

## 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 .....	05/08/2024 15:03 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	03/08/2024 20:30 (SGT)
Exact Location of Accident .....	Seletar Aerospace Wy, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	WC6336D
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	BDN PTE. LTD.
Company Reg No .....	2XXXXX762N
Email Address .....	ANDY.LEE@PAS.SG
Mobile Phone No .....	(Phone) +65-92366363
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	Cyh52s
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 .....	Manual
CC .....	15681
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5134345435-01

#### DRIVER

Name of Driver .....	GUNASEKARAN RAVINDRAN
Passport No/FIN .....	GXXXX633Q
Date Of Birth .....	05/01/1991
Occupation .....	Outdoor
Driving Pass Date .....	19/06/2023
Driving License Pass Class .....	4
Driving License Validity .....	Valid
Driving experience .....	1 YEAR AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88473658
Alt. Phone Number .....	-
Email Address .....	ANDY.LEE@PAS.SG
Address .....	BLK 646 PUNGGOL CENTRAL #17-354
Address complement .....	-
Postcode .....	820646
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 - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	Punggol Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006049999
Alt. Police Station Phone No .....	(Fax) +65-64468015
Police Station Address .....	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	SHC608L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	NA
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHC608L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

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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/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

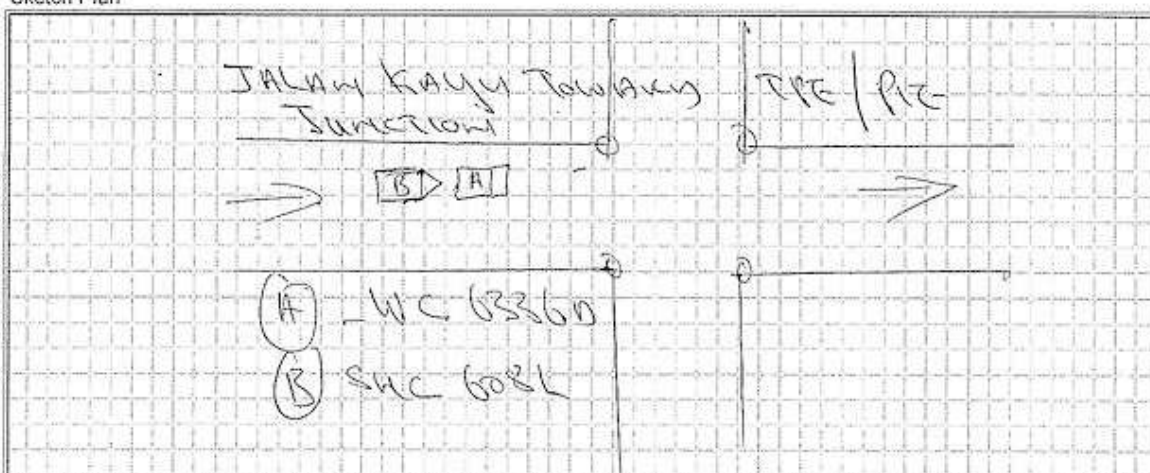
*[Signature]*

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**



vJun2022

2

## Declaration



1. Geography

2




**SINGAPORE  
POLICE FORCE**


T/20240504/2029

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

Report No: T/20240504/2029

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2024 11:46		Vide Report No.: E/20240803/0156		Station Diary No. 28
<b>Informant's Particulars</b>				
Name of Informant: GUNASEKARAN RAVINORAN		Address: 65 UBI ROAD 1 #02-87 OXLEY BIZHUB SINGAPORE 408725		
ID Type / ID No.: FIN NO / G8914633Q		Contact No.: Home/Office:		Mobile: 88473658
Nationality: INDIAN		Email:		
Sex: Male	Age: 33	Date of Birth: 05/01/1991	Type of Informant: Driver	
Race: Hindustani		Language:		
Occupation: DRIVER		Driving Licence Information: Class: 2B,3,4		Date of Expiry: 09/05/2025

**General Information of the Accident**

Type of Accident:	Injury: Attended by Police	Drink Driver: No	Date/Time of Accident: 03/08/2024 20:30	Type of Location: X-Junction
Location:  SELETAR AEROSPACE WAY				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC608L	Motor car				Seriously Damaged	0
WC6336D	Lorry				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



1/20240804/2024

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No. 1800-6049999

Report No. 1/20240804/2024

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	Chua Ah Huat	ID No.	S0025682E
Related Vehicle	NIL	Contact No.	98503672
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
<b>Driver</b>			
Name	GUNASEKARAN RAVINDRAN	ID No.	G8914633G
Related Vehicle	NIL	Contact No.	88473658
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B, 3, 4 Date of Expiry: 09/05/2027
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

I am a lorry driver, driving a cement mixer lorry WC6336D.

On 03/08/2024 at about 2030hrs, I was travelling along the slip road of Seletar Aerospace Way heading to TPE (PIE) and was approaching the junction between the slip road and Jalan Kayu. At that point of time, I had stopped my vehicle safely at the said junction and was waiting for the green light to turn on in my favor and my head lights were turned on. As the traffic lights turn green, I was about to move off when a taxi, SHC608L suddenly hit my vehicle from the rear. I then stopped my vehicle safely after the junction to assess the situation. As I went out of my vehicle, I noticed that the said taxi's front bumper was seriously damaged. I then rendered assistance to the taxi driver, who had informed me that he did not notice my vehicle as my rear taillight was not light. I then made a check on my taillight and noticed that it was not lit.

At this juncture, I noticed that the driver had a minor bleed on his forehead. Subsequently, the driver called for ambulance. We managed to exchange particulars. Both ambulance and traffic police officer had attended to us. The said driver was then conveyed in the ambulance for his injuries, but I was not sure which hospital he was conveyed to. The traffic police officer then interviewed me and had advised me to lodge a traffic accident report.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Punggol N.P.C.  
151 Punggol Central SINGAPORE 828727  
Tel No. 1800-6045599

Ref: P-2

CONTINUATION OF REPORT

Signature of Officer Recording The

R.I.

SGT 2 MUHAMAD HAFIZ BIN  
ZAMRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable:

Date/Time:

04/08/2024 11.46

Officer In Charge Of Case:

TP / GIT /

SI FADLI SHAIFUDDIN BIN MOHAMED SANI

Contact No. 65475845

Classification Of Case:

NP158