

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 07/04/2021 16:21 (SGT)
Date of Accident 05/04/2021 22:40 (SGT)
Exact Location of Accident Raffles Ave, Singapore
Additional Location Information OUTSIDE MANDARIN ORIENTAL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF100P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ARRAY ENGINEERING & FACILITIES MANAGEMENT PTE LTD
Company Reg No 2XXXXX080H
Email Address TECHNICAL@ARRAYFM.COM.SG
Mobile Phone No (Phone) +65-83388149
Alternative Phone No +65-83388149

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
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00015582102
Cover Note Number -

DRIVER

Name of Driver THANGAVELU KANNAN
Passport No/FIN GXXXX499W

Date Of Birth	03/05/1989
Occupation	Outdoor
Date Of Driving Pass	31/12/2014
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90844385
Alt. Phone Number	-
Email Address	TECHNICAL@ARRAYFM.COM.SG
Address	687 UPPER CHANGI RD EAST VIEW GARDEN
Address complement	-
Postcode	486820
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	Side Swipe
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HOSSAIN MOHID
Gender	Male

PASSENGER 2

Name	BHUIYAN REAZ UDDIN
Gender	Male

PASSENGER 3

Name	CHINNAPPA VINOTH
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

PLS REFER TO THE POLICE REPORT:T/20210406/7028

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 SMD2849E
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver YEO SHI YUAN
 NRIC No SXXXX679E
 Contact Number (Phone) +65-98557536
 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 THANGAVELU KANNAN
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS
 Injured person in which vehicle? GBF100P
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person HOSSAIN MOHID
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS
 Injured person in which vehicle? GBF100P
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person BHUIYAN REAZ UDDIN
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS
 Injured person in which vehicle? GBF100P
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person CHINNAPPA VINOTH
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -

Injuries Sustained	SERIOUS
Injured person in which vehicle?	GBF100P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 :

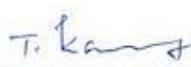
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

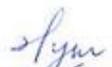
(collectively the "Purposes")

(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

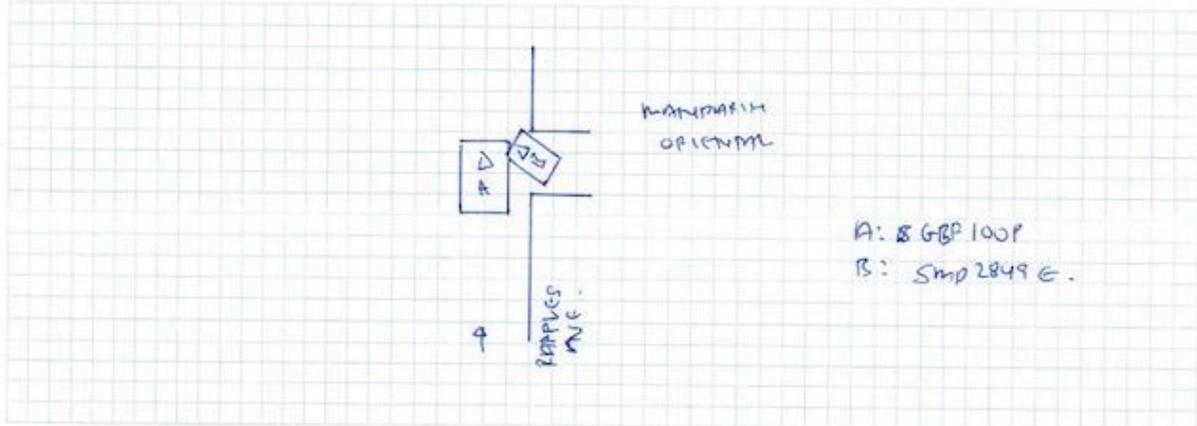
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time


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

 07/04/21
 Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20210406/7028

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

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Report No. T/20210406/7028

CONTINUATION OF REPORT

Passenger			
Name	CHINNAPPA VINOTH		ID No. G8925198U
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	06/04/2021	Date	06/04/2021
No. of Days granted Medical Leave	02	Degree of	Serious

Brief Details.

On the date and time mention, i was driving my vehicle (GBF100P) along Raffles Ave. Suddenly a vehicle (SMD2349E) exit from mandarin oriental and collided on to the front right and the side of my vehicle. I felt pain today and went to consult a doctor. I was given 3 days of mc.









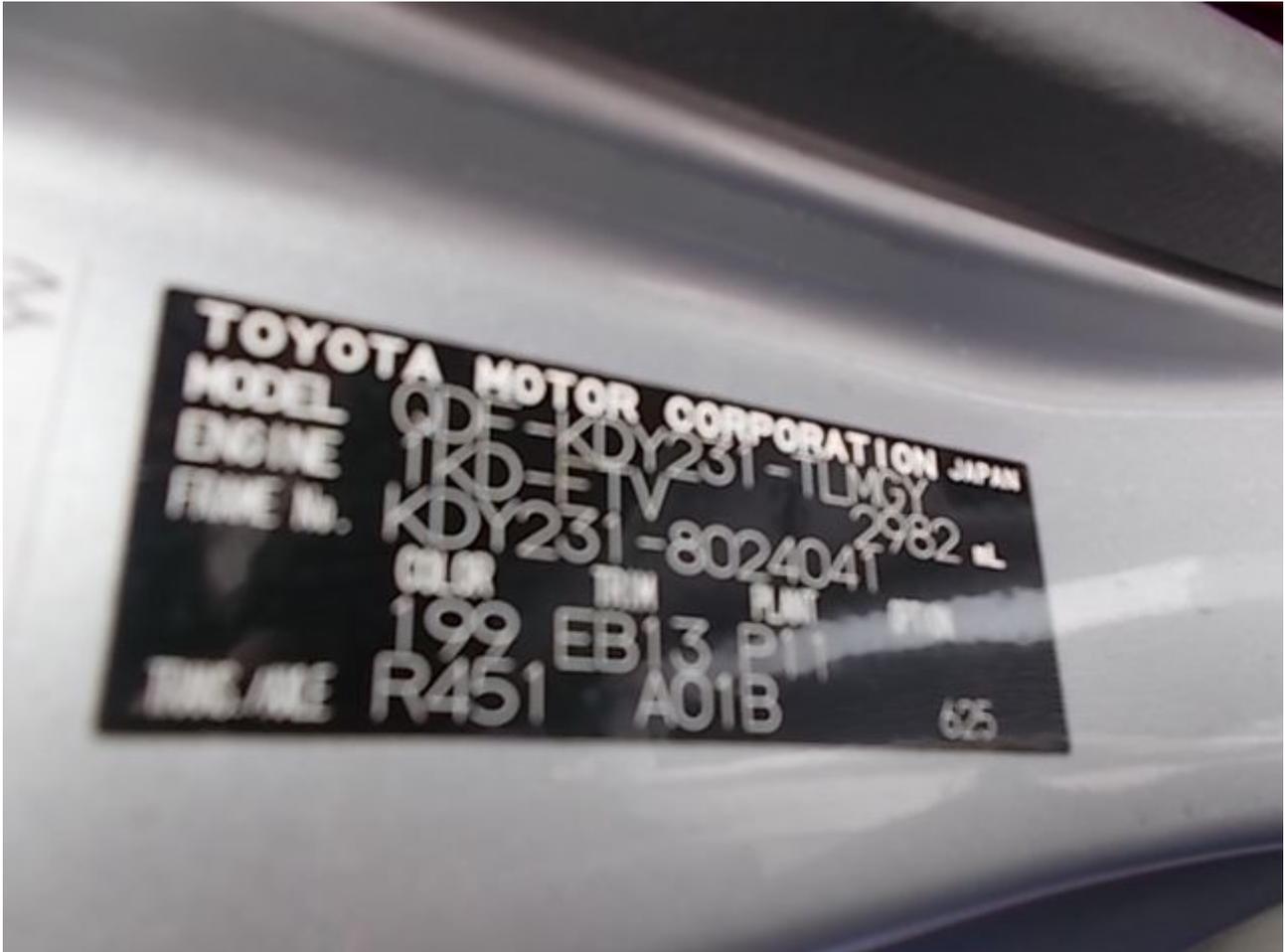














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T/20210406/7028

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Tel No: 65470000

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Report No. T/20210406/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2021 17:28	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: THANGAVELU KANNAN		Address: 687 UPPER CHANGI ROAD EAST EAST VIEW GARDEN SINGAPORE 486820	
ID Type / ID No.: FIN NO / G2210499W		Contact No.:	Mobile: 90844385
Nationality: INDIAN		Email: lokemartin67@gmail.com	
Sex: Male	Age: 31	Date of Birth: 03/05/1989	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: driver		Driving Licence Information: Class: 2B,3 Date of Expiry: 30/12/2024	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2021 22:40	Type of Location: Straight Road
Location: RAFFLES AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF100P	Lorry	TOYOTA	Dyna	Grey	Seriously Damaged	0
SMD2849E	Car	PEUGEOT	5008	Black	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210406/7028

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

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Report No. T/20210406/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF100P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			
SMD2849E	ALI.IANZ GLOBAL CORPORATE & SPECIALTY AG SINGAPORE			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	THANGAVELU KANNAN	ID No.	G2210499W	
Related Vehicle	GBF100P (Lorry)	Contact No.	90844385	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: 30/12/2024	
Date	06/04/2021	Date	06/04/2021	
No. of Days granted Medical Leave	03	Degree of	Serious	
Passenger				
Name	HOSSAIN MOHID	ID No.	G8042421W	
Related Vehicle	NIL	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	06/04/2021	Date	06/04/2021	
No. of Days granted Medical Leave	02	Degree of	Serious	
Passenger				
Name	BHUIYAN REAZ UDDIN	ID No.	G2667291R	
Related Vehicle	NIL	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	06/04/2021	Date	06/04/2021	
No. of Days granted Medical Leave	03	Degree of	Serious	



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3 of 4
Report No. T/20210406/7028

CONTINUATION OF REPORT

Passenger			
Name	CHINNAPPA VINOTH		ID No. G8925198U
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	06/04/2021	Date	06/04/2021
No. of Days granted Medical Leave	02	Degree of	Serious

Brief Details.

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Report No. T/20210406/7028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/04/2021 17:28
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476179	Classification Of Case:
Authentication Stamp NP168	