

## 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 17:56 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	04/09/2024 10:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	HOLLAND ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBM1073R
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	YINSON MOBILITY PTE. LTD
Company Reg No .....	0727E
Email Address .....	
Mobile Phone No .....	-
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Dongfeng
Model .....	EC31
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 .....	Commercial vehicle
Transmission .....	Auto
CC .....	0
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 .....	5127671475-02

#### DRIVER

Name of Driver .....	SAHAYADASS S/O PITCHAY MUTHU
NRIC No .....	
Date Of Birth .....	
Occupation .....	Outdoor
Driving Pass Date .....	31/07/1991
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	33 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	
Alt. Phone Number .....	-
Email Address .....	
Address .....	
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 .....	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 .....	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

REFER TO POLICE REPORT.

#### 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 .....	SMB110B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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 .....	SAHAYADASS S/O PITCHAY MUTHU
Gender .....	Male
Phone No .....	
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SHOULDER TO MY ELBOW PAIN AND LOWER BACK PAIN
Injured person in which vehicle? .....	-
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

Describe Circumstance of the Accident

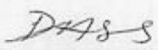
Refer To Police Report.

Declaration

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

  
 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****IMPORTANT NOTICE**

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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.

*Enice*

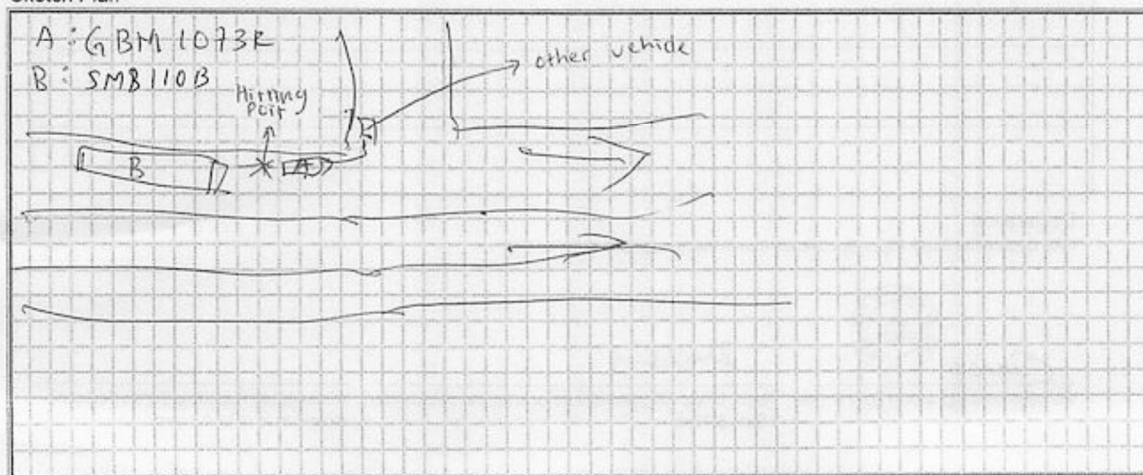


Policyholder's Signature / Date & Time

*Mass*

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**

vJun2022

1













































**SINGAPORE  
POLICE FORCE**



T/20240904/7113

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

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Report No. T/20240904/7113

CONTINUATION OF REPORT

Driver			
Name	Sahayadass S/o Pitchay muthu		ID No. [REDACTED]
Related Vehicle	GBM1073R (Lorry)		Contact No. [REDACTED]
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	04/09/2024	Date Discharge	04/09/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

**Brief Details.**

At about 10:58am, I was travelling on the left lane of Holland Road. Just before East Sussex Road, a car turned left at East Sussex lane. While turning, he slowed down even more. Upon seeing that I had enough time to safely brake as I was within a safe distance. There was no contact between me and the car that turned left. However at that very moment, a public transport bus (SMB 110B), hit me from behind. After the collision, my vehicle was pushed forward by itself for the length of East Sussex lane upon impact. I stopped my vehicle and came down immediately. Immediately I realized that I had suffered injuries to my right shoulder, back of my head, lower back and my left calf. I called my son, Benjamin S/o Sahayadass and he advised to call the ambulance immediately as I was losing my ability to be mobile. In between all of this, I managed to take down the driver's particulars and pictures of the vehicles. Thereafter, the ambulance and police on site did the necessary. I was brought to NUH accident and emergency. Also, I have tried several times to upload the pictures of the vehicles and driver particulars on this portal but the site doesn't allow me to. I have the details on me if needed anytime.



**SINGAPORE  
POLICE FORCE**



T/20240904/7113

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

1 of 3

Report No. T/20240904/7113

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/09/2024 21:53		Vide Report No.: D/20240904/0057		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Sahayadass S/o Pitchay muthu			Address:		
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver		
Race:			Language: English		
Occupation: Other car and light goods vehicle drivers			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/09/2024 10:55	Type of Location: Straight Road
Location:  EAST SUSSEX LANE				
Weather: Raining		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBM1073R	Lorry					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20240904/7113

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

3 of 3

Report No. T/20240904/7113

## CONTINUATION OF REPORT

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:  
04/09/2024 21:53

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD RAIMIE BIN ABDUL KARIM  
Contact No.: 65476246

Classification Of Case:

NP168