

## 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 .....	11/10/2024 16:49 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	11/10/2024 10:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PAN-ISLAND EXPRESSWAY
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	XD2810K
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	F&L CONSTRUCTION WASTE & RECYCLING PTE. LTD.
Company Reg No .....	201837479G
Email Address .....	WASTE.RECYCLE@FLR.SG
Mobile Phone No .....	(Phone) +65-94465202
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Fv51j
Variant .....	FV51JKM4RDEA
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 .....	Manual
CC .....	12882
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	FV51JKA00035
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	Z24VC05022370

#### DRIVER

Name of Driver .....	THANEERMALAI SIVAGNANAM
Passport No/FIN .....	G6906065Q
Date Of Birth .....	27/05/1991
Occupation .....	Outdoor
Driving Pass Date .....	24/05/2021
Driving License Pass Class .....	4
Driving License Validity .....	Valid
Driving experience .....	3 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94607075
Alt. Phone Number .....	-
Email Address .....	GUGANNANDHINI2022@GMAIL.COM
Address .....	BLK undefined undefined undefined-undefined undefined undefined undefined
Address complement .....	-
Postcode .....	-
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 .....	Collision - Head to Rear
Weather Conditions .....	Raining
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 .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### 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 .....	SDT9338P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAY CHYE SOON DENNIS
NRIC No .....	S1614720F
Contact Number .....	(Phone) +65-83881226
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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**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

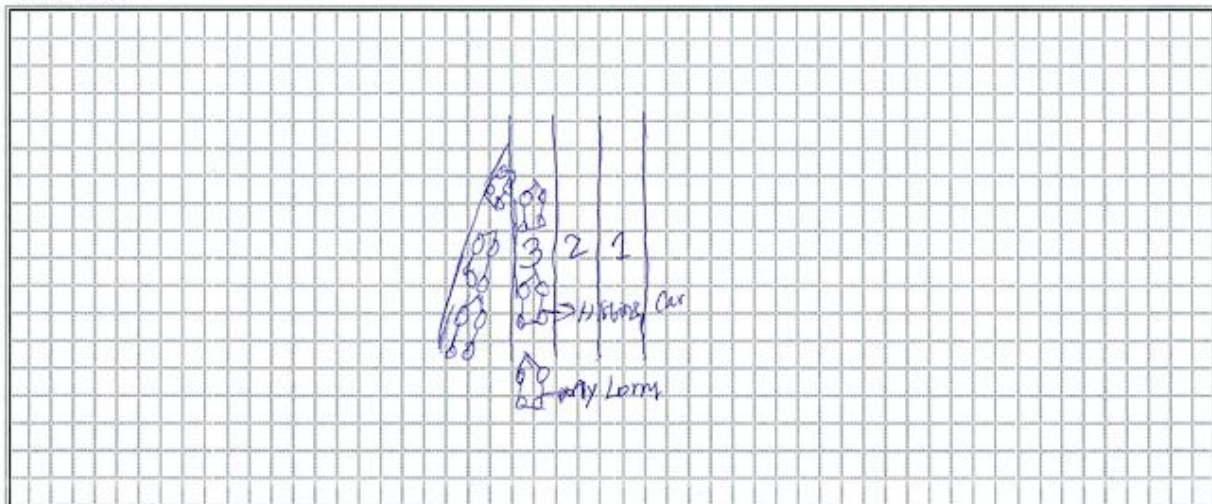
*[Signature]*

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	
VEHICLE NO: X'D2810K	ACCIDENT DATE & TIME: @ 11/10/24 10:30am
CONTACT NUMBER: 94465202	E-MAIL: GUGAANNANDHINI2022@gmail.com
LOCATION: PAN-18LAND EXPRESSWAY	
<p>Refers Police Report</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
PLEASE STATE:	<input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY

## Declaration

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



Policyholder's Signature / Date & Time

*Sign*

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



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

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**SINGAPORE  
POLICE FORCE**



T/20241011/2047

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20241011/2047

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/10/2024 15:02		Vide Report No.: J/20241011/0054		Station Diary No.: 105
<b>Informant's Particulars</b>				
Name of Informant: THANEERMALAI SIVAGNANAM		Address: APT BLK 32 TUAS AVENUE 11 SINGAPORE 639109		
ID Type / ID No.: FIN NO / G6906065Q		Contact No.: Home/Office: Mobile: 94607075		
Nationality: INDIAN		Email: GUGANNANDHINI2022@GMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 27/05/1991	Type of Informant: Driver	
Race: Indian		Language: English		
Occupation: CONSTRUCTION WORKER / LORRY DRIVER		Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/10/2024 10:30	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SDT9338P	Motor car			Grey	Slightly Damaged	3
XD2810K	Lorry			White	Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



T/20241011/2047



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Report No. T/20241011/2047

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAY CHYE SOON DENNIS		ID No. S1614720F
Related Vehicle	SDT9338P (Motor car)		Contact No. 83881226
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
<b>Driver</b>			
Name	THANEERMALAI SIVAGNANAM		ID No. G6906065Q
Related Vehicle	XD2810K (Lorry)		Contact No. 94607075
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 11/10/2024 at about 1030hrs, I was driving my company (F&L Construction Waste & Recycling Pte Ltd) lorry XD2810K from Tuas to Teck Chye Terrace. It was raining at that time and there was heavy traffic on the road.

I was travelling on the Pan Island Expressway (PIE) near Toh Guan Exit on the third lane (most left). There were cars in front of me and I was travelling at about 50km/h. As there was a merging lane on my left, a car merged in front of the vehicle that was in front of me (SDT9338P). The car then applied his brakes.

I immediately applied my brakes to my vehicle as well. However, due to the rain and slippery roads, my lorry did not stop and skidded slightly on the road, causing a collision to the car in front of me. We both stopped our vehicles and got down to check.

Subsequently, Traffic Police and paramedics attended to us. I am not injured from this incident, but I am unsure if anyone was conveyed to the hospital. My lorry has damages on the bottom front bumper and dents, while SDT9338P has multiple cracks and dents on his rear boot and cracked windscreen.

Traffic police seized One 64GB Sandisk High Endurance Micro V30 card from my vehicle and I was issued with an acknowledgement slip, vide J/20241011/0054.

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T/20241011/2047**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



T/20241011/2047

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Report No. T/20241011/2047

## CONTINUATION OF REPORT

Signature of Officer Recording The  
J/  
SGT 2 LIM ZHI QI, SARAH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI YEO HOE HUAT, TONY  
Contact No.: 97393866

NP168

Signature Of Informant:

Date/Time:  
11/10/2024 15:02

Classification Of Case: