

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	05/12/2024 11:24 (SGT)
Reported by	Actual Driver
Date of Accident	03/12/2024 17:40 (SGT)
Exact Location of Accident	Lavender St., Singapore
Additional Location Information	LAVENDER ROAD SLIP ROAD TO KALLANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7845C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AGROPOLIS PTE LTD
Company Reg No	1XXXXX191H
Email Address	INFO@AGROPOLIS.COM.SG
Mobile Phone No	(Phone) +65-62812777
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	2953
Vehicle Fuel	-
First Registration Date	-
Chassis no	JN1SC2F24Z0859479
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5088236298-07

DRIVER

Name of Driver	BASKARAN VENKATESH
NRIC No	GXXXX357L
Date Of Birth	03/10/1998
Occupation	Outdoor
Driving Pass Date	31/01/2024
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93765294
Alt. Phone Number	-
Email Address	INFO@AGROPOLIS.COM.SG
Address	PPT LODGE 1A, 8 Seletar North Link
Address complement	-
Postcode	797455
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 - Head to Rear
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)	2
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	ARUA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
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 SHC2862E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver SUHAIMI BIN OMAR
NRIC No SXXXX203F
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLANIMPORTANT 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.

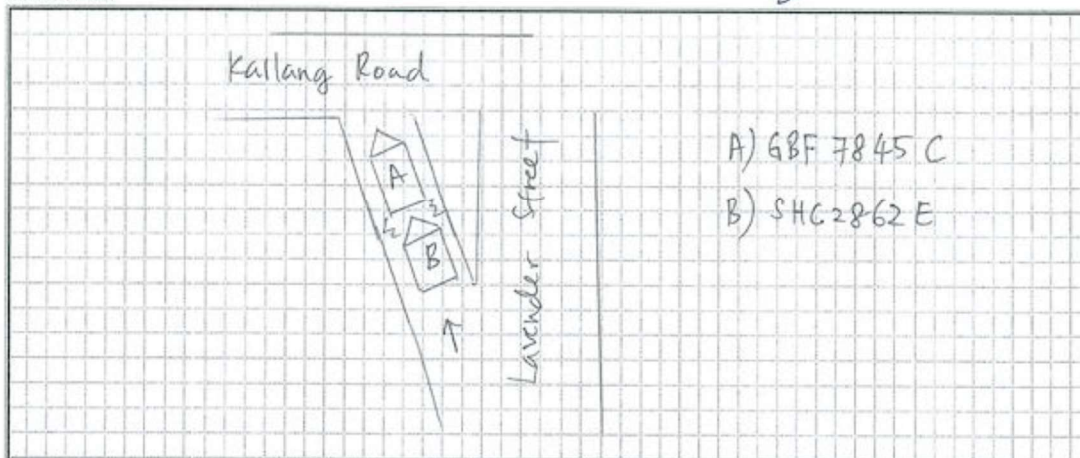


Policyholder's Signature / Date & Time

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

Refer to attached police report. T/2024/203/2099.

Was there any video captured by Car Camera? Yes ☒ No

Has the driver been approached by unknown person(s)? Yes / ☒ No


Number of Passengers (Including Driver)? 02

Name Arua Gender: male.


Name Gender:

Name Gender:


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



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)



**SINGAPORE
POLICE FORCE**



T/20241203/2099

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

1 of 3

Report No. T/20241203/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2024 22:29		Vide Report No.:		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: BASKARAN VENKATESH			Address: APT BLK PPT Lodge 1A SINGAPORE 797455		
ID Type / ID No.: FIN NO / G8976357L			Contact No.: Home/Office: Mobile: 93765294		
Nationality: INDIAN			Email:		
Sex: Male	Age: 26	Date of Birth: 03/10/1998	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/12/2024 17:40	Type of Location: After zebra cross
Location: KALLANG AVENUE				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No. of Passenger
GBF7845C	Lorry				Slightly Damaged	1



SINGAPORE
POLICE FORCE



T/20241203/2099

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

2 of 3

Report No. T/20241203/2099

CONTINUATION OF REPORT

Brief Details.

On the 3/12/24 at around 5.40pm while driving along Kallang Road my vehicle bearing the plate number GBF7845Q got into a accident with a taxi bearing plate number SHC2862E. While I was driving along Kallang Road after passing the zebra cross at the left lane, my vehicle remained stationary while waiting to filter to the right lane. I wish to inform my signal light was on. I was heading towards Geylang Methodist Secondary to fetch my coworker. When I was about to move to the right lane one blue taxi suddenly hit the rear right side of my vehicle. I wish to inform there was no injuries from my side including my passenger. I also wish to inform I requested for the taxi driver particulars; however, I was not given, I was only told to take photo of the vehicle. I wish to inform there was no TP and Ambulance called in where the accident took place.



**SINGAPORE
POLICE FORCE**



T/20241203/2099

3 of 3

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

Report No. T/20241203/2099

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 2 ALOYSIUS CHEW YAO
HUI

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:
03/12/2024 22:29

Classification Of Case:

NP168