

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	06/07/2024 10:38 (SGT)
Reported by	Actual Driver
Date of Accident	04/07/2024 10:55 (SGT)
Exact Location of Accident	Mountbatten Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WD5033D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THIAM MENG TRANSPORTATION PTE. LTD.
Company Reg No	2XXXXX729Z
Email Address	ongthiammeng@hotmail.com
Mobile Phone No	(Phone) +65-63875750
Alternative Phone No	+65-92366363

VEHICLE PARTICULARS

Manufacturer	UDTrucks
Model	CGB5CLTMCQB
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	Commercial vehicle
Transmission	Auto
CC	10836

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5108173016-05

DRIVER

Name of Driver	MURUGESAN ALAGARSAMY
Passport No/FIN	GXXXX372T
Date Of Birth	18/05/1985
Occupation	Outdoor

Driving Pass Date	21/09/2010
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82878755
Alt. Phone Number	-
Email Address	andy.lee@pas.sg
Address	2 JLN BATU #03-67 DI TG RHU
Address complement	-
Postcode	431002
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	Side Swipe
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)	1
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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP

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	YQ3164E
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.
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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

M. A. Gey

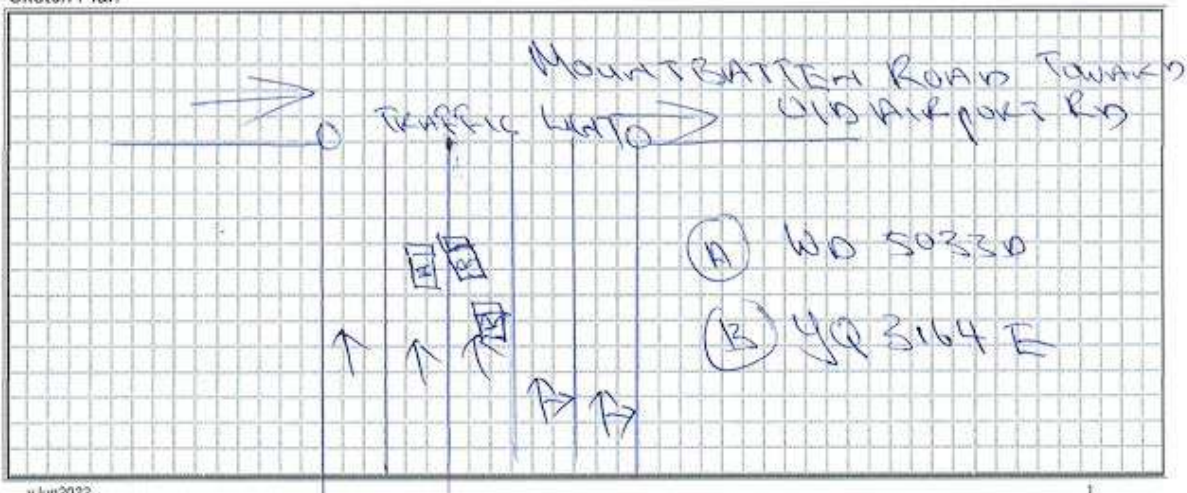
Actual Driver's Signature (if driver is not the policyholder) / Date & Time



Flourence

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

As Police Report ATTACHED

Declaration

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



Policyholder's Signature / Date & Time

M. A. [Signature]

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



Florence [Signature]

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



**SINGAPORE
POLICE FORCE**



T/20240704/2070

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3
Report No. T/20240704/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2024 16:36		Vide Report No.: G/20240704/0085	Station Diary No.: 74
Informant's Particulars			
Name of Informant: MURUGESAN ALAGARSAMY		Address: 2 JALAN BATU #03-67 DI TANJONG RHU SINGAPORE 431002	
ID Type / ID No.: FIN NO / G7575372T		Contact No.: Home/Office: Mobile: 82878755	
Nationality: INDIAN		Email:	
Sex: Male	Age: 39	Date of Birth: 18/05/1985	Type of Informant: Driver
Race: Indian		Language:	
Occupation: Concrete mix truck driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/07/2024 10:55	Type of Location: Straight Road
Location: MOUNTBATTEN ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
WD5033D	Lorry				Slightly Damaged	0
YQ3164E	Bus/Coach/Minibus				Slightly Damaged	6

Details of Person Involved

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



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T/20240704/2070

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2 of 3

Report No. T/20240704/2070

CONTINUATION OF REPORT

Driver Name	MURUGESAN ALAGARSAMY	ID No.	G7575372T
Related Vehicle	WD5033D (Lorry)	Contact No.	82878755
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 place, I was driving vehicle (WD5033D) and was on Mountbatten Road heading towards Sims Way. I was in the 3rd lane out of 5 lane road and was stationery queuing for the traffic light to turn green. Suddenly, vehicle (YQ3164E), a SOC police vehicle, driving in the 4th lane, drove past me however, its vehicle left mirror knocked into my right side mirror, causing it to crack. Subsequently, the vehicle drove slight infront before coming to complete stop. I got down to make a check with the other vehicle, who informed they have already called for Traffic Police vide G/20240704/0085.

I observed that my vehicle was stationery and within the lane. I am not injured

Prior to traffic police arrival, the SOC police officers informed to move the vehicles to Old Airport Road so as to no obstruct traffic.

Traffic police was at scene. No ambulance at scene.

I was advised by Traffic Police to lodge a police report.



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Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20240704/2070

3 of 3

Report No. T/20240704/2070

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SGT 3 T S MOHAMED KASSIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/07/2024 16:36

Officer In Charge Of Case:
TP / GIT /
STAFF SGT MUHAMMAD NORSIDDIQ BIN
IBRAHIM
Contact No.: 65476138

Classification Of Case:

NP168