

# 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 ..... 20/03/2021 11:55 (SGT)  
Date of Accident ..... 19/03/2021 07:05 (SGT)  
Exact Location of Accident ..... Sungei Kadut Street 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XD5903G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HENG LIM TRANSPORT PTE LTD  
Company Reg No ..... [REDACTED]  
Email Address ..... [REDACTED]  
Mobile Phone No ..... (Phone) + [REDACTED]  
Alternative Phone No ..... (Office) + [REDACTED]

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Fp51jdr4rdea  
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  
Transmission ..... Manual  
CC ..... 12882

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5117890173  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LO YAH MENG  
NRIC No ..... [REDACTED]

Date Of Birth .....	22/02/1955
Occupation .....	Outdoor
Date Of Driving Pass .....	06/05/1983
Driving experience .....	37 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) [REDACTED]
Alt. Phone Number .....	-
Email Address .....	[REDACTED]
Address .....	[REDACTED]
Address complement .....	[REDACTED]
Postcode .....	[REDACTED]
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 - Major/Minor Rd
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	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

REFER ATTACHED 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 .....	YN5847X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	VELLAICHAMY SELLAMUTHU
Passport No/FIN .....	FXXX329L
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 .....	NA
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	RAILINGS
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	NA
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	MRT TRACK PILLAR
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

# **IMPORTANT NOTICE**

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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.

## **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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## **Sketch Plan**

AS PER ATTACHED

Describe circumstances of the accident:

Refer to Police Report NO: T/20210319/7009

**Declaration**

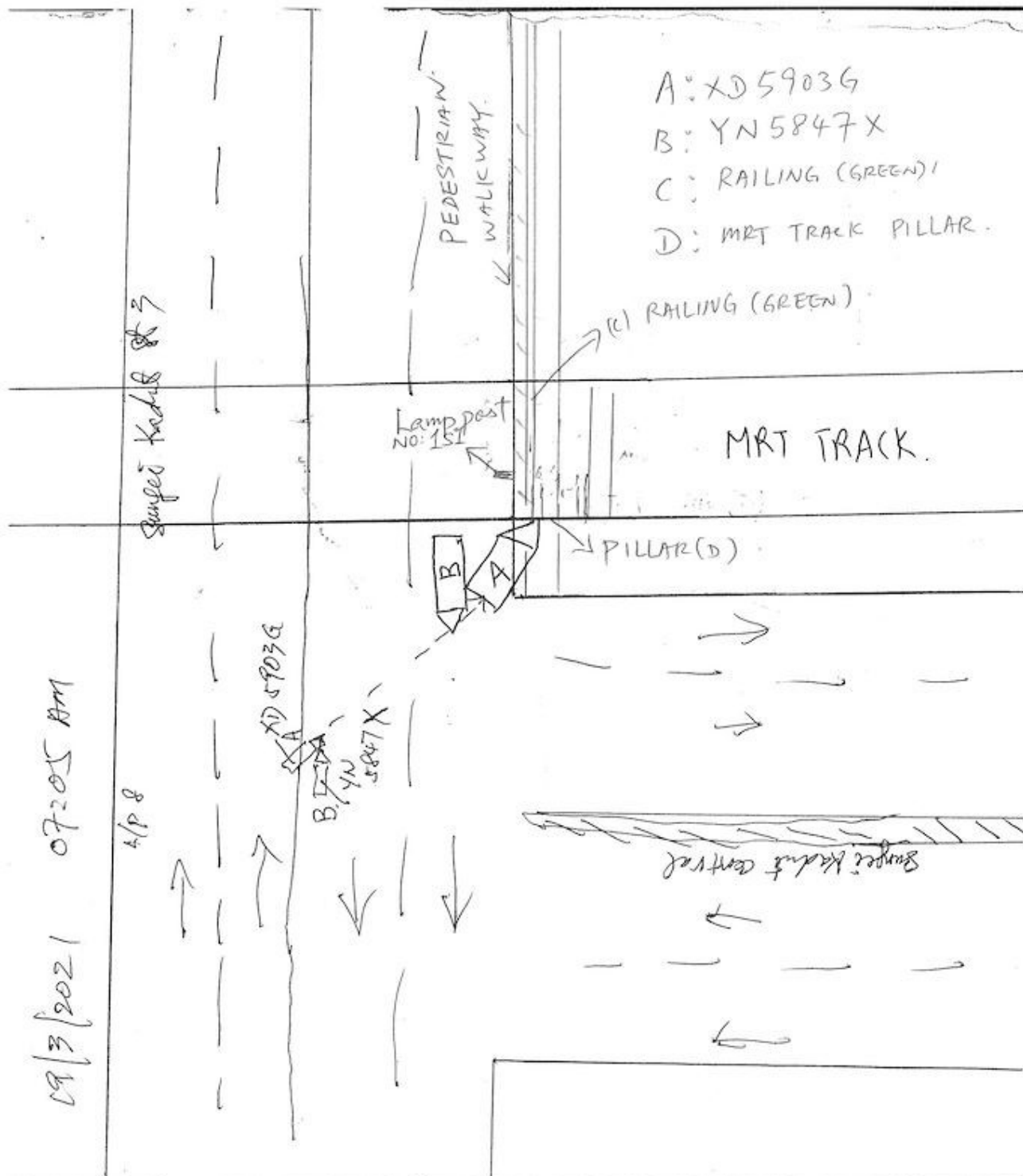
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

2/19/3/2021  
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel











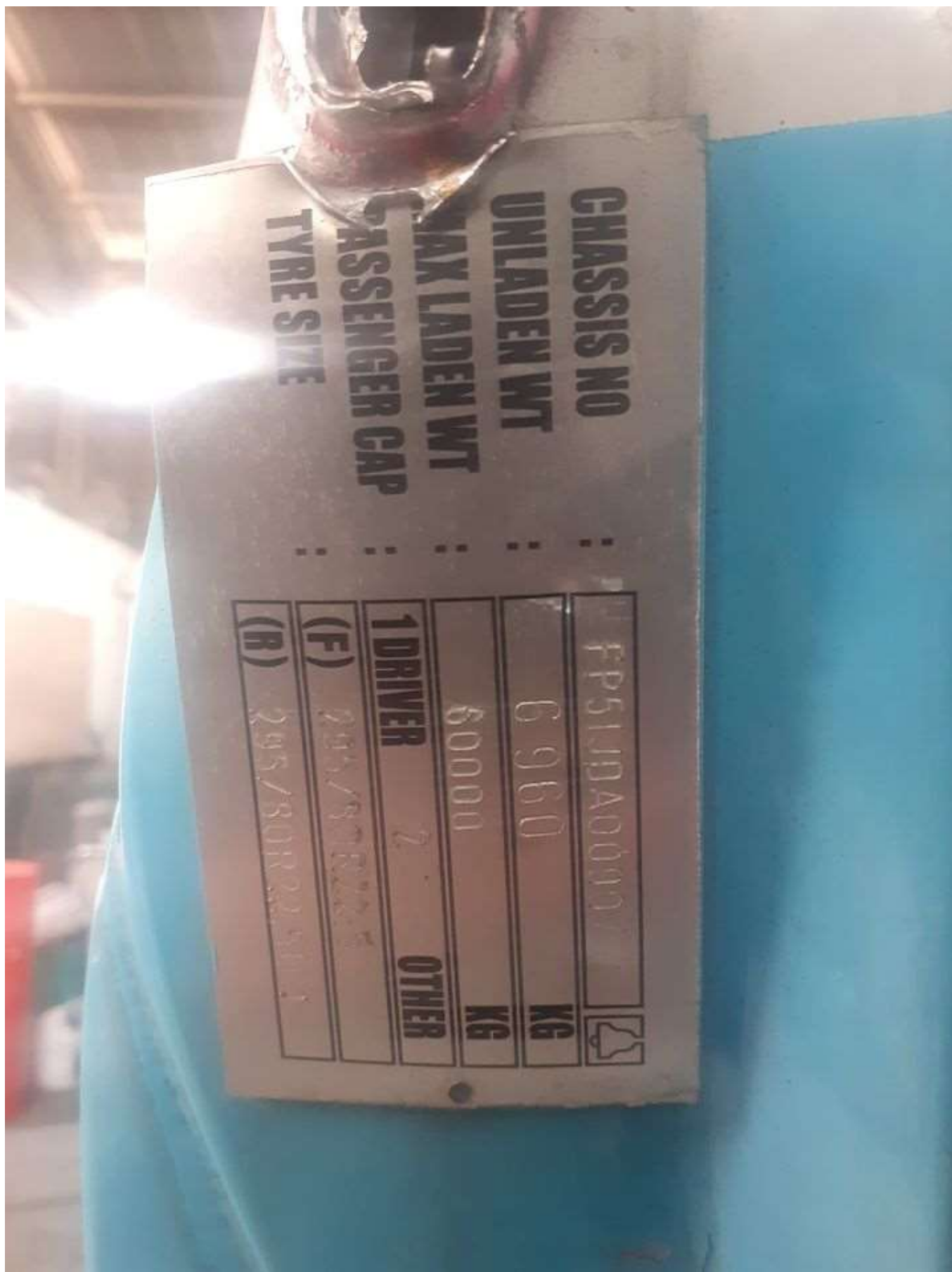


















































**SINGAPORE  
POLICE FORCE**



T/20210319/7009

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

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Report No. T/20210319/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/03/2021 13:48		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LO YAH MENG			Address: [REDACTED]		
ID Type / ID No.: NRIC NO / [REDACTED]			Contact No.: Home/Office:		Mobile: [REDACTED]
Nationality: SINGAPORE CITIZEN			Email: [REDACTED]		
Sex: Male	Age: [REDACTED]	Date of Birth: [REDACTED]	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Trailer-truck driver			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/03/2021 07:05	Type of Location: T-Junction
Location:  SUNGEI KADUT STREET 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
XD5903G	Lorry					0
YN5847X	Lorry					0





**SINGAPORE  
POLICE FORCE**



T/20210319/7009

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

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Report No, T/20210319/7009

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LO YAH MENG		ID No. [REDACTED]
Related Vehicle	XD5903G (Lorry)		Contact No. [REDACTED]
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	VELLAICHAMY SELLAMUTHU		ID No. [REDACTED]
Related Vehicle	YN5847X (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

I WAS DRIVING XD5903G, ON SUNGEI KADUT STREET 3 AT 7.05AM THIS MORNING, 19/03/2021. I WAS MAKING A RIGHT TURN INTO SUNGEI KADUT STREET 3. AS I WAS MAKING A RIGHT TURN INTO SUNGEI KADUT STREET 3, THE 2ND LORRY, YN5847X, CAME UP FROM BEHIND AND HIT MY DRIVER SIDE DOOR. AS I WAS ON LANE 1 MAKING THE RIGHT TURN, YN5847Y WAS DRIVING AGAINST TRAFFIC WHEN HE HIT ME.

AFTER THE YN5847X HIT ME, MY VEHICLE WENT UP ON THE PEDESTRIAN WALK WAY AND HIT THE RAILING, BEFORE DROPPING INTO THE DRAIN AND HITTING THE MRT TRACK PILLAR.

AFTER COMING TO A STOP, I CHECKED WITH THE OTHER DRIVER IF ANYONE WAS INJURED BEFORE MAKING A CALL TO 999. A POLICE OFFICE, MR JOFI LANO, CONTACT 65476960, ATTENDED TO ME. REF: E/20210319/45.



**SINGAPORE  
POLICE FORCE**



T/20210319/7009

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

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Report No. T/20210319/7009

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
19/03/2021 13:48

Classification Of Case: