



## 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 ..... 19/02/2021 17:08 (SGT)  
Date of Accident ..... 31/01/2021 16:30 (SGT)  
Exact Location of Accident ..... Lornie Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YM7842B

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CHIA CHOON HWA CO  
Company Reg No ..... 28221300L  
Email Address ..... chiachoonhwa@gmail.com  
Mobile Phone No ..... (Phone) +65-64455020  
Alternative Phone No ..... (Office) +65-64455020

#### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Canter  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z/20/VC00/109401  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... VEERAPPAN AZHAGAPPAN  
Passport No/FIN ..... G6911851N  
Date Of Birth ..... 06/03/1991  
Occupation ..... Outdoor



|  |                           |
|--|---------------------------|
| Date Of Driving Pass .....   | 18/10/2013                |
| Driving experience .....   | 7 YEARS AND 3 MONTHS      |
| Gender .....   | Male                      |
| Mobile Number .....  | (Phone) +65-94499257      |
| Alt. Phone Number .....  | -                         |
| Email Address .....  | kannan.v9191@gmail.com    |
| Address .....  | 28 LIMA WALK KEW COTTAGES |
| Address complement .....   | -                         |
| Postcode .....   | 467788                    |
| 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 - Head to Rear |
| 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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 .....   | KAISER |
| Gender ..... | Male   |

#### DETAILS OF POLICE ACTION

|   |  |
|---|--|
| Was the accident reported to the police? .....  | Yes                                    |
| Police Station Name .....                       | Rochor Neighbourhood Police Centre     |
| Police Station Phone No .....                   | (Phone) +65-18002949999                |
| Alt. Police Station Phone No .....              | (Fax) +65-63918583                     |
| Police Station Address .....                    | 11 Kampong Kapur Road Singapore 208678 |
| Was notice of intended Prosecution given? ..... | No                                     |
| If yes, against whom? .....                     | -                                      |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210131/2089.

#### 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 ..... | SLF5098L |
| Vehicle Manufacturer .....        | -        |
| 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 ..... | VEHICLE B   |
| No. Of Passenger (Including Driver) .....     | -           |



## 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:

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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

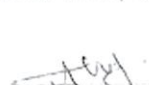
REFER TO POLICE REPORT

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

X  

Policyholder's Signature  
Date & Time



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

19/2/21 11:00h

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



















**SINGAPORE  
POLICE FORCE**



T/20210131/2089

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/202 10131/2089

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                           |                            |
|--|------------|------------------------------|---|---------------------------|----------------------------|
| Date/Time Report Made:<br>31/01/2021 18:45 |            | Vide Report No.:             |   | Station Diary No.:<br>122 |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                           |                            |
| Name of Informant:<br>VEERAPPAN AZHAGAPPAN |            |                              | Address:<br>28 LIMAU WALK KEW COTTAGES SINGAPORE 467788 |                           |                            |
| ID Type / ID No.:<br>FIN NO / G6911851N    |            |                              | Contact No.:<br>Home/Office: Mobile: 94499257           |                           |                            |
| Nationality:<br>INDIAN                     |            |                              | Email:  |                           |                            |
| Sex:<br>Male                               | Age:<br>29 | Date of Birth:<br>06/03/1991 | Type of Informant:<br>Driver                            |                           |                            |
| Race:<br>Indian                            |            |                              | Language:<br>English                                    |                           | Institution / School Name: |
| Occupation:<br>Construction                |            |                              | Driving Licence Information:<br>Class: 2B,3,4           |                           | Date of Expiry: 17/10/2023 |

**General Information of the Accident**

|  |            |                                    |  |                                     |
|--|------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Non-Injury | Drink Drive:<br>No                 | Date/Time of Accident:<br>31/01/2021 16:30 | Type of Location:<br>Straight Road  |
| Location:<br>LORNIE ROAD                                     |            |                                    |  |                                     |
| Weather:<br>Drizzling  |            | Road Surface:<br>Wet               |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                     |            | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |            |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make       | Model | Color  | Condition        | No of Passenger |
|-------------|-------|------------|-------|--------|------------------|-----------------|
| SLF5098L    | Car   | MAZDA      |       | Silver | Slightly Damaged | 0               |
| YM7842B     | Lorry | MITSUBISHI |       | White  | Slightly Damaged | 1               |

**Details of Person Involved**

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





**SINGAPORE  
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T/20210131/2089

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No: T/20210131/2089

## CONTINUATION OF REPORT

|                                   |                      |  |   |
|-----------------------------------|----------------------|--|---|
| <b>Driver</b>                     |                      |  |   |
| Name                              | SU SOOI HONG         | ID No.                                 | S2585873E                                   |
| Related Vehicle                   | SLF5098L (Car)       | Contact No.                            | 93875538                                    |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>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                              | VEERAPPAN AZHAGAPPAN | ID No.                                 | G6911851N                                   |
| Related Vehicle                   | YM7842B (Lorry)      | Contact No.                            | 94499257                                    |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry Date | Class: 2B,3,4<br>Date of Expiry: 17/10/2023 |
| Date Treatment                    | NIL                  | Date Discharge                         | NIL   |
| No. of Days granted Medical Leave | NIL                  | Degree of Injury                       | NIL   |
| <b>Passenger</b>                  |                      |  |   |
| Name                              | KAISER               | ID No.                                 | NIL   |
| Related Vehicle                   | YM7842B (Lorry)      | Contact No.                            | 86951295                                    |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL           |
| Date Treatment                    | NIL                  | Date Discharge                         | NIL   |
| No. of Days granted Medical Leave | NIL                  | Degree of Injury                       | NIL   |

**Brief Details.**

On 31/01/2021 at about 1630hrs, while I was driving my company lorry (YM7842B) along Lornie Road towards Toa Payoh CTE on the lane 4 and suddenly one vehicle (SLF5098L) which was travelling on the lane 3 suddenly came onto my lane as the driver wanted to go to Thomson Road (by cutting across the chervon). I had jam brake but couldn't brake in time and hit onto the rear of the vehicle which caused some scratches on both vehicles.

I then came down from my vehicle and check, no one was injured. I had a passenger with my on my lorry, the car doesn't have anyone. I do not have any in-car camera. That is all.



**SINGAPORE  
POLICE FORCE**



T/20210131/2089

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Report No T/20210131/2089

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CONTINUATION OF REPORT