

## 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 Authorised 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 Report	27/10/2020 13:32
Date Of Accident	26/10/2020 18:25
Exact Location Of Accident	ALONG SG. KADUT STREET 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP1980J
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#### Insured/Policyholder

Name Of Registered Owner	H P CONSTRUCTION & ENGINEERING PTE LTD
Co Reg No	199604762K
Email Address	VIOLETLENG@HPCONSTN.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65471973

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21ER4SDEB (CBU) (M)
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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#### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/20/VC06/107022
Cover Note Number	

#### Driver

Name of Driver	RAMASAMY VENKATESAN
Passport No/FIN	G7289260M
Date Of Birth	17/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	29/07/2004
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91406006
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	B
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
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?	YES
Was there any audio recorded?	NO

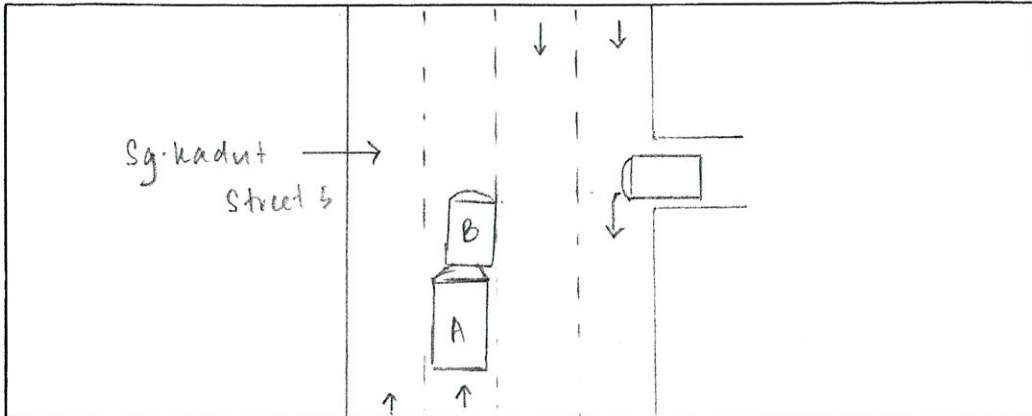
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB3355Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG LIAN KHENG
NRIC/Passport Number	S1760582H
Contact Number	90231223
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

Date of accident: 26/10/2020 Time: 18:25 Location: Along Sg. Kadut St 5  
 Veh A: JP 1980 S Veh B: G0033554 No of pax: 1 Weather: Clear/dry Rain/Wet  
 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

☐ Claim OD/TP at Falcon-Air ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## 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:

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



**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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



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

## Police Report\_Amend DOA



**SINGAPORE  
POLICE FORCE**



T/20201027/2065

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

1 of 3

Report No. T/20201027/2065

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/10/2020 13:32		Vide Report No.: T/20201026/2137		Station Diary No.: 19	
<b>Informant's Particulars</b>					
Name of Informant: RAMASAMY VENKATESAN			Address:		
ID Type / ID No.: FIN NO / G7289260M			Contact No.: Home/Office: Mobile: 91406006		
Nationality: INDIAN			Email:		
Sex: Male	Ago: 40	Date of Birth: 17/05/1980	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: COMPANY DRIVER			Driving Licence Information: Class: 3 Date of Expiry: 18/08/2024		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2020 18:25	Type of Location: Straight Road
Location: SUNGEI KADUT STREET 5				
Lamp Post Number: 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBB3355Y	Lorry	TOYOTA		Grey	Slightly Damaged	1
YP1980J	Lorry	MITSUBISHI		White	Slightly Damaged	0

**Details of Person Involved**

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



## Police Report\_Amend DOA



**SINGAPORE  
POLICE FORCE**



T/20201027/2066

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Report No. T/20201027/2066

Police Station Of Origin:  
MacPherson NPP  
54 Phipps Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	NG LIAN KHENG	ID No.	S1760582H
Related Vehicle	GBB3355Y (Lorry)	Contact No.	90231223
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	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	RAMASAMY VENKATESAN	ID No.	G7289260M
Related Vehicle	YP1980J (Lorry)	Contact No.	91408006
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 18/08/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 26/10/2020 at about 1825hrs, I was driving along Sungai Kadut Street 5 (VEHICLE YP1980J) behind the other vehicle (VEHICLE GBB3355Y). The other vehicle intends to turn right towards a gate when it suddenly stopped mid-turn as another vehicle was moving out from said gate.

Hence, I was applied emergency brake as I was not able to stop in time and had collided to the rear of the other vehicle (VEHICLE GBB3355Y). The other driver and me then stopped our vehicles and stepped outside to change particulars. I sustained no injuries and observe no injuries on the other parties as well.

I wish to inform that I have an in-car camera installed in my vehicle and have the footage of the above incident. I am lodging another as to make amendment to the accident date, the correct date should be on the 26/10/2020 at 1825hrs.

Police Report\_Amend DOA



SINGAPORE  
POLICE FORCE



T/20201027/2066

Police Station Of Origin:  
MacPherson NPP  
54 Piplt Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

3 of 3

Report No. T/20201027/2066

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 LIM KAI EN, VINCENT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/10/2020 13:32

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP 68

SIGNATURE





**SINGAPORE  
POLICE FORCE**



T/20201026/2137

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20201026/2137

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/10/2020 20:44	Vide Report No.:	Station Diary No.: 111
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Informant's Particulars			
Name of Informant: RAMASAMY VENKATESAN		Address:	
ID Type / ID No.: FIN NO / G7289260M		Contact No.: Home/Office: Mobile: 91406006	
Nationality: INDIAN		Email:	
Sex: Male	Age: 40	Date of Birth: 17/05/1980	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: COMPANY DRIVER		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: 19/10/2020 18:25	Type of Location: Straight Road
Location: SUNGEI KADUT STREET 5				
Lamp Post Number: 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB3355Y	Lorry		TOYOTA	Grey	Slightly Damaged	1
YP1980J	Lorry		MITSUBISHI	White	Slightly Damaged	0

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



**SINGAPORE  
POLICE FORCE**



T/20201026/2137

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

2 of 3

Report No. T/20201026/2137

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	NG LIAN KHENG		ID No. S1760582H
Related Vehicle	GBB3355Y (Lorry)		Contact No. 90231223
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	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	RAMASAMY VENKATESAN		ID No. G7289260M
Related Vehicle	YP1980J (Lorry)		Contact No. 91406006
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	NIL	Degree of Injury	NIL

**Brief Details.**

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I wish to inform that I have an in-car camera installed in my vehicle and have the footage of the above incident. I am lodging this report for record purposes.



**SINGAPORE  
POLICE FORCE**



T/20201026/2137

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3 of 3


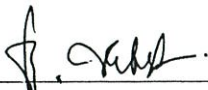


Report No. T/20201026/2137

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / SC2 RYAN BIN RAMLI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2020 20:44
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151  	Classification Of Case:
Authentication Stamp NP168	SIGNATURE



Accident Photo

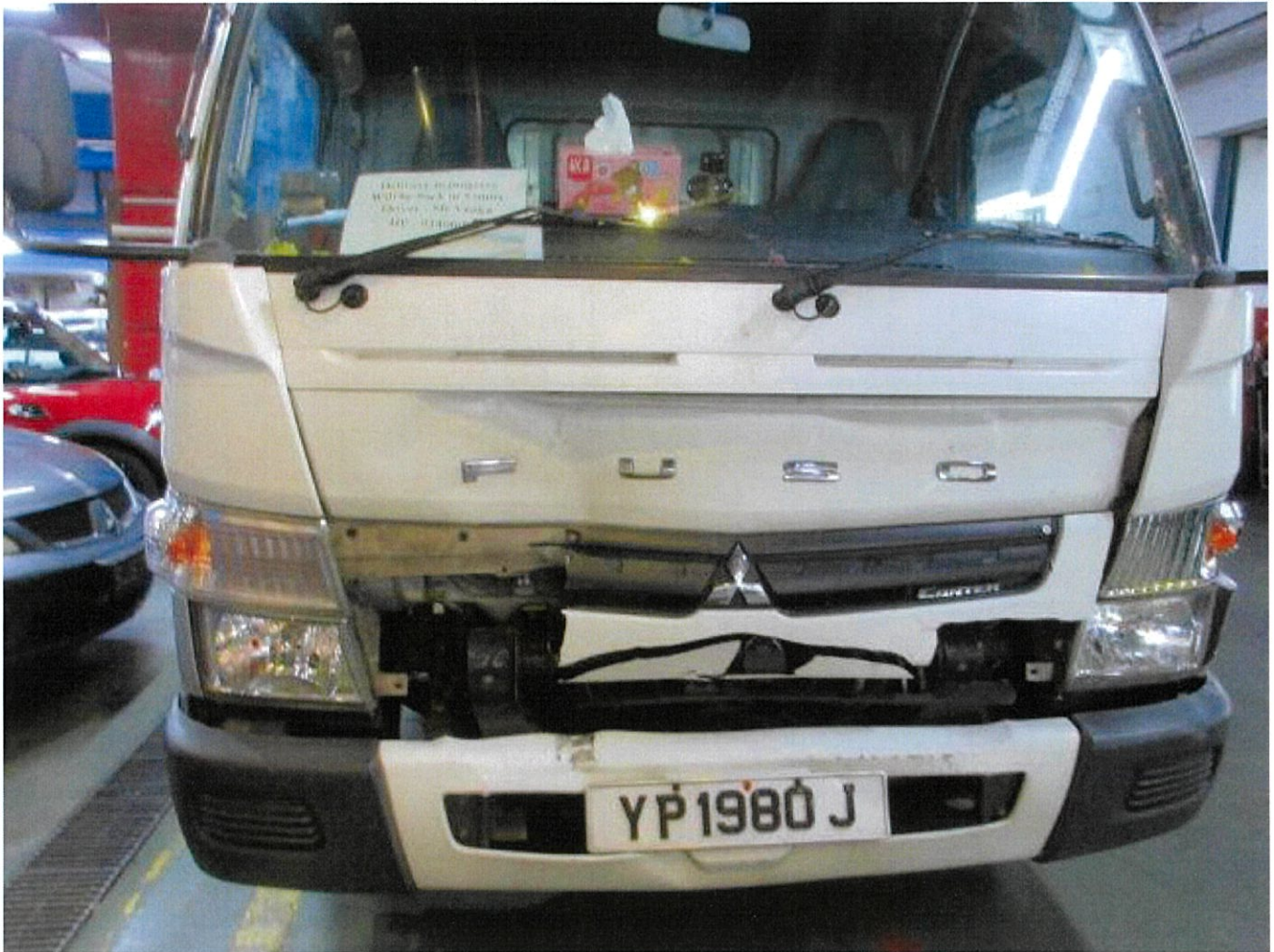


Accident Photo





Accident Photo





Accident Photo

