

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	23/12/2024 18:56 (SGT)
Reported by	Actual Driver
Date of Accident	21/12/2024 19:40 (SGT)
Exact Location of Accident	Mandai, Singapore
Additional Location Information	(DORMITORY) MANDAI ESTATE SERVICE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7342B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YSE GLOBAL PTE. LTD.
Company Reg No	
Email Address	
Mobile Phone No	(Phone) +65
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300354877 MKC

DRIVER

Name of Driver	RAMADOS THIRUVARASAMOORTHY
Passport No/FIN	[REDACTED]
Date Of Birth	[REDACTED]
Occupation	Outdoor
Driving Pass Date	[REDACTED]
[REDACTED] Pass Class	3
Driving License Validity	Valid
Driving experience	[REDACTED] MONTHS
Gender	Male
Mobile Number	(Phone) +6 [REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	-
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)	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	WORKER
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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20241223/2020

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBH6783T
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

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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.



R. Jey

23/12/2024

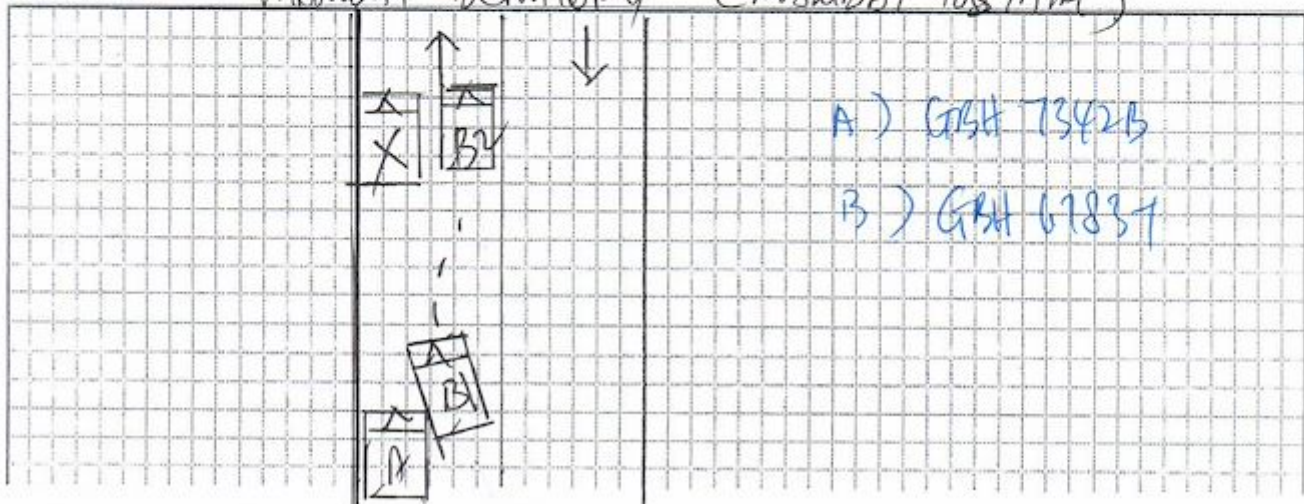
Policyholder's Signature / Date & Time

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

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

Sketch Plan

MANUVAH DOMINORY (MANUVAH FOR 7/1/14)



Describe Circumstance of the Accident

ON 21/12/2024 AT ABOUT 19:40 HRS I WAS AT
 MANDAI DOMITORY AT MANDAI ESTATE. MY Lorry
 WAS STATIONARY AT THE POINT OF TIME. SUDDENLY
 A lorry GRH6783T TRYING TO SWERVE TO THE SIDE
 BUT HIT MY lorry FROM REAR & JUST MOVE OFF
 I DID COAST THE VEHICLE UNTIL MANDAI ROAD.
 VIDEO ATTACHED

POLICE REPORT 7/2024/125/2020

Declaration

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



P. [Signature]

[Signature]
 23/12/2024

Policyholder's Signature / Date & Time

Actual 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**



10100412240000

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

1 of 3

Report No: 10100412240000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2024 11:01		Vide Report No.:	Station Diary No.: 25
Informant's Particulars			
Name of Informant: RAMADOSS THIRUVARASAMOORTHY		[REDACTED]	
ID Type/ID No.:	Contact No.:	[REDACTED]	
FIN NO. [REDACTED]	Home/Office:	[REDACTED]	
Nationality: INDIAN	Email:	[REDACTED]	
Sex: Male	Age: [REDACTED]	Date of Birth: [REDACTED]	Type of Informant: Driver
Race: Indian	Language:		
Occupation: MAINTENANCE OFFICER	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/12/2024 19:40	Type of Location: Straight Road
Location: MANDAI ESTATE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBH6783T	Lorry					0
GBH7342B	Lorry				Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20241223/2020

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

2 of 3

Report No. T/20241223/2020

CONTINUATION OF REPORT

Driver			
Name	SUNDARAMOORTHY SURYA		ID No. [REDACTED]
Related Vehicle	GBH6783T (Lorry)		Contact No. [REDACTED]
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	RAMADOSS THIRUVARASAMOORTHY		ID No. [REDACTED]
Related Vehicle	GBH7342B (Lorry)		Contact No. [REDACTED]
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 lorry along the roadside outside of Westlite Mandai Dormitory as I was fetching my brother. The road is a two-way one lane road and while waiting for my brother, a lorry (GBH6783T) sideswiped onto the front right of my vehicle and left without stopping. I followed the vehicle and managed to stop it. I exchanged particular with the driver and informed my company about it. The front right bumper had dislodged and the headlight was damaged by the impact. My company told me to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



11610412242585

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 520682
Tel No: 1800-5871999

1 of 3

Report No.: 11610412242585

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2024 11:01	Video Report No.:	Station Diary No.: 25
Informant's Particulars		
Name of Informant: RAMADOSS THIRUVARASAMOORTHY	Address: [REDACTED]	
ID Type / ID No.: FIN NO [REDACTED]	Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]	
Nationality: INDIAN	Email:	
Sex: Male	Date of Birth: [REDACTED]	Type of Informant:
Race: Indian	Language:	
Occupation: MAINTENANCE OFFICER	Driving Licence Information: Class: [REDACTED] Date of Expiry: [REDACTED]	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/12/2024 19:40	Type of Location: Straight Road
Location: MANDAI ESTATE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBH6783T	Lorry					0
GBH7342B	Lorry				Slightly Damaged	1

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



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SL0Z24CN0003 Vehicle Registration No: GBH7342B
 Name (as shown in NRIC): YSE GLOBAL PTE LTD NRIC/FIN/Passport No: 199900728K
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: [REDACTED] Singapore ()
 Contact (Tel): [REDACTED] Mobile No.: [REDACTED]
 Email Address: [REDACTED]
 Date of Accident: 21/12/2024 Time of Accident: 1940
 Place of Accident: (DORMITORY) MANDAI ESTATE SERVICE ROAD
 Insurance Company: MSIG Insurance (Singapore) Pte. Ltd.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Add in Police Report no T/20241223/2020



Policyholder / Driver's Signature
Date:

[Signature] 23/12/2024

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: