SC1R247J0003 / ComfortDelGro Engineering Pte Ltd [579701]
ENTRY DATE & TIME: 20/07/2024 08:48 (SGT)
SUBMITTED BY: Johari Husin
VERSION: 1 (20/07/2024 08:48 (SGT))

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 witholding 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	20/07/2024 08:48 (SGT)
Reported by	Actual Driver
Date of Accident	19/07/2024 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Hillcrest Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	QY120D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PUBLIC UTILITIES BOARD
Company Reg No	T08GB0045L
Email Address	MOHD_AZAHAR_PAUWIMAN@PUS.GOV.SG
Mobile Phone No	(Phone) +65-93823848
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	Private car
Transmission	Auto
CC	2500

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24102282MFQC/2

DRIVER

Name of Driver	THIAGARAJAH PUSPANATHAN
NRIC No	S1165617Z
Date Of Birth	07/08/1955
Occupation	Outdoor

Driving Pass Date	08/10/1975
Driving experience	48 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93823848
Alt. Phone Number	-
Email Address	MOHD_AZAHAR_PAUWIMAN@PUS.GOV.SG
Address	BLK 102 BUKIT PURMEI ROAD
Address complement	#08-76
Postcode	090102
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 - Major/Minor Rd
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer to sketch plan

ATTACHMENT(S)

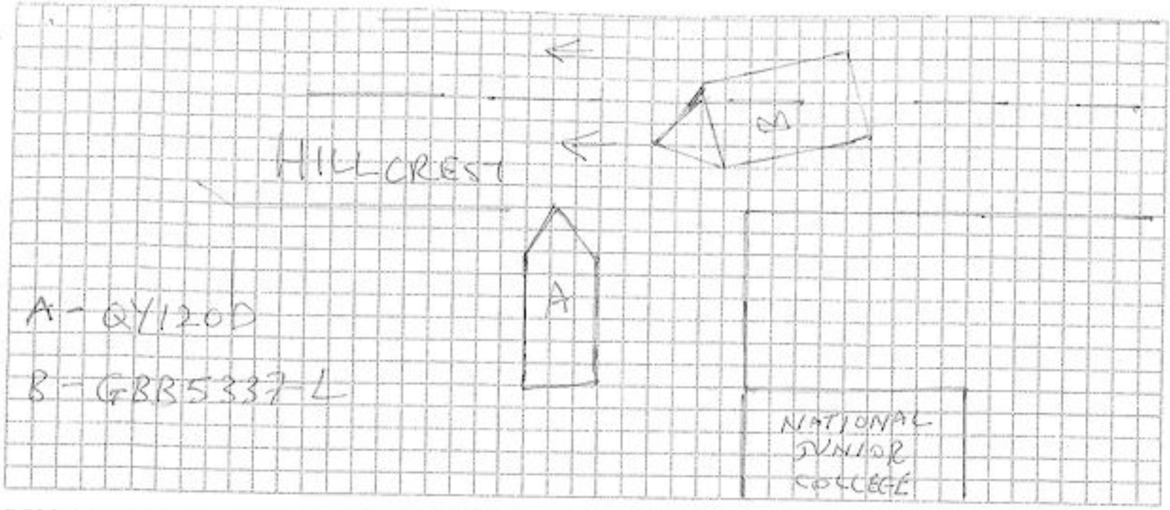
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB5337L
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YAP
Contact Number	(Phone) +65-80591072

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 10.30am, I, ~~[struck out]~~ Thiagarajh Puspanathan (Nathan) was doing my ~~rece~~ recce at 37, Hillcrest Rd. I was driving board car QY120D and joining a junction and stopped before turning left when a van (white) GBR 5337L going straight suddenly hit the board car. The van driver drove too close to the board car when going straight. The driver of the van stopped and exchange phone numbers and access the damages.

DECLARATION

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

Public Utilities Board
Centralised Services Department
Logistics BFE
65 Woodleigh Park,
Woodleigh Complex S(357875)

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:
190724 / 1525hrs

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

GIA/MC SketchPlanForm_V3