

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 16/03/2021 10:14 (SGT)
Date of Accident 15/03/2021 08:15 (SGT)
Exact Location of Accident Jurong West Ave 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJJ9360E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SYLLYS AUTO PTE LTD
Company Reg No -
Email Address Aogangel3@gmail.com
Mobile Phone No (Phone) +65-90586549
Alternative Phone No +65-90586549

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage ThirdParty
Fleet Policy No
Policy Number A 400000457 MCX
Cover Note Number -

DRIVER

Name of Driver MOGAN KRISHNA
NRIC No SXXXX929G
Date Of Birth 24/12/1975
Occupation Outdoor

Date Of Driving Pass	23/10/2008
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84289951
Alt. Phone Number	-
Email Address	Aogangel3@gmail.com
Address	BLK 843 WOODLANDS ST 82 #10-73
Address complement	-
Postcode	730843
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MR LAU
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008522999
Alt. Police Station Phone No	(Fax) +65-68522239
Police Station Address	32 Yishun Street 81 Singapore 768456
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210315/2045

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	YN8327K
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MR LAU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJJ9360E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MOGAN KRISHNA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJJ9360E
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.

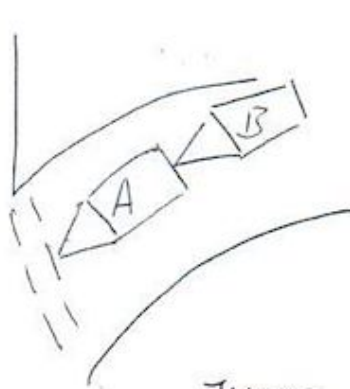


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A5559360E

BYN8327K

Jurong West Ave 5

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report. T/20210315/2045

DECLARATION
I/We declare the following 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/20210315/2045

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 4
Report No. T/20210315/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2021 13:18		Vide Report No.:		Station Diary No.: 25
Informant's Particulars				
Name of Informant: MOGAN KRISHNA		Address: APT BLK 843 WOODLANDS STREET 82 #10-73 SINGAPORE 730843		
ID Type / ID No.: NRIC NO / S7567929G		Contact No.: Home/Office: Mobile: 84289951		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 45	Date of Birth: 24/12/1975	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: MANUFACTURING TECHNICAL ASSOCIATE		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/03/2021 08:15	Type of Location: zebra crossing
Location: JURONG WEST AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ9360E	Car	HONDA		White	Seriously Damaged	1
YN8327K	Lorry	HINO		White	Slightly Damaged	0

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



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T/20210315/2045

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Report No. T/20210315/2045

CONTINUATION OF REPORT

Driver			
Name	MOGAN KRISHNA	ID No.	S7567929G
Related Vehicle	SJJ9360E (Car)	Contact No.	84289951
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/03/2021	Date Discharge	15/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KACHAKUDI SELVARASU SELVAKUMAR	ID No.	G6669935N
Related Vehicle	YN8327K (Lorry)	Contact No.	81716157
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/03/2021 at about 8.15am, I was driving along Jurong West Avenue 5, turning left at the zebra crossing into Jalan Bahar. While I was making the left turn, after the zebra crossing, I had stopped to make a check on oncoming vehicles on my right. I had stopped before the double white dotted line. While waiting for the road to be clear, I suddenly felt an impact coming from the rear of my vehicle, SJJ9360E.

One lorry, YN8327K had hit onto my rear. The rear of my vehicle was damaged. My rear window was shattered. There was a dent too. I will be going to the shop to assess the damages the impact had caused to my vehicle. I could see that the front of the lorry was dented in.

No police or ambulance attended.

I wish to state that I had one passenger with me. My passenger details is as follows: Mr Lau, H/P: 90079668.

At that point of time, nobody was injured. Hence no ambulance was called in. No government property involved too.

After the accident, I then felt pain on my body. I had gone to Khoo Teck Puat Hospital and was given 3 days MC, with MC no. KHANE211971913.



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T/20210315/2045

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Report No. T/20210315/2045

CONTINUATION OF REPORT



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T/20210315/2045

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Report No. T/20210315/2045

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: L / Sgt 2 NURSYAFIAH AMIRA BINTE MOHAMED ZULKIFFLI	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 15/03/2021 13:18
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case: SN 005
Authentication Stamp NP158	Signature: <i>[Signature]</i>

Singapore Police Force

