

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	21/11/2024 12:50 (SGT)
Reported by	Actual Driver
Date of Accident	08/11/2024 12:15 (SGT)
Exact Location of Accident	Keppel Rd Off Street (K 0108), Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ3459E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YS Storage & Office Systems Pte Ltd
Company Reg No	1XXXXX151R
Email Address	sales@ysstorage.com
Mobile Phone No	(Phone) +65-97532446
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NJR88AUE4A AMT
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	2999
Vehicle Fuel	-
First Registration Date	12/04/2021
Chassis no	JAANJR88EM7100007
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MCV24A00017401

DRIVER

Name of Driver	Swaminathan Parthiban
Passport No/FIN	GXXXX820L
Date Of Birth	02/09/1989
Occupation	Outdoor
Driving Pass Date	18/03/2020
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86472022
Alt. Phone Number	-
Email Address	sales@ysstorage.com
Address	18 Tampines Industrial Crescent
Address complement	#04-04A Space@Tampines
Postcode	528605
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 - Major/Minor Rd
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)	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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
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 PC8676S
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**IMPORTANT NOTICE**

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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)

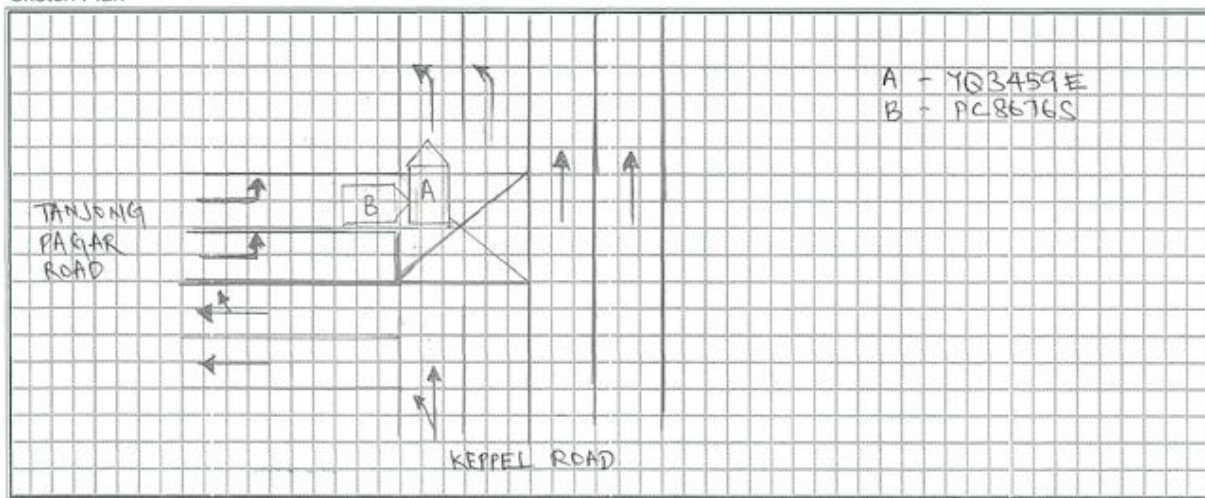
I understand, acknowledge, agree and consent that:

- (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
21/11/24 11am


Actual Driver's Signature (If driver is not the policyholder) / Date & Time
21/11/24 11am


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

Sketch Plan

vJun2022

1

Describe Circumstance of the Accident

Refer to Police Report

Declaration

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



Policyholder's Signature / Date & Time



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

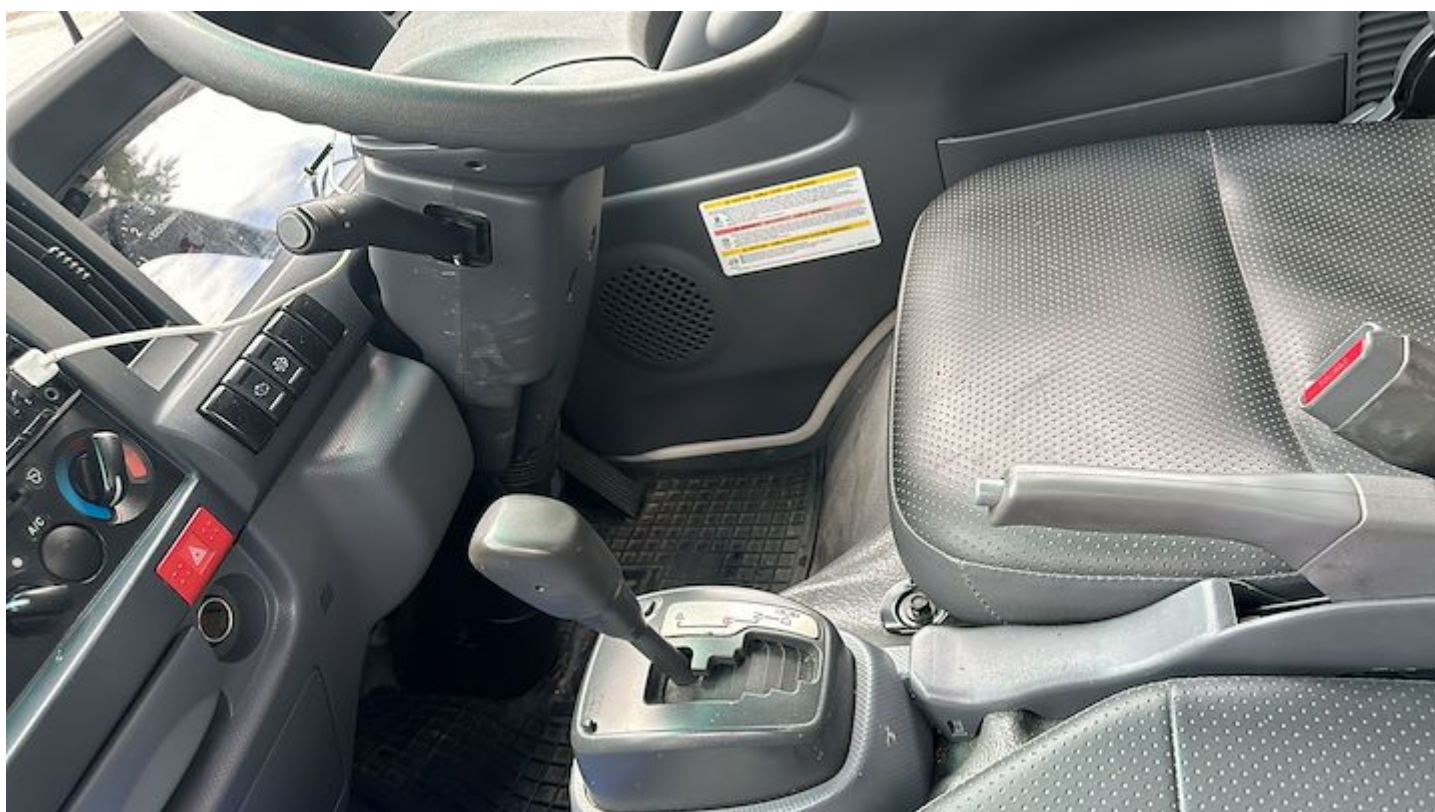
21/11/2024
11am



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



























**SINGAPORE
POLICE FORCE**



T/20241108/2077

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20241108/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2024 17:19		Vide Report No.:		Station Diary No.: 75
Informant's Particulars				
Name of Informant: SWAMINATHAN PARTHIBAN		Address: 167 BUKIT BATOK WEST AVENUE 8 #03-236 SINGAPORE 650167		
ID Type / ID No.: FIN NO / G5086820L		Contact No.: Home/Office: Mobile: 86472022		
Nationality: INDIAN		Email:		
Sex: Male	Age: 35	Date of Birth: 02/09/1989	Type of Informant: Driver	
Race: Indian		Language:		
Occupation: Lorry driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2024 12:15	Type of Location: Straight Road
Location: KEPPEL ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
PC8676S	Motor van	TOYOTA		White	Slightly Damaged	0
YQ3459E	Lorry	ISUZU		Grey	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20241108/2077

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20241108/2077

CONTINUATION OF REPORT

Details of Vehicle Involved				
Vehicle No.	Insurance Company	Insurance No.	Endorsement	Expiry Date
YQ3459E	ECICS LIMITED			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	PC8676S (Motor van)	Contact No.	88756652
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
Driver			
Name	SWAMINATHAN PARTHIBAN	ID No.	G5086820L
Related Vehicle	YQ3459E (Lorry)	Contact No.	86472022
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 8/11/2024 at around 1215hrs, I was driving my lorry(YQ3459E) towards Tanjong Pagar Road, at Keppel Road, on the most left lane. I was still driving in the yellow box as there is still space for me to move forward however, a van(PC8676S) had collided head on into me on the left side of my lorry. I immediately stop my vehicle and came out to check what had happened. The van driver also came to me to check and then I asked for his phone number(88756652), after which he told me that he will be the one contacting me and my company for further up actions. Hence we left and I am also here to lodge a report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20241108/2077

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Report No. T/20241108/2077

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SGT 2 SYABIL FAKHRULLAH
BIN SHAHRUL MEERZA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SUPT (1) PHNG KAR SOON
Contact No.: 65476439

Signature Of Informant:

Date/Time:
08/11/2024 17:19

Classification Of Case:

NP168