

# 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 .....        | 19/12/2024 16:58 (SGT) |
| Reported by .....                     | Actual Driver          |
| Date of Accident .....                | 18/12/2024 11:00 (SGT) |
| Exact Location of Accident .....      | Singapore              |
| Additional Location Information ..... | PIE TOWARDS TUAS       |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | YR2926A |
|-----------------------------------|---------|

### INSURED/POLICYHOLDER

|                                |                        |
|--------------------------------|------------------------|
| Is company? .....              | Yes                    |
| Name Of Registered Owner ..... | ADF WATERPROOF PTE LTD |
| Company Reg No .....           | 2XXXXX735G             |
| Email Address .....            | ADMIN@ADF.SG           |
| Mobile Phone No .....          | (Phone) +65-92481276   |
| Alternative Phone No .....     | -                      |

### VEHICLE PARTICULARS

|  |                            |
|--|----------------------------|
| Manufacturer .....   | Hino                       |
| Model .....  | XZU710R 14FT WID CAB 5T MT |
| 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 .....   | Goods vehicle              |
| Transmission .....   | Manual                     |
| CC .....   | 4009                       |
| 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 ..... | 5147163152               |

### DRIVER

|  |   |
|--|---|
| Name of Driver .....   | VENKATACHALAM SENTHAMIL KUMARAN                   |
| Passport No/FIN .....  | GXXXX642L   |
| Date Of Birth .....  | 13/02/1993  |
| Occupation .....   | Outdoor   |
| Driving Pass Date .....  | 05/10/2021  |
| Driving License Pass Class .....                                   | 3   |
| Driving License Validity .....                                     | Valid   |
| Driving experience .....   | 3 YEARS AND 2 MONTHS                              |
| Gender .....   | Male  |
| Mobile Number .....  | (Phone) +65-83138822                              |
| Alt. Phone Number .....  | -   |
| Email Address .....  | ADMIN@ADF.SG                                      |
| Address .....  | 25 MANDAI ESTATE #05-04, INNOVATION PLACE TOWER 1 |
| Address complement .....   | -   |
| Postcode .....   | 729930  |
| 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 ..... | Clear                    |
| Road Surface .....       | Dry                      |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 3   |
| Was anybody injured in the Accident? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| 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 .....   | AUNG SOA PING |
| Gender ..... | Male          |

#### PASSENGER 2

|              |                       |
|--------------|-----------------------|
| Name .....   | CHINNATHURAI KARTHICK |
| 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 POLICE REPORT

## ATTACHMENT(S)

Are accident photos available for attachment? ..... No  
Was there any video captured by Car Camera? ..... No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GBE7776Z  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Goods vehicle  
Name of Driver ..... WEI GUO QING  
Passport No/FIN ..... GXXXX281N  
Contact Number ..... (Phone) +65-97110816  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... GBJ9912H  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Goods vehicle  
Name of Driver ..... MUHAMMAD NURDINIE BIN AZMAN  
Contact Number ..... (Phone) +65-85881422  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... VENKATACHALAM SENTHAMIL KUMARAN  
Gender ..... Male  
Phone No ..... (Phone) +65-83138822  
Address ..... 25 MANDAI ESTATE #05-04, INNOVATION PLACE TOWER 1  
Address Complement ..... -  
Post Code ..... 729930  
Approximate Age Years Old ..... -  
Injuries Sustained ..... DISCOMFORT 3 DAYS MC  
Injured person in which vehicle? ..... YR2926A  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... AUNG SOA PING  
Gender ..... -  
Phone No ..... -

|   |                      |
|---|----------------------|
| Address .....   | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....   | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | DISCOMFORT 3 DAYS MC |
| Injured person in which vehicle? .....                    | YR2926A              |
| Were seat belts worn? .....                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? ..... | No                   |

INJURED 3

|   |                       |
|---|-----------------------|
| Name of injured person .....                              | CHINNATHURAI KARTHICK |
| Gender .....  | -                     |
| Phone No .....  | -                     |
| Address .....   | -                     |
| Address Complement .....                                  | -                     |
| Post Code .....   | -                     |
| Approximate Age Years Old .....                           | -                     |
| Injuries Sustained .....                                  | DISCOMFORT 3 DAYS MC  |
| Injured person in which vehicle? .....                    | YR2926A               |
| Were seat belts worn? .....                               | Yes                   |
| Was this injured conveyed to hospital by ambulance? ..... | No                    |

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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

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

**Sketch Plan**

Road closed for road work progress

Vehicle A: YR 2926 A  
Vehicle B: GBE 77A 6Z  
Vehicle C: GBJ 9912 H

DO A: 18/12/2024 @ 11:00 hours.

PIE towards Tanjong Pagar



Describe Circumstance of the Accident

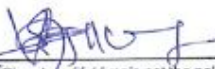
Statement Pls Refer To Police  
Report No: T/2024/219 / 7028.


**Declaration**

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
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/20241219/7028

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

1 of 4

Report No. T/20241219/7028

#### REPORT OF A TRAFFIC ACCIDENT

|  |            |  |                              |                    |
|--|------------|--|------------------------------|--------------------|
| Date/Time Report Made:<br>19/12/2024 12:21               |            | Vide Report No.:   |                              | Station Diary No.: |
| <b>Informant's Particulars</b>                           |            |  |                              |                    |
| Name of Informant:<br>VENKATACHALAM SENTHAMIL<br>KUMARAN |            | Address:<br>25 MANDAI ESTATE #05-04 INNOVATION PLACE TOWER 1<br>SINGAPORE 729930 |                              |                    |
| ID Type / ID No.:<br>FIN NO / G3286642L                  |            | Contact No.:<br>Home/Office: Mobile: 83138822                                    |                              |                    |
| Nationality:<br>INDIAN                                   |            | Email:<br>ADMIN@ADF.SG   |                              |                    |
| Sex:<br>Male   | Age:<br>31 | Date of Birth:<br>13/02/1993   | Type of Informant:<br>Driver |                    |
| Race:<br>Indian  |            | Language:<br>English   |                              |                    |
| Occupation:<br>Lorry driver                              |            | Driving Licence Information:<br>Class: Date of Expiry:                           |                              |                    |

|  |                  |                      |  |  |
|--|------------------|----------------------|--|--|
| <b>General Information of the Accident</b>       |                  |                      |  |  |
| Type of Accident:                                | Injury<br>Others | Drink Drive:<br>No   | Date/Time of Accident:<br>18/12/2024 11:00 | Type of Location:<br>Straight Road     |
| Location:<br>TOH TUCK AVENUE                     |                  |                      |  |  |
| Weather:<br>Clear                                |                  | Road Surface:<br>Dry |  |  |
| Traffic Flow:                                    |                  | Traffic Control:     |  | Traffic Volume:                        |
| Type of Collision:<br>3 VEHICLES CHAIN COLLISION |                  |                      |  | Anyone conveyed by<br>ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |           |      |         |       |           |                 |
|------------------------------------|-----------|------|---------|-------|-----------|-----------------|
| Vehicle No.                        | Type      | Make | Model   | Color | Condition | No of Passenger |
| GBE7776Z                           | Motor van |      |         |       |           | 0               |
| GBJ9912H                           | Lorry     |      |         |       |           | 1               |
| YR2926A                            | Lorry     | HINO | XZU710R |       |           | 2               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20241219/7028

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

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Report No. T/20241219/7028

CONTINUATION OF REPORT

|  |                                    |                  |   |
|--|------------------------------------|------------------|---|
| <b>Driver</b>                          |                                    |                  |   |
| Name                                   | WEI GUOQING                        |                  | ID No. G7506281N  |
| Related Vehicle                        | GBE7776Z (Motor van)               |                  | Contact No. 97110816  |
| Hospital/Clinic                        | NIL                                |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                                | Date Discharge   | NIL   |
| No. of Days granted Medical Leave (MC) | NIL                                | Degree of Injury | NIL   |
| <b>Driver</b>                          |                                    |                  |   |
| Name                                   | MUHAMMAD NURDINIE BIN AZMAN        |                  | ID No. NIL  |
| Related Vehicle                        | GBJ9912H (Lorry)                   |                  | Contact No. 85881422  |
| Hospital/Clinic                        | NIL                                |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                                | Date Discharge   | NIL   |
| No. of Days granted Medical Leave (MC) | NIL                                | Degree of Injury | NIL   |
| <b>Passenger</b>                       |                                    |                  |   |
| Name                                   | CHINNATHURAI KARTHICK              |                  | ID No. M3026355X  |
| Related Vehicle                        | YR2926A (Lorry)                    |                  | Contact No. NIL   |
| Hospital/Clinic                        | CLEMENTI FAMILY & AESTHETIC CLINIC |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                                | Date Discharge   | NIL   |
| No. of Days granted Medical Leave (MC) | 03                                 | Degree of Injury | Serious   |
| <b>Passenger</b>                       |                                    |                  |   |
| Name                                   | AUNG SOA PING                      |                  | ID No. M3037639T  |
| Related Vehicle                        | YR2926A (Lorry)                    |                  | Contact No. NIL   |
| Hospital/Clinic                        | CLEMENTI FAMILY & AESTHETIC CLINIC |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                                | Date Discharge   | NIL   |
| No. of Days granted Medical Leave (MC) | 03                                 | Degree of Injury | Slight  |





**SINGAPORE  
POLICE FORCE**



T/20241219/7028

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

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Report No. T/20241219/7028

CONTINUATION OF REPORT

| Driver                                 |                                    |  |                                   |
|--|------------------------------------|--|-----------------------------------|
| Name                                   | VENKATACHALAM SENTHAMIL KUMARAN    | ID No.                                 | G3266642L                         |
| Related Vehicle                        | YR2926A (Lorry)                    | Contact No.                            | 83138822                          |
| Hospital/Clinic                        | CLEMENTI FAMILY & AESTHETIC CLINIC | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                                | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave (MC) | 03                                 | Degree of Injury                       | Slight                            |

**Brief Details.**

On 18/12/2024 about 1100 hours, I was driving my lorry (YR2926A) along PIE towards Tuas with 2 passengers in the middle lane.

The most right lane road closed for road work progress, as such there are a lot of vehicle congested on middle lane. Vehicle ahead has stopped, so I also stopped in time. Suddenly, I felt an impact from my back. After I alighted from my lorry, I realized that I was involved in 3 vehicles chain collision accident as following sort:

1st : YR 2926A(A)  
2nd : GBE 7776Z (B)  
3rd : GBJ 9912H (C)

All parties have exchange particulars.

Me and my 2 passengers felt pain and discomfort after accident impact. So, we went to seek for medical assist and were given 3 days of MC.

Hence, I hereto lodge this report to claim against Vehicle B (GBE 7776Z)'s insurance for my accident damages.



**SINGAPORE  
POLICE FORCE**

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



T/20241219/7028

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Report No. T/20241219/7028

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LEE GUANG HUI  
Contact No.: 65476414

NP168

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
19/12/2024 12:21

Classification Of Case:









































