

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	07/06/2024 17:57 (SGT)
Reported by	Actual Driver
Date of Accident	06/06/2024 17:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5428L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	POWER-J TRADING PTE LTD
Company Reg No	1XXXXX913E
Email Address	sales@powerj.com.sg
Mobile Phone No	(Phone) +65-96200475
Alternative Phone No	(Office) +65-68518484

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	CANTER FEB21ER4SDEB (CBU)
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	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5096642880-06

DRIVER

Name of Driver	BALAIYAN PRABAKARAN
Passport No/FIN	GXXXXX878Q
Date Of Birth	17/07/1992
Occupation	Outdoor

Driving Pass Date	16/03/2023
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96123357
Alt. Phone Number	-
Email Address	sales@powerj.com.sg
Address	C/O POWER-J TRADING PTE LTD
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 - Change/cross lane
Weather Conditions	Cloudy
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?	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	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 ATTACHED.

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	SD CARD WITH TRAFFIC POLICE.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBS5068Z
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	AMIN BIN AMAT
NRIC No	SXXXX481E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AMIN BIN AMAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION ON LEFT FOREARM.
Injured person in which vehicle?	FBS5068Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

VEH NO. YP5428L
INSURER: Income
DATE OF ACC: 6/6/24 @ 17:20

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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.

Power-J Trading Pte Ltd

Blk 1 Yishun St 23 YS-ONE
#01-11/12/13 Singapore 768441
Tel: 6851 8484 Fax: 6851 7359
Email: sales@powerj.com.sg
Policyholder's Signature / Date & Time

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

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

Sketch Plan

PLEASE
TURN
OVER

Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy (☒) Claim Third party () Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan

A: YP5428L (Alone)

B: FB55068Z (Alone)

Amin Bin Amat

S1374481E

Refer to Police Report No: T/20240606/2079

Declaration

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

Power-J Trading Pte Ltd
 Blk 1 Yishun St 23 YS-ONE
 #01-11/12/13 Singapore 768441
 Tel: 6851 8484 Fax: 6851 7359
 Email: sales@powerj.com.sg

Policyholder's Signature / Date & Time

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

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

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**SINGAPORE
POLICE FORCE**


T/20240606/2079

1 of 3

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

Report No. T/20240606/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2024 21:50	Vide Report No.: F/20240606/0147	Station Diary No.: 79
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Informant's Particulars

Name of Informant: BALAIYAN PRABAKARAN			Address: 631 ANG MO KIO AVENUE 4 #09-928 SINGAPORE 560631		
ID Type / ID No.: FIN NO / G2755878Q			Contact No.: Home/Office: Mobile: 96123357		
Nationality:			Email:		
Sex: Male	Age: 31	Date of Birth: 17/07/1992	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: Delivery man using motorised personal mobility aids/devices			Driving Licence Information: Class: 3 Date of Expiry: 16/03/2028		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/06/2024 17:20	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Lamp Post Number: 746				
Weather: Cloudy		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
FBS5068Z	Motorcycle				Slightly Damaged	0
YP5428L	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240606/2079

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Report No. T/20240606/2079

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

CONTINUATION OF REPORT

Driver			
Name	AMIN BIN AMAT		ID No. S1374481E
Related Vehicle	FBS5068Z (Motorcycle)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	BALAIYAN PRABAKARAN		ID No. G2755878Q
Related Vehicle	YP5428L (Lorry)		Contact No. 96123357
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: 16/03/2028
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 06/06/2024 at around 1720hrs, I was driving my vehicle bearing registration number YP5428L along Tampines Expressway on the fourth lane. As lanes 1, 2, and 3 were closed, I drove on lane 4.

Subsequently, a motorcycle bearing vehicle number FBS5068Z rode into my lane which resulted me to execute an emergency brake. My vehicle could not stop in time and the front right of my vehicle collided onto the left side of his motorcycle.

The rider fell off his motorcycle and slid across the road which caused an abrasion on his left forearm. He was then conveyed via ambulance.

I do not know the cost of damages of my vehicle nor the involved party's vehicle.

Traffic police attended to the scene and seized my dashcam footage, reference to F/20240606/0147.

I am making this report for record purposes.

**SINGAPORE
POLICE FORCE**

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



T/20240606/2079

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Report No. T/20240606/2079

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SCCPL MUHAMMAD HADI BIN
MUHAMMAD ROSTAM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT MUHAMMAD NORSIDDIQ BIN
IBRAHIM
Contact No.: 65476138

Signature Of Informant:

Date/Time:
06/06/2024 21:50

Classification Of Case:

NP168



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: F/20240606/0147

I, RSS TIGOR RABE
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One micro SD card 32GB Samsung (white/red)
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from 62755878Q Balisun Prabakaran MP: 96127753
(Name, NRIC or Passport No. / Rank and No.)
of CO: Power-J Trading Pte Ltd 151st St 23 #01-13
(Address / Police Station / NPC / NPP)
on 06/06/2024 at 1828 5768441
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

B. Ravi
(Signature)
62755878Q Balisun
(Name, NRIC or Passport No. / Rank and No.)

Received by:

RSS RABE
(Signature)
RSS RABE
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: - To Siddy: 6547 6138
- lodge traffic accident report
- SP5428L white Mitsubishi lorry