

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	15/10/2024 17:23 (SGT)
Reported by	Actual Driver
Date of Accident	14/10/2024 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CENTRAL EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1927D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CLASSIC POOLS SERVICES PTE. LTD.
Company Reg No	201438101H
Email Address	classicpools@singnet.com.sg
Mobile Phone No	(Phone) +65-94525401
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500 6MT
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	2497
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00009692406

DRIVER

Name of Driver	RAJENDRAN VEERAKUMAR
Passport No/FIN	M3289588X
Date Of Birth	21/07/1993
Occupation	Outdoor
Driving Pass Date	27/06/2024
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91779605
Alt. Phone Number	-
Email Address	classicpools@singnet.com.sg
Address	PPT LODGE 9 SELETAR NORTH LINK
Address complement	-
Postcode	797601
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
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	-

PASSENGER 1

Name	V.TAMILMANI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SAME AS SKETCH

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 GBH9551B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver IVAN LIM ZHIWEI
 NRIC No S9439947E
 Contact Number (Phone) +65-98179794
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBD9119M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver BAKKAR ABU
 Passport No/FIN G6623495P
 Contact Number (Phone) +65-81740149
 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 IVAN LIM ZHIWEI
 Gender Male
 Phone No (Phone) +65-98179794
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBH9551B
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

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
15/10/24

R. Raveendran Raveendran

Actual Driver's Signature (if driver is not the policyholder) / Date & Time
15/10/2024



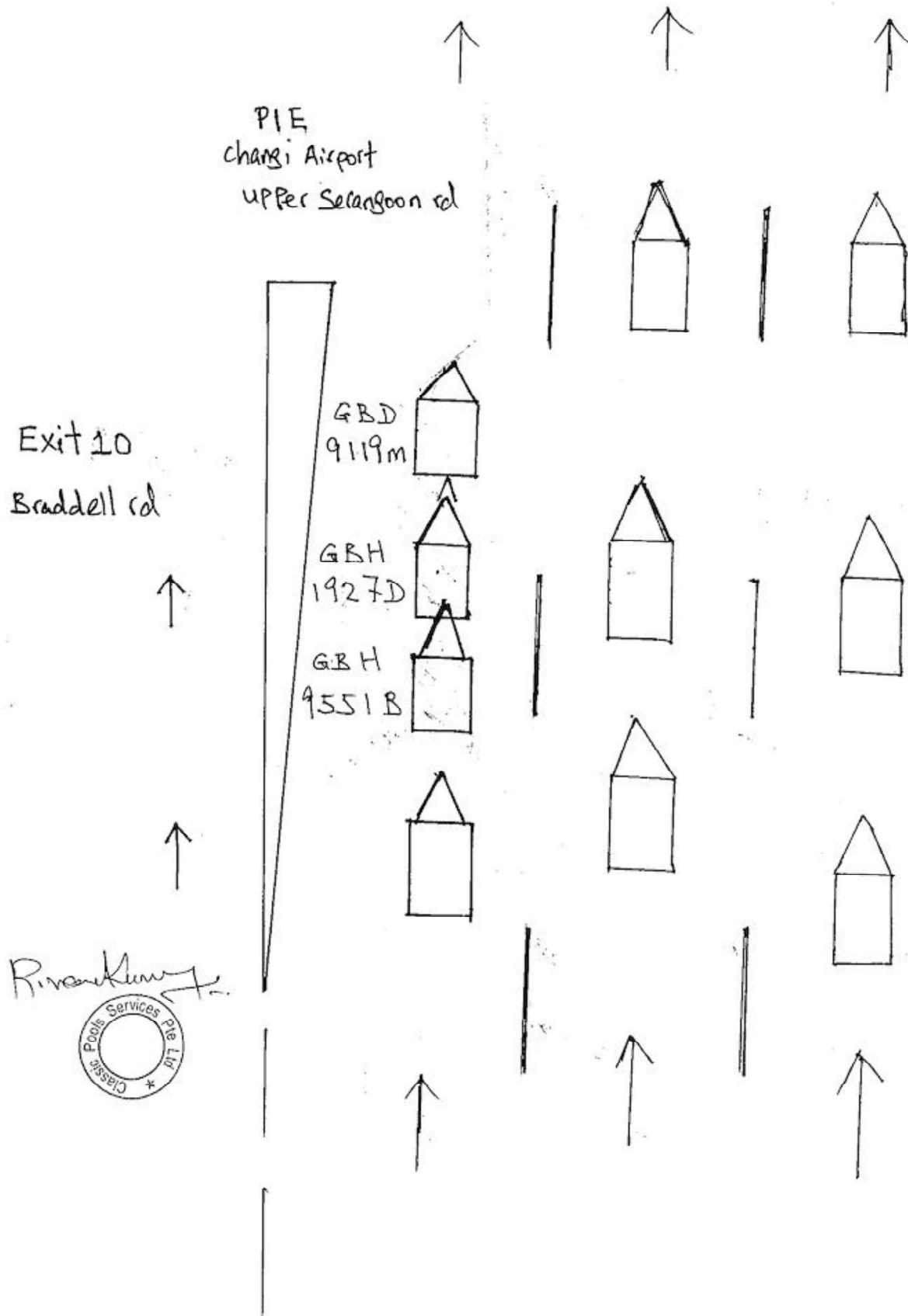
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Refer to the attached

vJun2022

1



Describe Circumstance of the Accident

Refer to police report attached.

Third party claims at our workshop (SLP Motoring Services).

NO accident video

Declaration

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



R. Venekumar
 Policyholder's Signature / Date & Time
 16/10/24

R. Venekumar
 Actual Driver's Signature (if driver is not the policyholder)
 / Date & Time
 15/10/2024



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

On 14.10.2024 around 1.30pm. I Rajendan Veerakumar driving my lorry GBH1927D at PIE Changi Airport/Upper Serangoon Road at about 50km, it was a rain day, in front vehicles van GBD 9119 M stopped. I stopped too. Suddenly behind vehicle van GBH 9551 B hit onto my lorry back portion, due to the impact push my lorry (GBH 1927 D) move forward to hit the front van GBD 9119 M back portion. It was a chain collision accident.

R. Veerakumar

A circular stamp with the text "Classic Pods Services Pte Ltd." around the perimeter and a small star at the bottom.

passenger name : V. Tamilmani























**SINGAPORE
POLICE FORCE**



T/20241015/2040

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20241015/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2024 14:49		Vide Report No.: F/20241014/0085		Station Diary No.: 50
Informant's Particulars				
Name of Informant: RAJENDRAN VEERAKUMAR		Address: PPT Lodge 9 SELETAR NORTH LINK SINGAPORE 797601		
ID Type / ID No.: FIN NO / M3289588X		Contact No.: Home/Office: 94525401 Mobile: 86197375		
Nationality: INDIAN		Email:		
Sex: Male	Age: 31	Date of Birth: 21/07/1993	Type of Informant: Driver	
Race: Indian		Language:		
Occupation: DRIVER CUM WORKER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/10/2024 13:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Raining		Road Surface: Wet		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving vehicle chain collision - 3 vehicles				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBD9119M						0
GBH1927D			K2500 6MT			1
GBH9551B						0



**SINGAPORE
POLICE FORCE**



T/20241015/2040

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20241015/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BAKKAR ABU	ID No.	G6623495P
Related Vehicle	GBD9119M	Contact No.	81740149
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	RAJENDRAN VEERAKUMAR	ID No.	M3289588X
Related Vehicle	GBH1927D	Contact No.	94525401
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	IVAN LIM ZHIWEI	ID No.	S9439947E
Related Vehicle	GBH9551B	Contact No.	98179794
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 14/10/2024 at about 1330hrs, I was driving my company's lorry bearing registration number: GBH 1927D along Central Expressway (CTE) heading towards Ayer Rajah Expressway (AYE) I was driving on the last lane, away from the centre divider.

While driving, I saw a van (GBD 9119M) applied brake. As such, I applied my brake. Out of a sudden, I felt impact from the rear of my lorry. My lorry was then lunged forward and hit the van in front of me. I then alighted from my lorry and noticed that a van (GBH 9551B) had hit onto the rear of my lorry.



**SINGAPORE
POLICE FORCE**



T/20241015/2040

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20241015/2040

CONTINUATION OF REPORT

Shortly later, Traffic Police and ambulance came. I wish to state that both my passenger and I were not injured. The driver of van (GBH 9551B) was subsequently conveyed by ambulance. Due to the collision, the front and rear portion of my lorry sustained multiple scratches and dents. My lorry is not installed with in-car camera.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20241015/2040

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Report No. T/20241015/2040

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SI NORHIDAHYAH BINTE
AHMAD

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD RAIMIE BIN ABDUL
KARIM
Contact No.: 65476246

Signature Of Informant:

Date/Time:
15/10/2024 14:49

Classification Of Case:

NP168



Classic Pools Services Pte Ltd

Blk 5, Ang Mo Kio Industrials Park 2A, #06-35, Singapore 567760

Tel: (65) 6754 8598 Fax: (65) 6754 5210

Email: kellysun@singnet.com.sg

Reg No: 201438101H

LETTER OF AUTHORISATION

CLASSIC POOLS SERVICES PTE LTD/ UEN NO: 201438101H, owner of the vehicle with plate number GBH1927D. hereby acknowledge and authorize **RAJENDRAN VEERAKUMAR**, holder of NRIC ID 0 39161788, to report the accident.

I declare that the above information is true and accurate.

(Name / Signature of Applicant)

(Date)

15/10/2024

Chiang Kin Seng
HP: 9452 5401



