

# 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 ..... 05/02/2021 16:44 (SGT)  
Date of Accident ..... 04/02/2021 16:45 (SGT)  
Exact Location of Accident ..... Tuas South Ave 4, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG3923G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GEOINSTRUMENTATION AUTOMATION PTE LTD  
Company Reg No ..... 2XXXXX845D  
Email Address ..... STYTECHENT@SINGNET.COM.SG  
Mobile Phone No ..... (Phone) +65-93365168  
Alternative Phone No ..... +65-93365168

### 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 ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00059292002  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHINNASAMY ARULAPPAN  
Work Permit No ..... FXXXX753X  
Date Of Birth ..... 07/05/1976  
Occupation ..... Outdoor

Date Of Driving Pass .....	21/03/2005
Driving experience .....	15 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94667204
Alt. Phone Number .....	-
Email Address .....	ARULMAGA46@GMAIL.COM
Address .....	5 UPPER ALJUNIED LINK #06-01 QUARTZ INDUSTRIAL BUILDING
Address complement .....	-
Postcode .....	367903
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 .....	Clear
Road Surface .....	Dry

#### 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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

REFER TO STATEMENT AND POLICE REPORT T/20210205/2047

#### 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 .....	GBE3876U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LIM PUAY BENG

NRIC No .....	SXXXX197E
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 .....	CHINNASAMY ARULAPPAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	HEAD AND RIGHT ARM
Injured person in which vehicle? .....	GBG3923G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

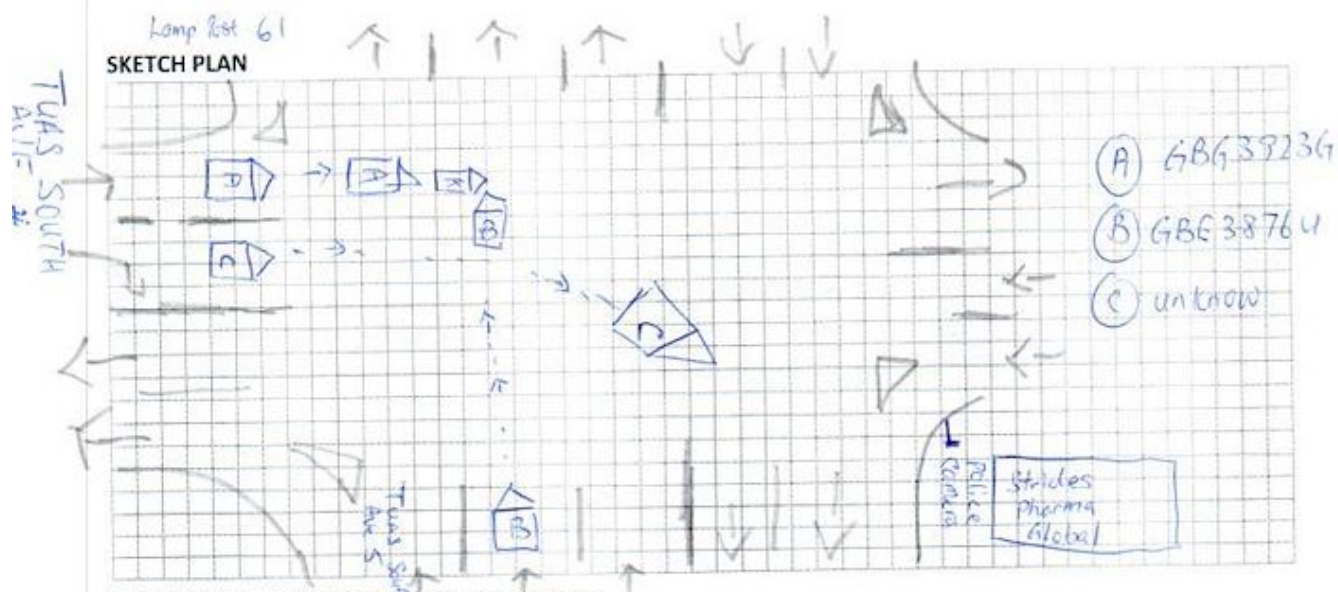


Policyholder's Signature  
Date & Time:

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

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





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/02/21 @ 1645 hrs I was Driving my Lorry GBG3923G along Tuas South Ave 4 at the Junction waiting For Traffic Light Turn green. When Traffic turn green Beside my Right unknown Car was Turning Right as I was Travelling Straight. Suddenly Vehicle B GBE3876U from Tuas South Ave 5 Beat the Red light and Bang Onto my front Right Portion.

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.:







































# SINGAPORE POLICE FORCE



T/20210205/2047

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

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Report No. T/20210205/2047

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2021 13:51	Vide Report No.:	Station Diary No.: 22
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### Informant's Particulars

Name of Informant: CHINNASAMY ARULAPPAN	Address: APT BLK 7 HARRISON ROAD #02-00 HARRISON INDUSTRIAL BUILDING SINGAPORE 369650		
ID Type / ID No.: FIN NO / F8145753X	Contact No.: Home/Office: Mobile: 94667204		
Nationality: INDIAN	Email:		
Sex: Male	Age: 44	Date of Birth: 07/05/1976	Type of Informant: Driver
Race: Indian	Language: English		Institution / School Name:
Occupation: DRIVER SUPERVISOR	Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/02/2021 16:45	Type of Location: X-Junction
Location:  TUAS SOUTH AVENUE 4				
Lamp Post Number: 61				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
GBE3876U	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	Silver	Slightly Damaged	0
GBG3923G	Lorry	TOYOTA	DYNA 3.0 MANUAL	Silver	Seriously Damaged	0

### Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20210205/2047

Police Station Of Origin:  
Eunos NPP  
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SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20210205/2047

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LIM PUAY BENG	ID No.	S1450197E
Related Vehicle	GBE3876U (Lorry)	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
<b>Driver</b>			
Name	CHINNASAMY ARULAPPAN	ID No.	F8145753X
Related Vehicle	GBG3923G (Lorry)	Contact No.	94667204
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/02/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the 04/02/2021 at 1645hrs, I was driving my lorry bearing registration number GBG3923G along Tuas South Avenue 4. I stopped at the junction of Tuas South Avenue 4 and Tuas South Avenue 5 as the traffic light was red. When the traffic turns green and it was on my favor to move off, I made a check thereafter, I moved off going straight. All of a sudden, one lorry bearing registration number GBE3876U onto my right side, had beat the red light from Tuas South Avenue 5 and the lorry collided onto my vehicle on the front right portion of my vehicle. I wish to state that, right after the accident, my driver's door could not open as such, I need to climb over to the passenger side to get out from the vehicle.

I rendered assistance to the driver that collided onto me and he informed that he was okay. I went back to my vehicle and moved to the side of the road slowly to prevent causing congestion at the junction. Both of us exchanged particulars and left the place. The front portion of my vehicle was seriously damaged and I needed to activate towing crew to tow away the vehicle. During the accident, I felt pain onto my head and my right arm. I found out there shard of glass to the injuries due to the shattered glass on my window. Due to the injury, I went to Mount Alvernia Hospital and I was given 3 days of medical leave.

I wish to state that <sup>no</sup> government property damaged.

**Eunos NPP**  
Block 629 Bedok Reservoir Road  
#01-1620 Singapore 470629  
Tel: 1800-4439999



**SINGAPORE  
POLICE FORCE**



T/20210205/2047

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Report No. T/20210205/2047

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

**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 SHAHRIN AZHAR BIN JUMADI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2021 13:51
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	