

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	27/09/2024 17:47 (SGT)
Reported by	Actual Driver
Date of Accident	25/09/2024 13:30 (SGT)
Exact Location of Accident	Old Choa Chu Kang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE1332S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SAN'S TOURS & CAR RENTALS
Company Reg No	08516300K
Email Address	CONNECT3LAU@GMAIL.COM
Mobile Phone No	(Phone) +65-91897474
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1986
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D24MTRENT000361

DRIVER

Name of Driver	GASSON MARK
Passport No/FIN	G3287881X
Date Of Birth	25/06/1962
Occupation	Outdoor
Driving Pass Date	26/07/2023
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96771154
Alt. Phone Number	-
Email Address	CONNECT3LAU@GMAIL.COM
Address	221, HENDERSON ROAD, #01-05, HENDERSON BUILDING,
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Wet

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	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20240925/2076

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	21418MID
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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 insurers 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 used outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

[Signature]

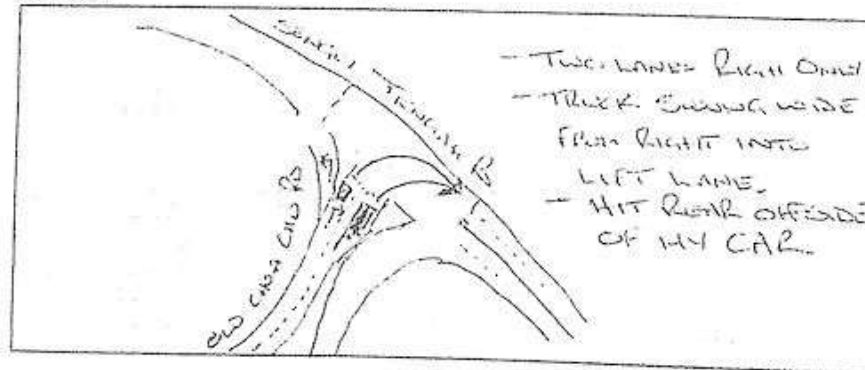
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

25/09/2020

[Signature]

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

Sketch Plan



Describe Circumstance of the Accident

I WAS TRAVELLING ON OLD CHOA CHU LANG RD TO SENGEL TENGH RD. THE TRUCK AHEAD OF ME (21418 MD) MOVED FROM LEFT TO RIGHT LANE AS IT APPROACHED THE TRAFFIC LIGHTS. BOTH LANES ARE RIGHT ONLY. I STAYED IN THE LEFT LANE AS WOULD BE ENTERING THE KJE. AS I TURNED I FELT THE IMPACT ON MY RIGHT OFFSIDE REAR AND THE TRUCK SWUNG WIDE. I IMMEDIATELY PULLED TO A SAFE SPOT AT THE SIDE OF THE ROAD.

THE DRIVER LCP DIASARATHA RAMAN SRIYAM (NRIC TO2751111) AND TOOK PHOTO'S AND EXCHANGED DETAILS. HE APPROXIMATED AND EXPLAINED THAT PROCEDURE REQUIRES HIM TO STAY IN THE LEFT LANE AND MADE A MISTAKE. TIME WAS APPROX 13.29.

HIS SUPERIORS ARRIVED APPROX 45 MINS LATER. APPROXIMATED FOR THE INCIDENT AND CHECKED I WAS OK. THEN CHECKED WE HAD EXCHANGED DETAILS AND SAID I COULD LEAVE.



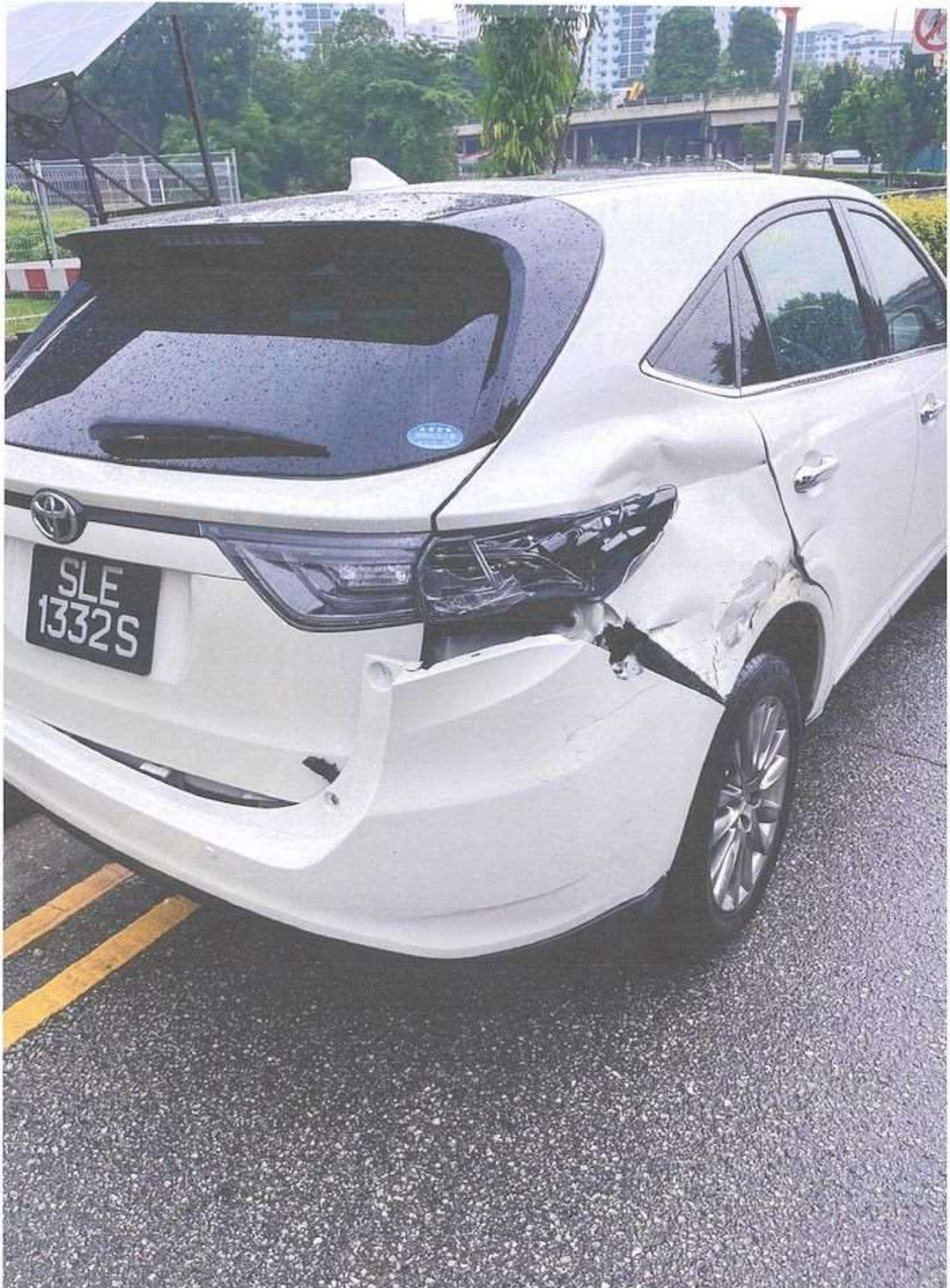
Declaration
I declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

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

M. G. S. S. S.
25/9/24.
17.05.







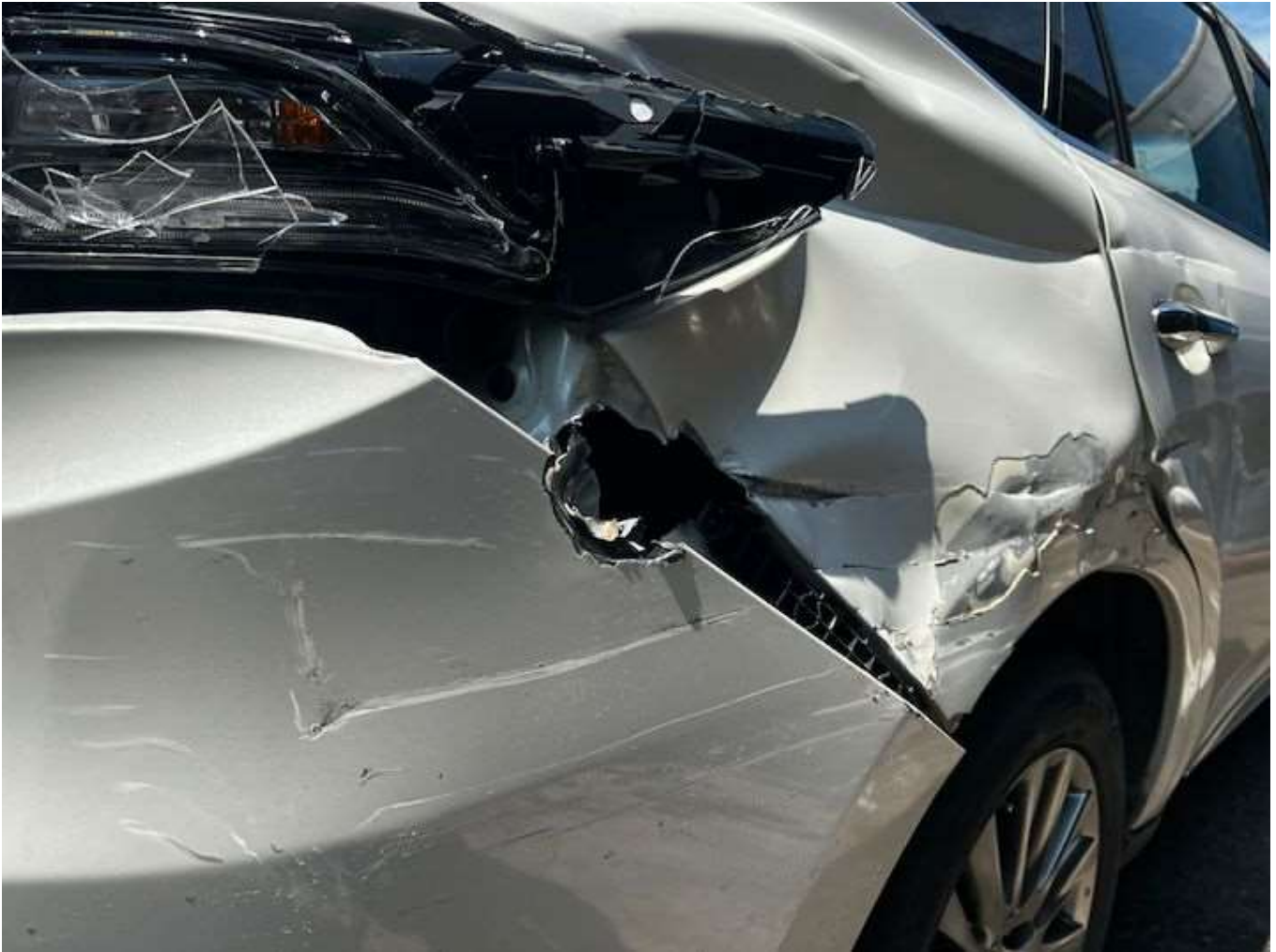




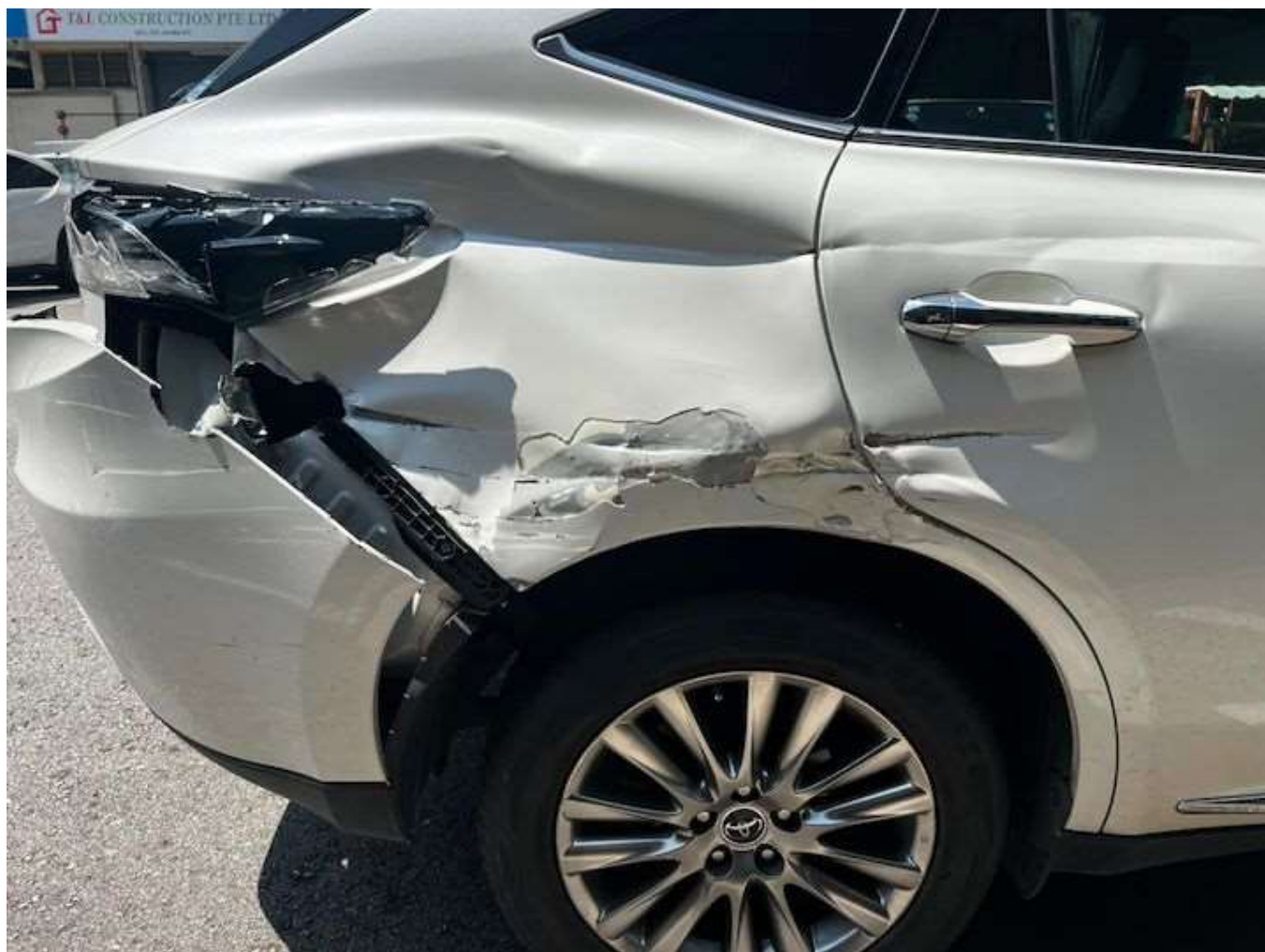



































**SINGAPORE
POLICE FORCE**


T/20240925/2076

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 4

Report No. T/20240925/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2024 20:20	Vide Report No.:	Station Diary No.: 79
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Informant's Particulars

Name of Informant: GASSON MARK			Address: 79 SUNRISE TERRACE CABANA SINGAPORE 805414		
ID Type / ID No.: FIN NO / G3287881X			Contact No.: Home/Office: Mobile: 96771154		
Nationality: BRITISH			Email: mark.gasson@collins.com		
Sex: Male	Age: 62	Date of Birth: 25/06/1962	Type of Informant: Driver		
Race: Others			Language: English		
Occupation: Business development manager			Driving Licence Information: Class: 3A Date of Expiry: 25/07/2028		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	25/09/2024 13:30	T-Junction
Location:				
OLD CHO A CHU KANG ROAD				
Weather:		Road Surface:		
Clear		Wet		
Traffic Flow:		Traffic Control:		Traffic Volume:
Two Way		Traffic Light - Working		Light
Type of Collision:				Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Rear				No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
21418MID	Lorry					0
SLE1332S	Motor car	TOYOTA	HARRIER PREMIUM 2.0 A	White	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20240925/2076

Police Station Of Origin:
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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 4

Report No. T/20240925 2076

CONTINUATION OF REPORT

Driver			
Name	DHASARATHA RAMAN SHIYAM		ID No. T0275111E
Related Vehicle	21418MID (Lorry)		Contact No. NIL
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	GASSON MARK		ID No. G3287881X
Related Vehicle	SLE1332S (Motor car)		Contact No. 96771154
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3A Date of Expiry: 25/07/2028
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

Brief Details.

On 25/09/2024 at about 1.29pm, I was driving my car (Reg Plate: SLE1332S), travelling along Old Choa Chu Kang Road (towards Sungei Tengah Road). During which, I was doing so on the left lane of the 2-lane road. At that point in time, the rain just stopped and the road surface was wet. The traffic was light.

Ahead of me, there was a military lorry (Reg Plate: 21418MID) which later moved from the left to the right lane. The lorry and my car later pulled up side by side at the traffic junction where we stopped as the traffic light was red and was not in our favor. By then, both lanes were for turning right only. I stayed in the left lane as I was intending to enter KJE.

Shortly after, the traffic light turned green, and I proceeded to drive off. As I was performing the right turn, in my peripheral vision of my side mirror, I noticed the lorry swinging wide. I then felt an impact on the right offset rear of my car. Thus, I immediately pulled to a safe spot at the side of the road and the lorry pulled up behind my car.

Both the driver, LCP Dhasaratha Raman Shiyam, and I alighted from our respective vehicles. The driver and his 2 passengers were not observed to have any visible injuries on him, nor did they complain of any pain. I also did not sustain any injuries. We went on to take photos of the accident scene and damages before exchanging details. To add on, LCP Dhasaratha Raman Shiyam apologized and explained that procedure requires him to stay in the left lane and he had made a mistake.

Approximately about 45 minutes later, his superiors arrived and apologized for the accident.



SINGAPORE
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T/20240925/2076

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3 of 4

Report No. T/20240925 2076

CONTINUATION OF REPORT

They ensured that I was not injured before informing that I was allowed to leave.

The damage on my car is on the rear right portion where there were serious dents with the bumper slightly dislodged. I have an in-car camera installed which captured the accident.

**SINGAPORE
POLICE FORCE**

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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20240925/2076

4 of 4

Report No. T/20240925 2076

CONTINUATION OF REPORT

Signature of Officer Recording The
F /

SR STAFF SGT MUHAMMAD
FAHMY BIN RAZALI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIA /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

NP168

Signature Of Informant:

Date/Time:

25/09/2024 20:20

Classification Of Case: