

## 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	25/09/2024 10:02 (SGT)
Reported by	Actual Driver
Date of Accident	16/09/2024 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG POINT ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE891J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	OCTOGON LOGISTICS PTE. LTD.
Company Reg No	201505427D
Email Address	TRACY@OCTOGONLOGISTICS.COM
Mobile Phone No	(Phone) +65-85316216
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Scania
Model	P400LA4X2MSZ
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	12742
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	YS2P4X20005392368
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5117023163-04

### DRIVER

Name of Driver	PANIRSALVAM A/L ADIAPPAN
Passport No/FIN	G7423054M
Date Of Birth	22/09/1984
Occupation	Outdoor
Driving Pass Date	25/11/2015
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	8 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85316216
Alt. Phone Number	-
Email Address	TRACY@OCTOGONLOGISTICS.COM
Address	OCTOGON LOGISTICS 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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

-

#### 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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	UNKNOWN
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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

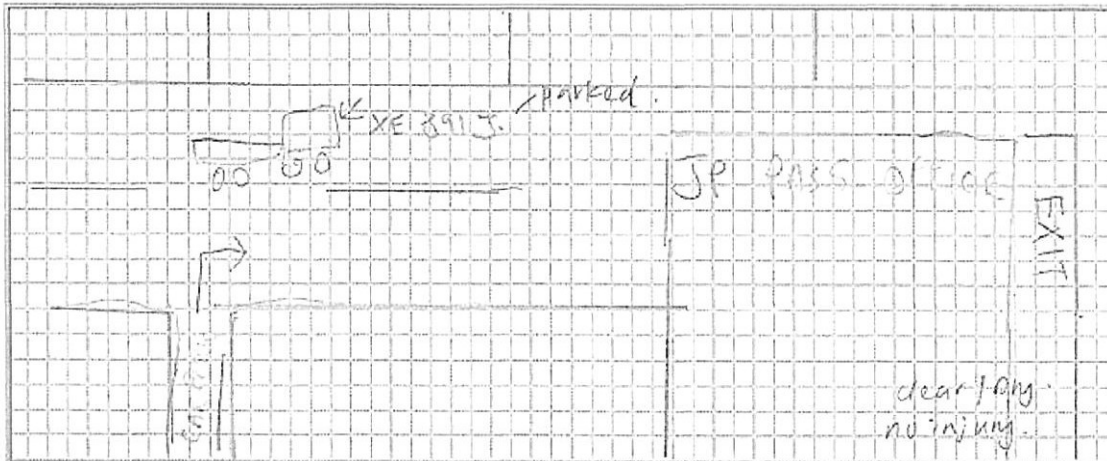
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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: XE891J	ACCIDENT DATE & TIME: 16/9/24 20:00
CONTACT NUMBER: 85316216	E-MAIL: tracy@octagonlogistics.com
LOCATION: Jurong Port Road	
<p>Please refer to police report T/20240919/2032.</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>	
<p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input checked="" type="checkbox"/> CLAIM BODY AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

**Declaration**

(We declare the foregoing particulars are true in every respect.)



Policyholder's Signature / Date & Time

*[Signature]*

25/9 8:30 AM  
Driver's Signature (if driver is not the policyholder) / Date & Time



*[Signature]*  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)


**SINGAPORE  
POLICE FORCE**


T/20240919/2032

1 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20240919/2032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/09/2024 11:45	Vide Report No.:	Station Diary No.: 53
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**Informant's Particulars**

Name of Informant: PANIRSALVAM A/L ADIAPPAN			Address: Malaysia SINGAPORE 000000		
ID Type / ID No.: FIN NO / G7423054M			Contact No.: Home/Office: Mobile: 85316216		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 39	Date of Birth: 22/09/1984	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: TRAILER TRUCK DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2024 20:00	Type of Location: Parallel parking lot
Location:  JURONG PORT ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE891J	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/20240919/2032

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20240919/2032

**CONTINUATION OF REPORT**

Driver			
Name	PANIRSALVAM A/L ADIAPPAN	ID No.	G7423054M
Related Vehicle	NIL	Contact No.	85316216
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 the above mentioned, date, time and location, I parked my vehicle bearing XE891J at a parallel parking lot. On the 17/09/2024 around 1245hours when I made a check on my vehicle, I noticed that the front bumper and the front mirror area of my vehicle was badly damaged.



**SINGAPORE  
POLICE FORCE**



T/20240919/2032

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20240919/2032

CONTINUATION OF REPORT

Signature of Officer Recording The  
A /  
SGT 2 SANJAY SILVA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
INSP (2) LOW MENG FATT  
Contact No.: 97577566

Signature Of Informant:

Date/Time:  
19/09/2024 11:45

Classification Of Case:

NP168