

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 19/01/2021 16:21 (SGT)
Date of Accident 19/01/2021 07:30 (SGT)
Exact Location of Accident Airport Rd, Singapore
Additional Location Information LINK TO KPE (ECP) INSIDE TUNNEL TOWARDS MCE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GZ5532D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WISESCAN ENGINEERING SERVICES PTE LTD
Company Reg No 1XXXXX779R
Email Address SHI_HOOI@WISESCAN.COM
Mobile Phone No (Phone) +65-68410880
Alternative Phone No +65-84982128

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 5106315427
Cover Note Number -

DRIVER

Name of Driver SEBASTHI ANTONYSAMY
Passport No/FIN GXXXX621M
Date Of Birth 04/03/1981
Occupation Outdoor

Date Of Driving Pass	19/06/2008
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84982128
Alt. Phone Number	-
Email Address	ANTONYNAJEE@GMAIL.COM
Address	BLK 44 OWEN ROAD #01-309
Address complement	-
Postcode	210044
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	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 material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	VEERAAIAH VINOTHKUMAR
Gender	Male

PASSENGER 2

Name	THANGARAJ KUMAR
Gender	Male

PASSENGER 3

Name	JOHN PEETAR ARUL BETHURURAJA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. T/20210119/2051.

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 GBH819P
Vehicle Manufacturer Nissan
Vehicle Model TRUCK
Vehicle Variant -
Vehicle Colour -
Vehicle Category Goods vehicle
Name of Driver SUKIRMAN BIN SUGIMAN
NRIC No SXXXX702E
Contact Number (Phone) +65-88925403
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 SMX8666X
Vehicle Manufacturer Audi
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver LIM CHUN KEET
Contact Number (Phone) +65-87787797
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

PASSENGER 1

Name UNKNOWN
Gender -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person VEERAAIAH VINOTHKUMAR
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GZ5532D
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person THANGARAJ KUMAR
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -

Injured person in which vehicle?	GZ5532D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

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

SKETCH PLAN**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. 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:

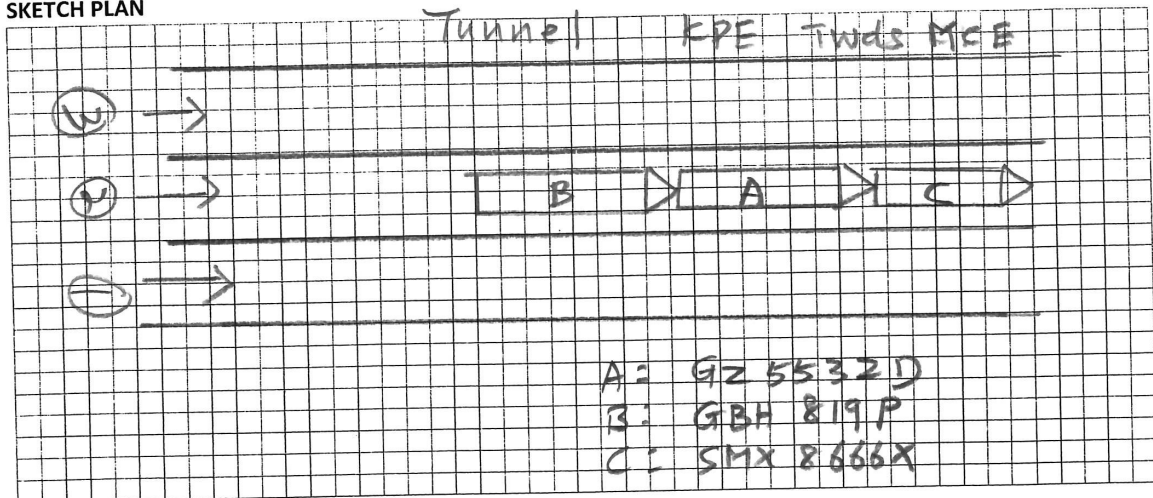
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 19/11/2021


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No. T/2021 0119/2051.

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: 19/1/2021

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

















**SINGAPORE
POLICE FORCE**



T/20210119/2051

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210119/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/01/2021 14:09	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SEBASTHI ANTONYSAMY			Address: APT BLK 44 OWEN ROAD #01-309 SINGAPORE 210044		
ID Type / ID No.: FIN NO / G7430621M			Contact No.: Home/Office: Mobile: 84982128		
Nationality: INDIAN			Email:		
Sex: Male	Age: 39	Date of Birth: 05/03/1981	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/01/2021 07:30	Type of Location: Straight Road
Location: AIRPORT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBH819P	Lorry				Seriously Damaged	0
GZ5532D	Van				Seriously Damaged	3
SMX8666X	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210119/2051

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210119/2051

CONTINUATION OF REPORT

Driver			
Name	SUKIRMAN BIN SUGIMAN		ID No. NIL
Related Vehicle	GBH819P (Lorry)		Contact No. 88925403
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	VEERAAIAH VINOTHKUMAR		ID No. G6536621K
Related Vehicle	GZ5532D (Van)		Contact No. 98928525
Hospital/Clinic	RAFFLES HOSPITAL		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
Passenger			
Name	THANGARAJ KUMAR		ID No. G8485374M
Related Vehicle	GZ5532D (Van)		Contact No. 83171173
Hospital/Clinic	RAFFLES HOSPITAL		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
Driver			
Name	SEBASTHI ANTONYSAMY		ID No. G7430621M
Related Vehicle	GZ5532D (Van)		Contact No. 84982128
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20210119/2051

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210119/2051

CONTINUATION OF REPORT

Passenger			
Name	JOHN PEETAR ARUL BETHURURAJA		ID No. G2504061P
Related Vehicle	GZ5532D (Van)		Contact No. 94695679
Hospital/Clinic	RAFFLES HOSPITAL		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
Driver			
Name	LIM CHUN KEET		ID No. NIL
Related Vehicle	SMX8666X (Car)		Contact No. 87787797
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	Unknown Passenger		ID No. NIL
Related Vehicle	SMX8666X (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.

LOCATION IS AT KPE(ECP) 5KM

N 19 JANUARY 2021, AT ABOUT 7:30 AM IN THE MORNING. I WAS DRIVING MY VAN (GZ5532D) ON MY WAY TO WORK. THERE WERE THREE OTHER COLLEAGUES IN THE SAME VEHICLE, WITH ONE SEATED IN FRONT AND TWO SEATED BEHIND.

I WAS DRIVING IN THE SECOND LANE WITHIN THE KPE TUNNEL. HEADING TOWARDS MCE WHEN VEHICLE C (SM9669) (WHICH WAS DIRECTLY IN FRONT OF ME) SUDDENLY JAM ITS BRAKE. AS I HAVE KEPT A SAFE DISTANCE FROM VEHICLE C, I HAVE MANAGED TO BREAK ON TIME. WHEN MY VEHICLECAME TO A COMPLETE STOP, MY VEHICLE WAS STILL A SMALL A DISTANCE AWAY FROM VEHICLE C



**SINGAPORE
POLICE FORCE**



T/20210119/2051

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210119/2051

CONTINUATION OF REPORT

HOWEVER, VEHICLE B WHICH WAS DIRECTLY BEHIND MY VEHICLE, HAD FOLLOWED TOO CLOSE TO MY VEHICLE. IT DID NOT MANAGE TO BREAK ON TIME. AS A RESULT, VEHICLE B FORCEFULLY RAMPED INTO THE BACK OF MY VEHICLE. THE IMPACT WAS SO STRONG. THAT IT PUSHED MY VEHICLE TO FORWARD AND CAUSED IT TO HIT THE BACK OF VEHICLE C.

ALL MY COLLEAGUES IN THE VEHICLE WERE INJURED AND WERE TAKEN TO HOSPITAL BY THE AMBULANCE. I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

THATS ALL

IO IC FARHAN SAIRI
TEL 65476224



**SINGAPORE
POLICE FORCE**



T/20210119/2051

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210119/2051

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:
TP /
MUHAMMAD DANIAL BIN KHAIRILAMRI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD FARHAN BIN SAIRI
Contact No.: 65476224

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
19/01/2021 14:09

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S6650020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : SM0G211J0001 Vehicle Registration No: GZ 5332 D
Name(as shown in NRIC) : Sebasthi Antony Simy NRIC/FIN/Passport No : G7430621M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BK 44 Owen Rd #01-309 Singapore 210044
Contact (Tel) : _____ Mobile No. : 8498 2128
Email Address : _____
Date of Accident : 19/1/2021 Time of Accident : 07-30
Place of Accident : Airport Road
Insurance Company: NINC

(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:

- 1) To submit police report amendments.
- 2) To amend policyholder name and email address.
- 3) To amend place of accident.


Policyholder / Driver's Signature
Date: 20/1/2021


Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: 20/1/2021
Date: _____



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Report No. T/20210120/2066

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20210119/2051

Report Number T/20210120/2066

Vide Report Number T/20210119/2051

Date/Time of Report Made 20/01/2021 15:08

Place Report Lodged Ang Mo Kio Driving Test Centre

Type of Informant Driver

Name of Informant SEBASTHI ANTONYSAMY

ID Type / ID No. FIN NO / G7430621M

Home/Office

Mobile 84982128

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 19/01/2021 07:30

Accident Location AIRPORT ROAD

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH819P	Lorry					0
GZ5532D	Van					0
SMX8666X	Car					0

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



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Report No. T/20210120/2066

Continuation of CSF For NP168

Driver			
Name	SEBASTHI ANTONYSAMY	ID No.	G7430621M
Related Vehicle	GZ5532D (Van)	Contact No.	84982128
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 Facts.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,

I WAS DRIVING IN THE SECOND LANE WITHIN THE KPE TUNNEL. HEADING TOWARDS MCE WHEN VEHICLE C (SMX8666X) WHICH WAS IN FRONT OF ME SUDDENLY JAM ITS BRAKE. AS I HAVE KEPT A SAFE DISTANCE FROM VEHICLE C, I HAVE MANAGED TO BRAKE ON TIME. WHEN MY VEHICLE CAME TO A COMPLETE STOP, MY VEHICLE WAS STILL A SMALL DISTANCE AWAY FROM VEHICLE C. HOWEVER, VEHICLE B WHICH WAS DIRECTLY BEHIND MY VEHICLE, HAD FOLLOWED TOO CLOSE TO MY VEHICLE. IT DID NOT MANAGE TO BRAKE ON TIME. AS A RESULT, VEHICLE B FORCEFULLY RAMPED INTO THE BACK OF MY VEHICLE. THE IMPACT WAS SO STRONG THAT IT PUSHED MY VEHICLE TO FORWARD AND CAUSED IT TO HIT THE BACK OF VEHICLE C. ALL MY COLLEAGUES IN THE VEHICLE WERE INJURED AND WERE TAKEN TO THE HOSPITAL BY THE AMBULANCE. THAT IS ALL



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Report No. T/20210120/2066

Continuation of CSF For NP168**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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / MUHAMMAD FARHAN BIN SAIRI
Classification of Case	1) INJURY / ATTENDED BY POLICE

