicle	SLK7158H (Motor car)		Contact No. 83390637
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	CHIN LOI SEONG		ID No. S2752282C
Related Vehicle	SND7698D (Motor car)		Contact No. 81687283
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE DATE AND TIME, I WAS AT THE PETROL STATION REFUELING MY LORRY GBF6397K. WHEN SUDDENLY MY LORRY WAS HIT AND I WAS HIT ON MY LEFT FOREHEAD AND MY LEFT LEG. I WENT TO SEE THE ACCIDENT AND REALISE I WAS HIT IN A CHAIN COLLISION. VEHICLE B SND7689B AND VEHICLE C HAD COLLIDED ONTO MY VEHICLE. POLICE AND AMBULANCE DID ARRIVE AT THE SCENE.

*VIDEO FOOTAGE WAS CAPTURED FROM VEHICLE C SLK7158H



**SINGAPORE
POLICE FORCE**

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



T/20240917/7030

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Report No. T/20240917/7030

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KAMALIAH BINTE KAMIS
Contact No.: 65476433

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

Date/Time:
17/09/2024 12:02

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20240917/2067

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

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Report No. T/20240917/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2024 17:04	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: Bojaraj Raja Vignesh			Address: 262 YISHUN STREET 22 #05-762 SINGAPORE 760262		
ID Type / ID No.: FIN NO / G8754098M			Contact No.: Home/Office: Mobile: 83002171		
Nationality: INDIAN			Email:		
Sex: Male	Age: 30	Date of Birth: 21/09/1993	Type of Informant: Driver		
Race:			Language: English		
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/09/2024 16:45	Type of Location: At Shell Petrol Kiosk
Location: SEMBAWANG ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBF6397K	Lorry				Seriously Damaged	0
SLK7158H	Motor car				Seriously Damaged	3
SMA2314Y	Motor car				Slightly Damaged	0
SND7698D	Motor car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20240917/2067

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

Report No. T/20240917/2067

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Bojaraj Raja Vignesh	ID No.	G8754098M
Related Vehicle	GBF6397K (Lorry)	Contact No.	83002171
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (ANG MO KIO)	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	16/09/2024	Date Discharge	16/09/2024
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	Jeremy Emmanuel Goentono	ID No.	NIL
Related Vehicle	SLK7158H (Motor car)	Contact No.	83390637
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	Zheng Suttua	ID No.	NIL
Related Vehicle	SMA2314Y (Motor car)	Contact No.	93801171
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20240917/2067

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

3 of 4

Report No. T/20240917/2067

CONTINUATION OF REPORT

Driver			
Name	Chin Loi Seong	ID No.	S2752282C
Related Vehicle	SND7698D (Motor car)	Contact No.	81687283
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 15/09/2024 at about 1645hrs, I was at Sembawang Shell pump number 7 to refuel and my lorry bearing registration number GBF6397K was stationary. A vehicle bearing registration number SND7698D came out from pump number 1 with his front right door opened and drove in a rash manner. While the vehicle bearing registration number SND7698D was turning sharply, his car scrapped past a vehicle bearing registration number SMA2314Y and caused vehicle bearing registration number SMA2314Y's vehicle registration number to fall off. Shortly after, the vehicle bearing registration number SND7698D collided onto the vehicle bearing registration number SLK7158H causing vehicle bearing registration number SLK7158H to hit the bollard.

The front right side of vehicle bearing registration number SLK7158H then hit the front left side of my lorry. The front right side of vehicle bearing registration number SND7698D also hit the left side of my lorry.

The front left side bumper of my lorry is dislodged, the front left head light is broken, there are scratches and dents on the front left side of my lorry, the air-conditioner fan on the front left side is damaged, the left side my lorry is dented and the battery on the left side of my lorry is completely damaged.

On top of the damages to my lorry, my handphone and watch are damaged from the accident. My watch was on my left wrist and my handphone was in my left pocket. When vehicle bearing registration number SLK7158H hit my lorry, my lorry shifted to the right and I was beside the lorry at that point in time. The lorry hit onto my body which caused the left side of body to hit the petrol pump, and caused the display issue in my handphone and cracks on my watch.

Traffic police and ambulance came to scene. I was dizzy and my head was in pain at that point in time but I chose not to be conveyed by ambulance. However at night, I was still in pain and went to Ang Mo Kio Polyclinic on 16/09/2024 and was given 3 days MC.



SINGAPORE
POLICE FORCE



T/20240917/2067

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

Report No. T/20240917/2067

CONTINUATION OF REPORT

Signature of Officer Recording The
L /
SGT 2 CHAN HONG HUI ADAM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI KAMALIAH BINTE KAMIS
Contact No.: 65476433

Signature Of Informant:

Date/Time:
17/09/2024 17:04

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SK00249H0001 Vehicle Registration No: GBF 6397K
 Name (as shown in NRIC): ZH Builders Pte Ltd NRIC/FIN/Passport No: 2XXXXX644G
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 90600832

Email Address: _____

Date of Accident: 15.09.2024 Time of Accident: 17:00

Place of Accident: 595 Sembawang Rd, Shell Station

Insurance Company: Insure Ins Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ATTACH AMEND POLICE REPORT

ADD IN VEHICLE D SMA23141 INVOLVED IN THE ACCIDENT



Policyholder / Actual Driver's Signature
 Date: 18/9/24



Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: 18/9/24