

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	24/07/2024 10:59 (SGT)
Reported by	Actual Driver
Date of Accident	23/07/2024 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BANYAN AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9434L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SQO DYNAMICS PRIVATE LIMITED
Company Reg No	200304624K
Email Address	muthu@sqodynamics.com.sg
Mobile Phone No	(Phone) +65-86783009
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1461

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5135703039-01

DRIVER

Name of Driver	MUTHALAGU MUTHUKKARUPPAIAH
Passport No/FIN	G5409185R
Date Of Birth	30/07/1988
Occupation	Outdoor

Driving Pass Date	31/08/2013
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86783009
Alt. Phone Number	-
Email Address	muthu@sqodynamics.com.sg
Address	SQO DYNAMICS PRIVATE LIMITED
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	Collided into Parked Vehicle
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

-

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	GBE6432Y
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)	0

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC8709G
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8709G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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.



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

BANYAN AVENUE		
→	PC 8709C → GSE 6434C → GBN 9434C → DPX	1
→	→	2
→	DPX → DPX →	3

Injury (ambulance)
clear / dry

[illegible]

Declaration

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



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/20240723/2056

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 4
Report No. T/20240723/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2024 17:18		Vide Report No.: D/20240723/0060		Station Diary No.: 125	
Informant's Particulars					
Name of Informant: MUTHALAGU MUTHUKKARUPPAIAH			Address: 624 YISHUN RING ROAD #09-3142 SINGAPORE 760624		
ID Type / ID No.: FIN NO / G5409185R			Contact No.: Home/Office: Mobile: 86783009		
Nationality: INDIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 30/07/1988	Type of Informant: Vehicle Owner		
Race: Indian			Language:		
Occupation: PROJECT ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry: 30/08/2028		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/07/2024 13:30	Type of Location: Straight Road
Location: BANYAN AVENUE				
Lamp Post Number: 13				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBE6432Y	Lorry	TOYOTA	DYNA 3.0 M	Silver	Seriously Damaged	0
GBG9434L	Motor car	NISSAN	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC	White	Slightly Damaged	0



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T/20240723/2056

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Tel No: 1800-7929999

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Report No. T/20240723/2056

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC8709G		TOYOTA	HIACE COMMUTER GL 2.8 AT 2WD 4DR LWB	Blue	Seriously Damaged	1

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Vehicle Owner					
Name	KULLAN RANGASAMY		ID No.	F8181439L	
Related Vehicle	GBE6432Y (Lorry)		Contact No.	91574367	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: 11/08/2025	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL	Degree of		NIL
Vehicle Owner					
Name	MUTHALAGU MUTHUKKARUPPAIAH		ID No.	G5409185R	
Related Vehicle	GBG9434L (Motor car)		Contact No.	86783009	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: 30/08/2028	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL	Degree of		NIL

Brief Details.

On 22/07/2024 at approximately 1320hrs, I had just finished my lunch as I head to 20 Banyan Avenue to continue working at the worksite. As I arrived at the location, I've parked my vehicle by the side of the road in front of GBE6432Y before locking the door and proceeded to work by the side of the road.

Approximately 15 minutes later, I heard a loud crash as I turn around back towards my vehicle and saw a blue vehicle bearing (PC8709G) crashed into the lorry parked behind my vehicle which eventually crashes into mine resulting in a chain accident.

During the accident, I saw that the passenger in the blue minibus had injured his left leg as well as the right side of the face slightly under the eye area. I then called for police assistance. While



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T/20240723/2056

Police Station Of Origin:
Nanyang N.P.C
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649482
Tel No: 1800-7929999

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Report No. T/20240723/2056

CONTINUATION OF REPORT

waiting for police assistance, I tried to get the other driver particular but the other driver did not wish to furnish his particulars.

The impact on the rear of my vehicle resulted in the following damages,

- 1) Dent on left side of the rear door.
- 2) Cracked bumper
- 3) Nissan symbol dropped off

The cost of repair is currently unknown as I have yet to approach a workshop for it.



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649482
Tel No: 1800-7929999



T/20240723/2056

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Report No. T/20240723/2056

CONTINUATION OF REPORT

Signature of Officer Recording The
J /
SGT 2 ALVIN LIM JIA MING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMAD BURHAN BIN SABTU
Contact No.: 65476214

Signature Of Informant:

Date/Time:
23/07/2024 17:18

Classification Of Case:

NP168



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:

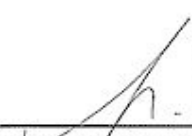
Original Report No: SM1324700001 Vehicle Registration No: GBG 9434L
 Name (as shown in NRIC): MUTHALAGU MUTHUKAPPAIAH NRIC/FIN/Passport No: G5409185R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): 8678 3009 Mobile No.: _____
 Email Address: muthu@squadynamics.com.sg
 Date of Accident: 23/7/24 Time of Accident: 13:30
 Place of Accident: Banyan Avenue
 Insurance Company: Income Insurance Limited

(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:

Amend to correct email.

 Policyholder / Driver's Signature
 Date:


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

