

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	14/11/2024 12:14 (SGT)
Reported by	Actual Driver
Date of Accident	14/11/2024 01:05 (SGT)
Exact Location of Accident	Woodlands Park Connector (SLE), Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD2350X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LEY CHOON CONSTRUCTIONS AND ENGINEERING PTE LTD
Company Reg No	199004441H
Email Address	YAKAU@LEYCHOON.COM
Mobile Phone No	(Phone) +65-98163908
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FV51JJD4RDEA
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	Auto
CC	169
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	5114236480-04

DRIVER

Name of Driver	SELVARAJ SUBBAIYA
Passport No/FIN	F7748903R
Date Of Birth	15/04/1972
Occupation	Outdoor
Driving Pass Date	23/09/2015
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93550892
Alt. Phone Number	-
Email Address	YAKAU@LEYCHOON.COM
Address	3 SUNGEI DRIVE
Address complement	-
Postcode	729556
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	Collided into Parked Vehicle
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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
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	SNS1972Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JAILANI BIN ABDUL LATIFF
NRIC No	S0059729E
Contact Number	(Phone) +65-97374511
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

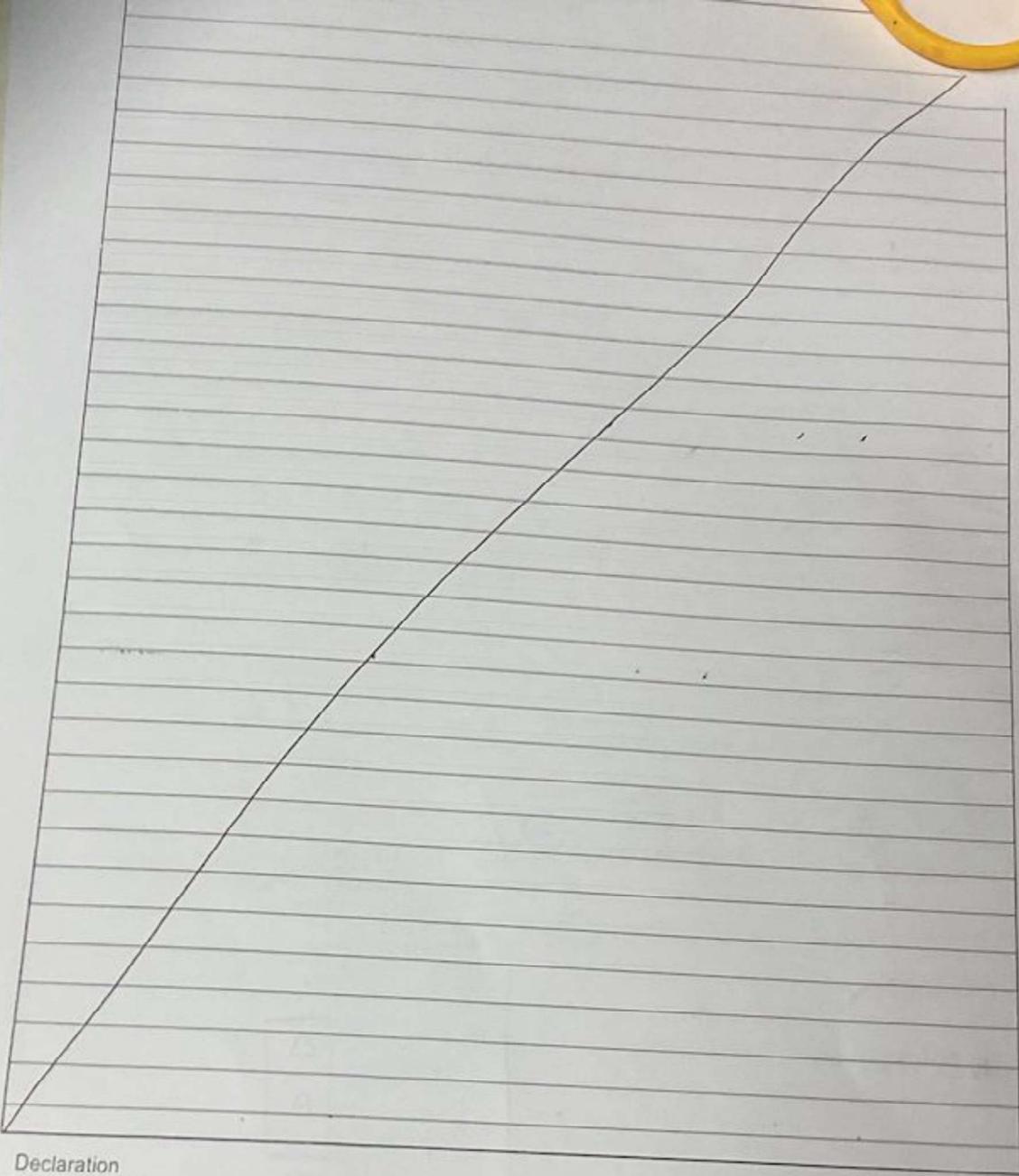
PASSENGER 1

Name	TAN CHOON KIAT
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN CHOON KIAT
Gender	-
Phone No	(Phone) +65-94598260
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNS1972Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes



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


Policyholder's Signature / Date & Time

14/11/2024 / 11:30 AM
Driver's Signature (if driver is not the policyholder) / Date & Time


MUHAMMAD ZAKI BIN SUPIAN
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

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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.

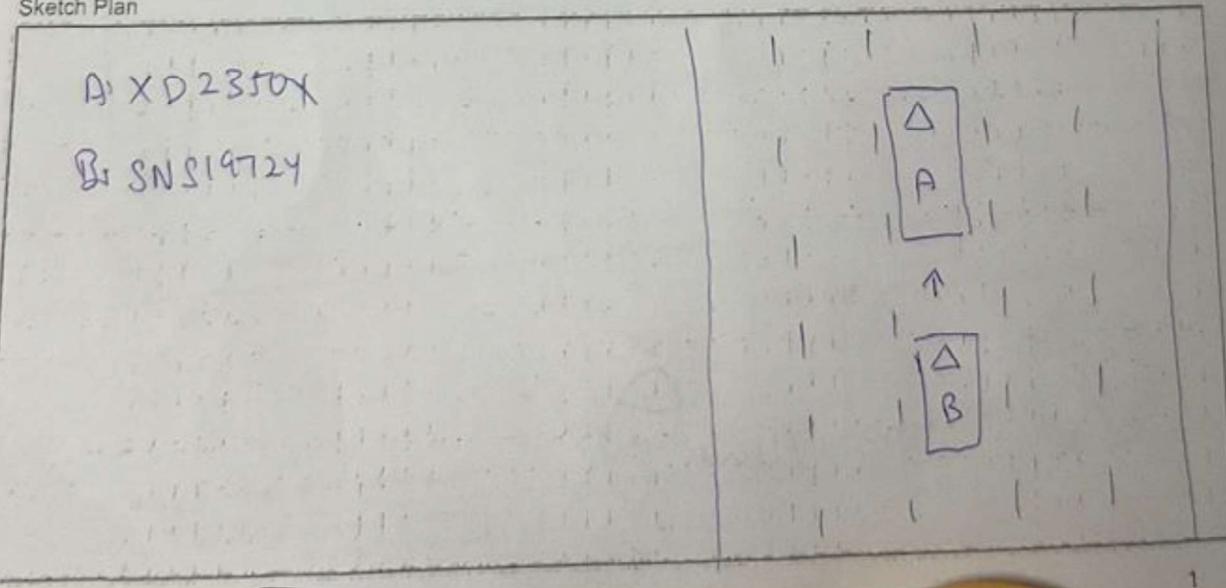


Policyholder's Signature, Date & Time

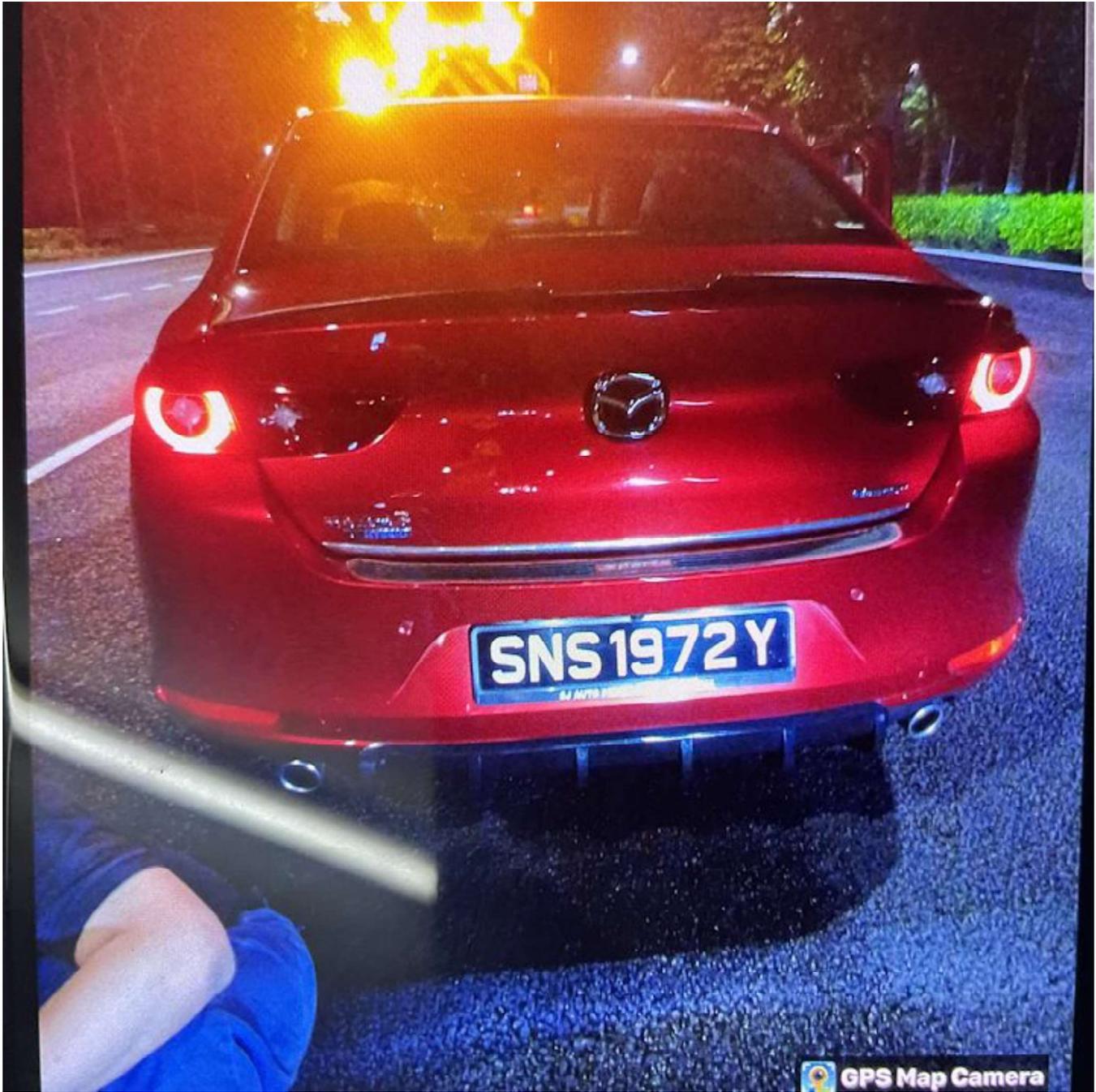
Driver's Signature (if driver is not the policyholder) / Date & Time

MUHAMMAD ZAKI BIN SUPRIAW
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan


























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



T/20241114/2022

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Report No. T/20241114/2022

REPORT OF A TRAFFIC ACCIDENT

 Date/Time Report Made:
14/11/2024 11:26

Vide Report No.:

 Station Diary No.:
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Informant's Particulars

 Name of Informant:
SELVARAJ SUBBAIYA

 Address:
APT BLK 3 Sungei Kadut Drive #03-301 SINGAPORE 729556

 ID Type / ID No.:
FIN NO / F7748903R

 Contact No.:
Home/Office:

Mobile: 93550892

 Nationality:
INDIAN

 Email:
ssubbaiya@gmail.com

Sex: Male Age: 52 Date of Birth: 15/04/1972

 Type of Informant:
Driver

 Race:
Indian

Language:

 Occupation:
Heavy Vehicle Driver

 Driving Licence Information:
Class: 3,4

Date of Expiry: 01/12/2028

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/11/2024 01:05	Type of Location: Flyover
Location: TAMPINES EXPRESSWAY				
Lamp Post Number: 144				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SNS1972Y	Car Transporter				Seriously Damaged	1
XD2350X	Tipper/truck				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



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Report No. T/20241114/2022

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

CONTINUATION OF REPORT

Driver			
Name	SELVARAJ SUBBAIYA	ID No.	F7748903R
Related Vehicle	NIL	Contact No.	93550892
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: 01/12/2028
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	TAN CHOON KIAT	ID No.	NIL
Related Vehicle	NIL	Contact No.	94598260
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	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	JAILANI BIN ABDUL LATIFF	ID No.	S0059729E
Related Vehicle	NIL	Contact No.	97374511
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 14/11/2024 at about 0050hrs, I was driving my company truck: XD2350X. I was stationary on worksite at SLE CTE LP144 when a GrabCar Mazda red vehicle: SNS1972Y suddenly collided onto my truck from the rear. TP and police attended the scene and issued case card (Report no: L/20241114/0010). Ambulance was activated to scene and passenger of GrabCar vehicle was conveyed to Sengkang General Hospital. Passenger sustained bruise on the left side of his forehead. I was advised by the Traffic Police to lodge a Police Report, and I am lodging this report for my record and insurance purpose.

Details of my manager below:

Name: Zaran

Company Name: Ley Choon Constructions and Engineering Pte Ltd



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1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



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Report No. T/20241114/2022

CONTINUATION OF REPORT

Contact no: 98163908
Email address: yakau@leychoon.com



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



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Report No. T/20241114/2022

CONTINUATION OF REPORT

Signature of Officer Recording The
L /
SGT 2 RUBANDREN S/O VIJAN 

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:
14/11/2024 11:26

Classification Of Case:

NP168