

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 Submission 04/01/2021 15:31 (SGT)
Date of Accident 02/01/2021 13:30 (SGT)
Exact Location of Accident South Buona Vista Rd, Singapore
Additional Location Information X-JUNC OF SOUTH BUONA VISTA & LOWER KENT RIDGE RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB275P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MUGAN ELECTRICAL ENGINEERING
Company Reg No 4XXXX300E
Email Address chiksiang@muganelectrical.com
Mobile Phone No (Phone) +65-93204382
Alternative Phone No +65-93204382

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5043891948-10
Cover Note Number -

DRIVER

Name of Driver AYYASAMY AYYAPPAN
Passport No/FIN GXXXX830P
Date Of Birth 31/05/1982
Occupation Outdoor

Date Of Driving Pass	11/05/2009
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93906268
Alt. Phone Number	-
Email Address	chiksiang@muganelectrical.com
Address	7 LORONG 27A GEYLANG
Address complement	#02-08 SIMS GREEN
Postcode	388133
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 - Cross Junction
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?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KALUVAN SATHISH
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210102/2055

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ4125C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ACE POON YO CHYE
NRIC No	SXXXX033F
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	AYYASAMY AYYAPPAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	GBB275P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



[Handwritten Signature]

Policyholder's Signature
Date & Time:

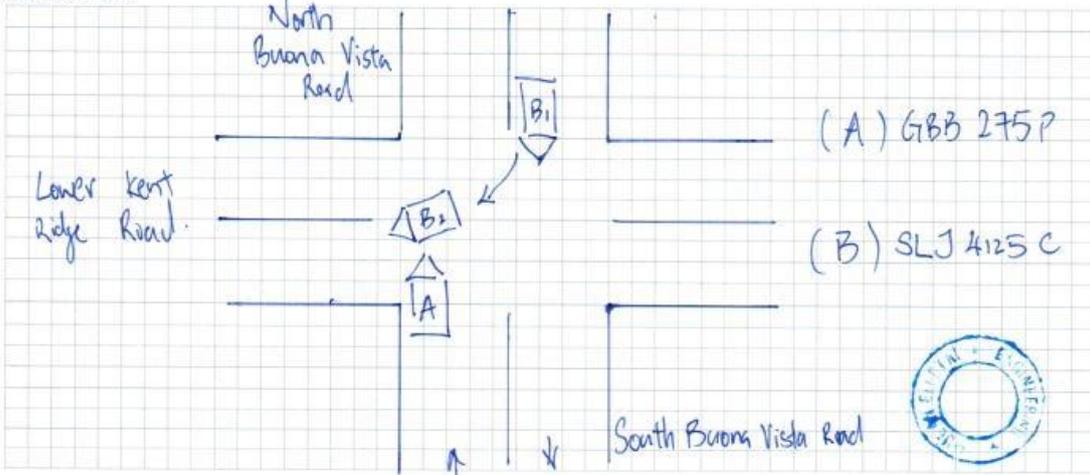
[Handwritten Signature]

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

[Handwritten Signature]

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report. 0/20210102/0075

DECLARATION

I declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

[Signature] 04/01/21



**SINGAPORE
POLICE FORCE**



T/20210102/2055

2 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20210102/2055

CONTINUATION OF REPORT

Driver			
Name	AYYASAMY AYYAPPAN	ID No.	G7658830P
Related Vehicle	GBB275P (Lorry)	Contact No.	9390 6268
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ACE POON YO CHYE	ID No.	S9630033F
Related Vehicle	SLJ4125C (Car)	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	NIL	Degree of Injury	NIL

Brief Details.

On 02 January 2021 at around 1330hrs, I was driving my company's lorry (registration plate number: GBB275P) along South Buona Vista Road towards North Buona Road. As I was approaching the junction of South Buona Vista Road and Lower Kent Ridge Road, I saw that the traffic light was green which gave me the right of way to proceed straight. Suddenly, a white car (registration plate number: SLJ 4125C) coming from the opposite direction made an abrupt right turn towards Lower Kent Ridge Road. I could not brake in time and as a result, the front part of my lorry collided into the left side of said vehicle. The impact caused the car to lose control and hit onto the traffic light at Lower Kent Ridge Road. After the accident, the traffic lights at the said junction were no longer working and shortly after, traffic police arrived at scene.

I wish to add that I had one passenger with me, one Kaluvan Sathish (FIN: G2980299N, H/P: 8451 2854) and I wish to add that both of us were unharmed. The traffic police then handed over a case card to me reference: D/20210102/0075 and instructed me to lodge a police report.





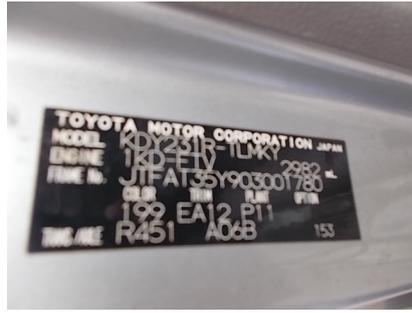















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T/20210102/2055

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Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20210102/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2021 15:49		Vide Report No.: D/20210102/0075		Station Diary No.: 19
Informant's Particulars				
Name of Informant: AYYASAMY AYYAPPAN		Address: APT BLK 7 LORONG 27A GEYLANG #02-08 SIMS GREEN SINGAPORE 388133		
ID Type / ID No.: FIN NO / G7658830P		Contact No.: Home/Office: Mobile: 9390 6268		
Nationality: INDIAN		Email:		
Sex: Male	Age: 38	Date of Birth: 31/05/1982	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: CONSTRUCTION WORKER AND DRIVER		Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/01/2021 13:30	Type of Location: X-Junction
Location: SOUTH BUONA VISTA ROAD				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB275P	Lorry				Seriously Damaged	1
SLJ4125C	Car				Seriously Damaged	0

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



**SINGAPORE
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T/20210102/2055

2 of 3

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SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20210102/2055

CONTINUATION OF REPORT

Driver			
Name	AYYASAMY AYYAPPAN	ID No.	G7658830P
Related Vehicle	GBB275P (Lorry)	Contact No.	9390 6268
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ACE POON YO CHYE	ID No.	S9630033F
Related Vehicle	SLJ4125C (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
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3 of 3
Report No. T/20210102/2055

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 3 AMIRUL HARITH BIN ABD MAJID 

Signature Of Informant:


Signature Of Interpreter:
Not applicable

Date/Time:
02/01/2021 15:49

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476178 

Classification Of Case:

Authentication Stamp
NP168  SIGNATURE