

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 21:25 (SGT)
Date of Accident 03/01/2021 15:45 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE TOWARDS CITY LAMP POST 245
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB9603S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TROPICAL ENVIRONMENT PTE LTD
Company Reg No 198905668D
Email Address ADMIN@TROPICPLANNERS.COM.SG
Mobile Phone No (Phone) +65-67620500
Alternative Phone No (Office) +65-67620500

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fb70bb1srdea
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? Yes
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Lonpac
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z/20/VC00/106952
Cover Note Number -

DRIVER

Name of Driver PERIYATHAMBI MUNIYAPPAN
Passport No/FIN G7928345U
Date Of Birth 30/07/1983
Occupation Indoor

Date Of Driving Pass	13/11/2017
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91303796
Alt. Phone Number	-
Email Address	ADMIN@TROPICPLANNERS.COM.SG
Address	C/O 60 JALAN LEKAR
Address complement	-
Postcode	698947
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

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 material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SALAM ABDUS
Gender	Male

PASSENGER 2

Name	MOJAMMEL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

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	YM7386B
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJD4390H
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	MOJAMMEL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG INJURED
Injured person in which vehicle?	GBB9603S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes


SKETCH PLAN**IMPORTANT NOTICE**


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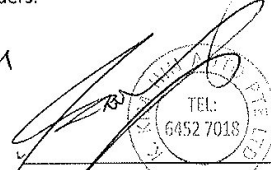
8. Consent under the Personal Data Protection Act (PDPA)

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:

4/1/2021
 14490
 HPS

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











CHASSIS NUMBER

CH 270BBA20235

U.W : 1800 KG

M.L.W : 3390 KG

TYRE : (F) 185 75R 15

SIZE : (R) 185 75R 15 D

PASSENGER CAPACITY : 1 DRIVER 2 OTHERS





**SINGAPORE
POLICE FORCE**



T/20210103/2054

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Report No. T/20210103/2054

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2021 17:07	Vide Report No.: A/20210103/0098	Station Diary No.: 32
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Informant's Particulars

Name of Informant: PERIYATHAMBI MUNIYAPPAN			Address:		
ID Type / ID No.: FIN NO / G7928345U			Contact No.: Home/Office: Mobile: 91303796		
Nationality: INDIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 30/07/1983	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Civil engineering/Building construction labourer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/01/2021 15:45	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Lamp Post Number: 245				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
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
GBB9603S	Lorry				Seriously Damaged	2
SJD4390H	Car				Slightly Damaged	0
YM7386B	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20210103/2054

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	SALAM ABDUS		ID No.	G6986167P
Related Vehicle	GBB9603S (Lorry)		Contact No.	98955142
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
Driver				
Name	PERIYATHAMBI MUNIYAPPAN		ID No.	G7928345U
Related Vehicle	GBB9603S (Lorry)		Contact No.	91303796
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
Passenger				
Name	MOJAMMEL		ID No.	G2484521X
Related Vehicle	GBB9603S (Lorry)		Contact No.	86495307
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	Slight

Brief Details.

On 03/01/2021 at about 1545hrs, I was traveling along CTE towards PIE along with 2 more passanger in my lorry (GBB9603S).

A lorry (YM7386B) was initially driving in front of me. All of a sudden, the lorry jammed braked. I tried to brake but could not stop in time. As such, my lorry front side collided into the lorry rear.

There was a vehicle (SJD4390H) infront of the lorry (YM7386B) when the incident happened. The vehicle suffered some scratches on the rear. But I am not sure if the lorry in front of me had already collided into



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T/20210103/2054

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Report No. T/20210103/2054

CONTINUATION OF REPORT

the vehicle before I had collided into the lorry.

After the collision, one of my passenger namely Mojammel mentioned that his left leg felt painful. As such, someone called for ambulance assistance. Mojammel was then conveyed to Tan Tock Seng Hospital by ambulance for treatment.

Traffic police were also at scene and he adviced me to lodge a police report.

I wish to state that I do not have any particulars of the involved vehicle and I do not have installed camera in my lorry as well.

I am lodging this police report for record purpose and for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20210103/2054

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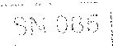
Report No. T/20210103/2054

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: F / Sgt 2 SEBASTIAN YIN JIA JUN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2021 17:07
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No.: 65476200	Classification Of Case: 
Authentication Stamp NP168 