

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	07/11/2024 12:57 (SGT)
Reported by	Actual Driver
Date of Accident	06/11/2024 08:50 (SGT)
Exact Location of Accident	Punggol West Flyover, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK6482X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SRTEC PRIVATE LIMITED
Company Reg No	2XXXXX627E
Email Address	SRTEC.SG@GMAIL.COM
Mobile Phone No	(Phone) +65-62730116
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	L200
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	2477
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	5147571207

DRIVER

Name of Driver	MANICKAM BALAMURUGAN
Passport No/FIN	FXXXX196X
Date Of Birth	10/01/1972
Occupation	Outdoor
Driving Pass Date	09/02/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83572416
Alt. Phone Number	-
Email Address	SRTEC.SG@GMAIL.COM
Address	15 YISHUN IND ST 1
Address complement	#02-27
Postcode	768091
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	Hit and run / Vandalism / Damaged whilst parked
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)	3
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	LUCAS
Gender	Male

PASSENGER 2

Name	DURAI
Gender	Male

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 ATTACH

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 PD2329D
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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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 Insurers) 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.
- (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.

Srtec Private Limited

UEN : 201103627E

51 Changi Business Park Central 2

#04-05 The Signature

Singapore 486066

Tel: 6273 0116

Fax : 6741 4182



[Handwritten Signature]

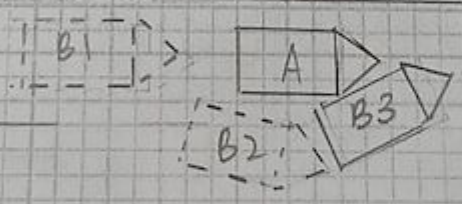
Driver's Signature (if driver is not the policyholder) / Date & Time

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

A: BBK6480X

B: PD2329D

PUNGGOL WEST FLYOVER TOWARDS PIE



Circumstance of the Accident

To refer to police report no. T/20241106/7047

Declaration

We declare the foregoing particulars are true in every respect.

Srtec Private Limited

UEN : 201103627E

51 Changi Business Park Central 2

#04-05 The Signature

Singapore 489058

Tel: 6273 0116

Fax : 6741 4182

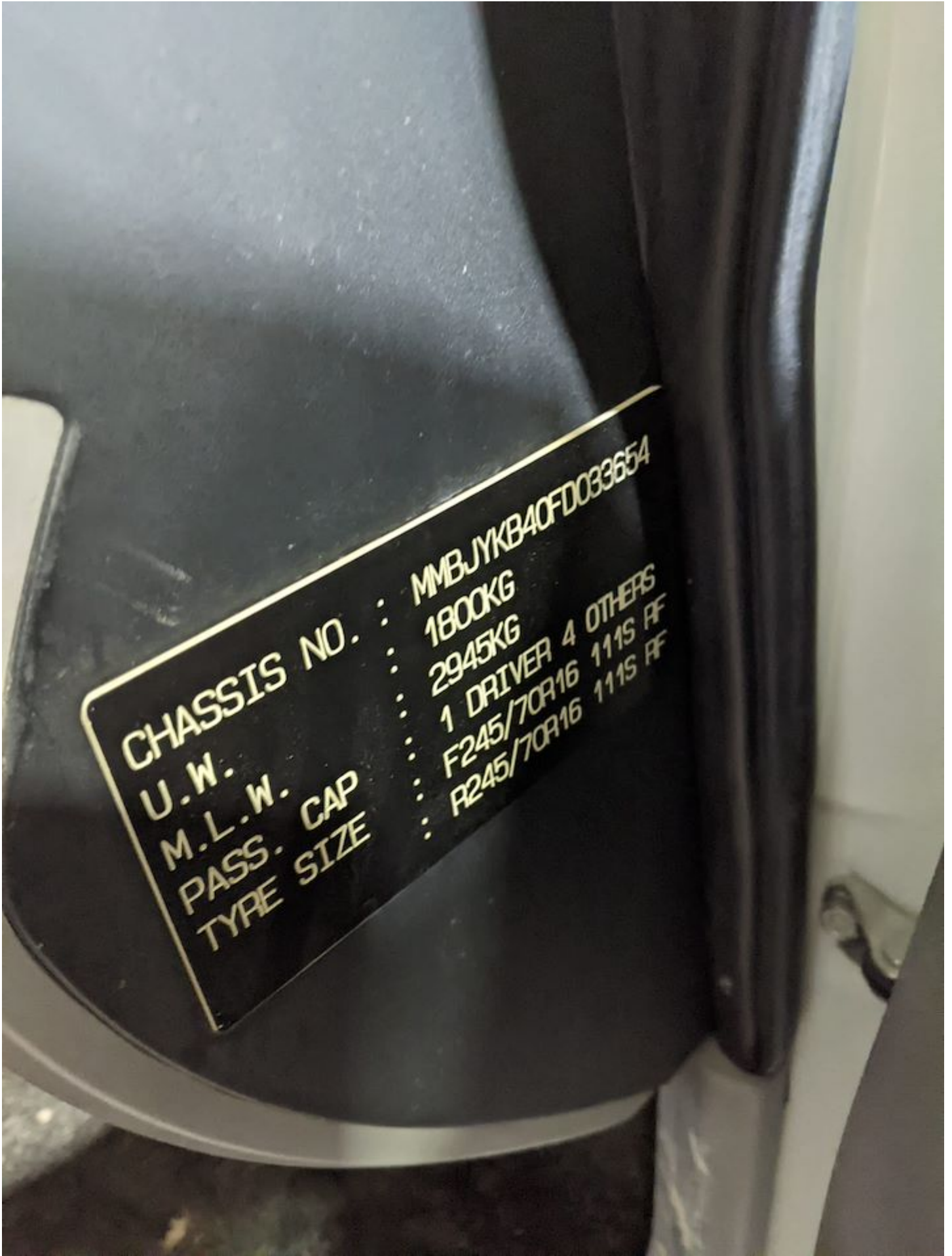


[Handwritten Signature]

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

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




















**SINGAPORE
POLICE FORCE**

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



T/20241106/7047

1 of 3

Report No. T/20241106/7047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
06/11/2024 14:57

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant: Manickam Balamurugan			Address: #02-27 15 yishun industrial street 1, #02-27 win 5 SINGAPORE 768091		
ID Type / ID No.: FIN NO / F7839196X			Contact No.: Home/Office: Mobile: 83572416		
Nationality: INDIAN			Email: b_manickam@yahoo.com		
Sex: Male	Age: 52	Date of Birth: 10/01/1972	Type of Informant: NA		
Race: Indian			Language: English		
Occupation: Civil engineering/Building construction labourer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	No	Date/Time of Accident:	06/11/2024 08:50	Type of Location:	Y-Junction
Location: PUNGGOL PLACE							
Weather: Heavy rain		Road Surface: Wet					
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled			Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Side						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK6482X	Pick-up	MITSUBISHI	DOUBLE CAP PICK UP	White	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
GBK6482X	NTUC Income Insurance Co-Operative Limited	5147571207	31/07/2024	30/07/2025

SINGAPORE POLICE FORCE

Report No. T/20241106/7047
2 of 3
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Station Of Origin:

T/20241106/7047

T/20241106/7047

3 of 3

Report No. T/20241106/7047

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: 06/11/2024 14:57
Officer In Charge Of Case: TP / HRT / NUR HAFIZAH BINTE NORIZAN Contact No.: 96189347	Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**

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



T/20241108/7047

2 of 3

Report No. T/20241108/7047

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
NA			
Name	Manickam Balamurugan	ID No.	F7839196X
Related Vehicle	NIL	Contact No.	83572416
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

This morning, I drove towards to PIE to Changi. While driving my vehicle stop with indication for change other lane (heavy raining and traffic chamed). During this time behind white color Car Transfer Big Van is a large carriage vehicle van Vehicle number PD2329D over fast and had over taken. So, hit my vehicle and have not stopped, fast disappeared. Also, I could not identified due to heavy rain.

This is for your kind information