

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	10/06/2024 16:45 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2024 11:20 (SGT)
Exact Location of Accident	Sungei Kadut Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1422Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Avenue Engineering Pte Ltd
Passport No/FIN	GXXXX877N
Email Address	recconiam@jcoeng.com.sg
Mobile Phone No	(Phone) +65-93790498
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R 14FT WIDE CAB 5T
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	4009

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00010702404

DRIVER

Name of Driver	Mahalingam Rajesh
Passport No/FIN	GXXXX877N
Date Of Birth	31/05/1985
Occupation	Outdoor

Driving Pass Date	15/09/2021
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93790499
Alt. Phone Number	-
Email Address	recconiam@jcoeng.com.sg
Address	2 Sungei KAdut Street 4
Address complement	Avenue Engineering Building
Postcode	729032
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	Chain Collision
Weather Conditions	Drizzling
Road Surface	Wet

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?	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	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

Please refer to Police Report No. T/20240610/7040.

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	GBD1949L
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-

Vehicle Colour	Gray
Vehicle Category	Goods vehicle
Name of Driver	Miah Shamin
Passport No/FIN	FXXXX438P
Contact Number	(Phone) +65-98619284
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YQ5843R
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Goods vehicle
Name of Driver	Ong Chee Sing
NRIC No	SXXXX268J
Contact Number	-
Address	Blk 469A Yishun Street 43 #10-23
Address complement	-
Postcode	761469
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN


IMPORTANT NOTICE

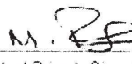
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

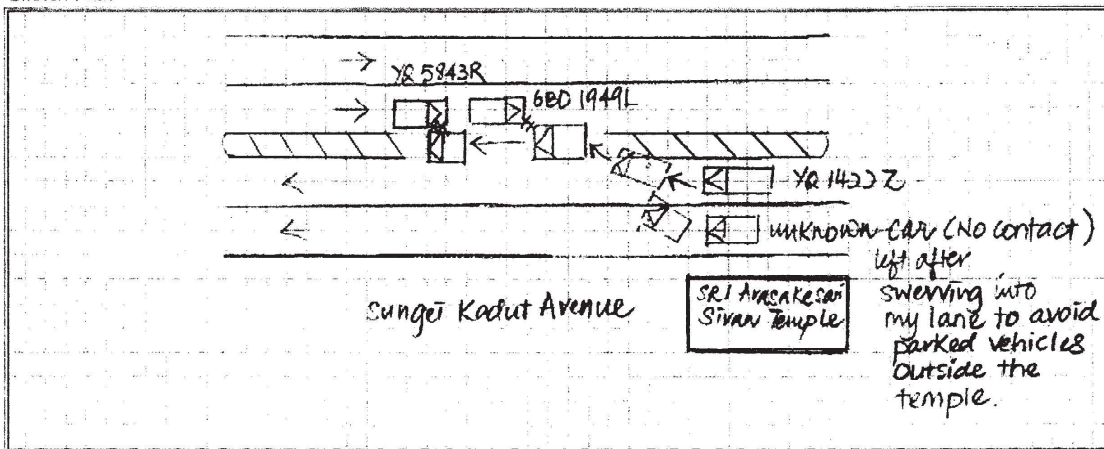
- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 be 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 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 based outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time
 10 JUN 2024


 Actual Driver's Signature (if driver is not the policyholder) / Date & Time
 10 JUN 2024

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

Sketch Plan



Describe Circumstance of the Accident

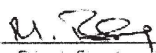
Please refer to Police Report No. T/2024 0610/7040.

Declaration

We declare the foregoing particulars are true in every respect



 Policyholder's Signature / Date & Time
 10 JUN 2024


 Actual Driver's Signature (if driver is not the policyholder)
 Date & Time 10 JUN 2024

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



**SINGAPORE
POLICE FORCE**



T/20240610/7040

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408885
Tel No: 65470000

1 of 3

Report No. T/20240610/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2024 13:05	Video Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MAHALINGAM RAJESH			Address: 2 SUNGEI KADUT STREET 4 AVENUE ENGINEERING BUILDING SINGAPORE 729032		
ID Type / ID No.: FIN NO / G7723877N			Contact No.: Home/Office: Mobile: 93790498		
Nationality: INDIAN			Email: RAGESHMAGA736@GMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 31/05/1985	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Civil engineering/Building construction labourer			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: 10/06/2024 11:20	Type of Location: Bend
Location: SUNGEI KADUT AVENUE			
Weather: Drizzling		Road Surface: Wet	
Traffic Flow:		Traffic Control:	Traffic Volume:
Type of Collision:			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD1949L	Lorry					0
YQ1422Z	Lorry				Slightly Damaged	0
YQ5843R	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20240610/7040

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

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Report No: T/20240610/7040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MAHALINGAM RAJESH	ID No.	G7723877N
Related Vehicle	YQ1422Z (Lorry)	Contact No.	93790498
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	ONG CHEE SING	ID No.	S8289268J
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	MAH SHAMIN	ID No.	F8492438P
Related Vehicle	NIL	Contact No.	98619284
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

TWO LANE. I ON THE RIGHT LANE. ONE LORRY ON MY LEFT. SLIGHT BEND TO THE LEFT. I FOLLOW LANE BUT OTHER LORRY ALMOST TOUCHING MY LORRY. I SWERVE MY LORRY AND WENT TO THE OTHER ONCOMING LANE. ONE LORRY COMING AND TOUCH RIGHT SIDE OF MY LORRY. OUR LORRIES COLLIDED ON THE RIGHT SIDES. MY LORRY YQ1422Z DAMAGE ON THE RIGHT FRONT WHILE THE ONCOMING LORRY GBD1949L (ONG CHEE SING DRIVER) ALSO DAMAGE ON FRONT RIGHT SIDE. THE ONE BESIDE ME AT THE BEND YQ5943R (MAH SHAMIN DRIVER) DAMAGE ON RIGHT SIDE. POLICE GOT COME AND TOLD US TO MAKE INSURANCE. NOBODY INJURED. MY COMPANY WANT A REPORT FOR THE ACCIDENT.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408965
Tel No: 65470003



T/20240610/7040

3 of 3

Report No. T/20240610/7040

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
NORA BTE BACHOK
Contact No.: 65476172

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

Date/Time:
10/06/2024 13:05

Classification Of Case:

This report is lodged at Choa Chu Kang NPC Kiosk 1
NP168