

# 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****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



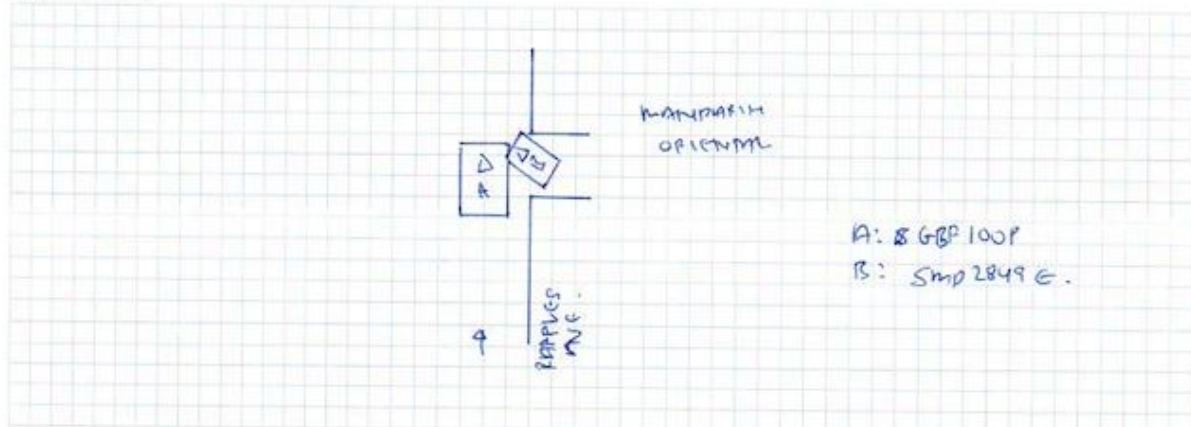
Policyholder's Signature / Date & Time

T. Kang

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

Wym 07/04/21

Witnessed by Reporting Centre Personnel

**Sketch Plan**

PLEASE REFER TO POLICE REPORT 7/20210406/7028

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

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

Witnessed by Reporting Centre  
Personnel





**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.









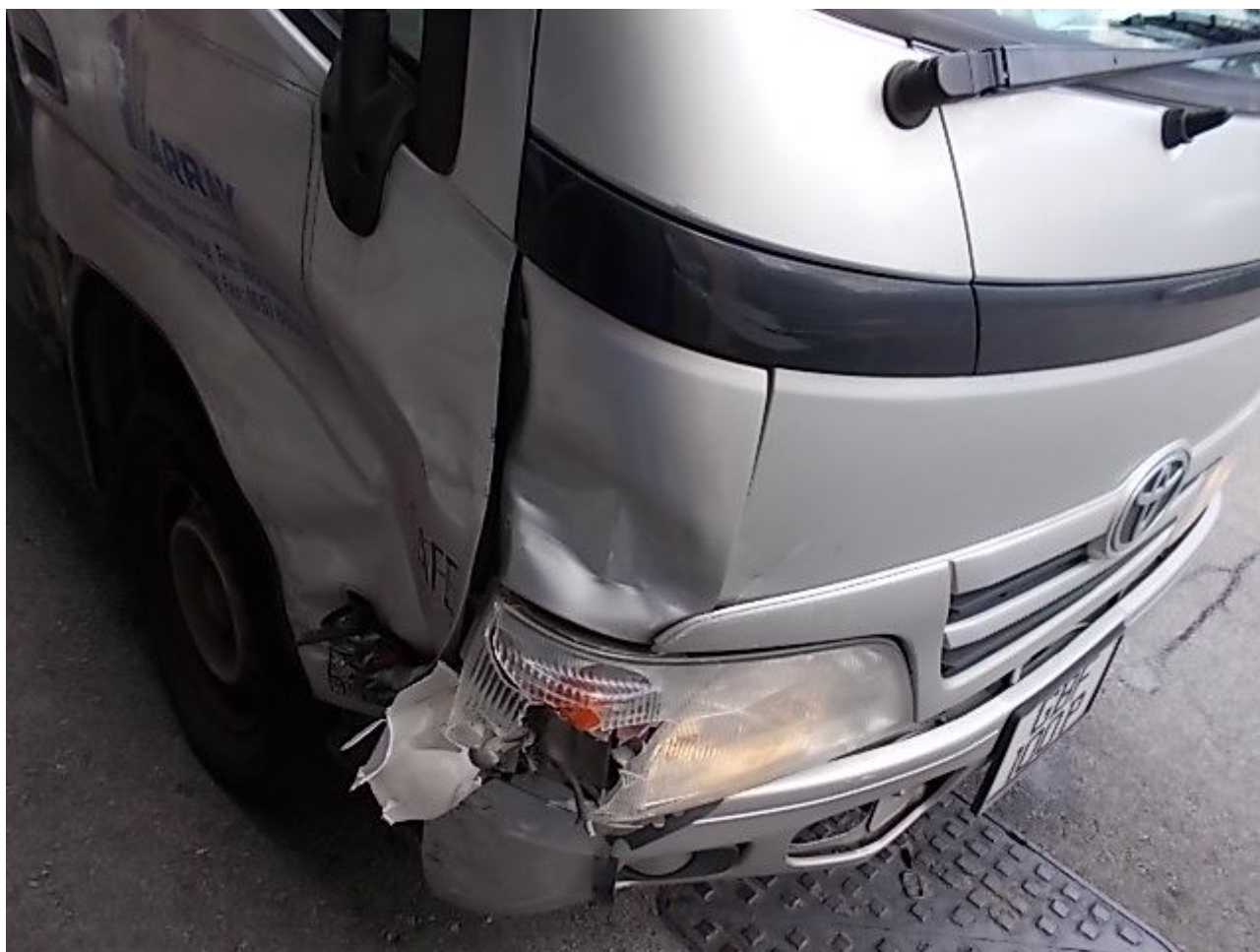






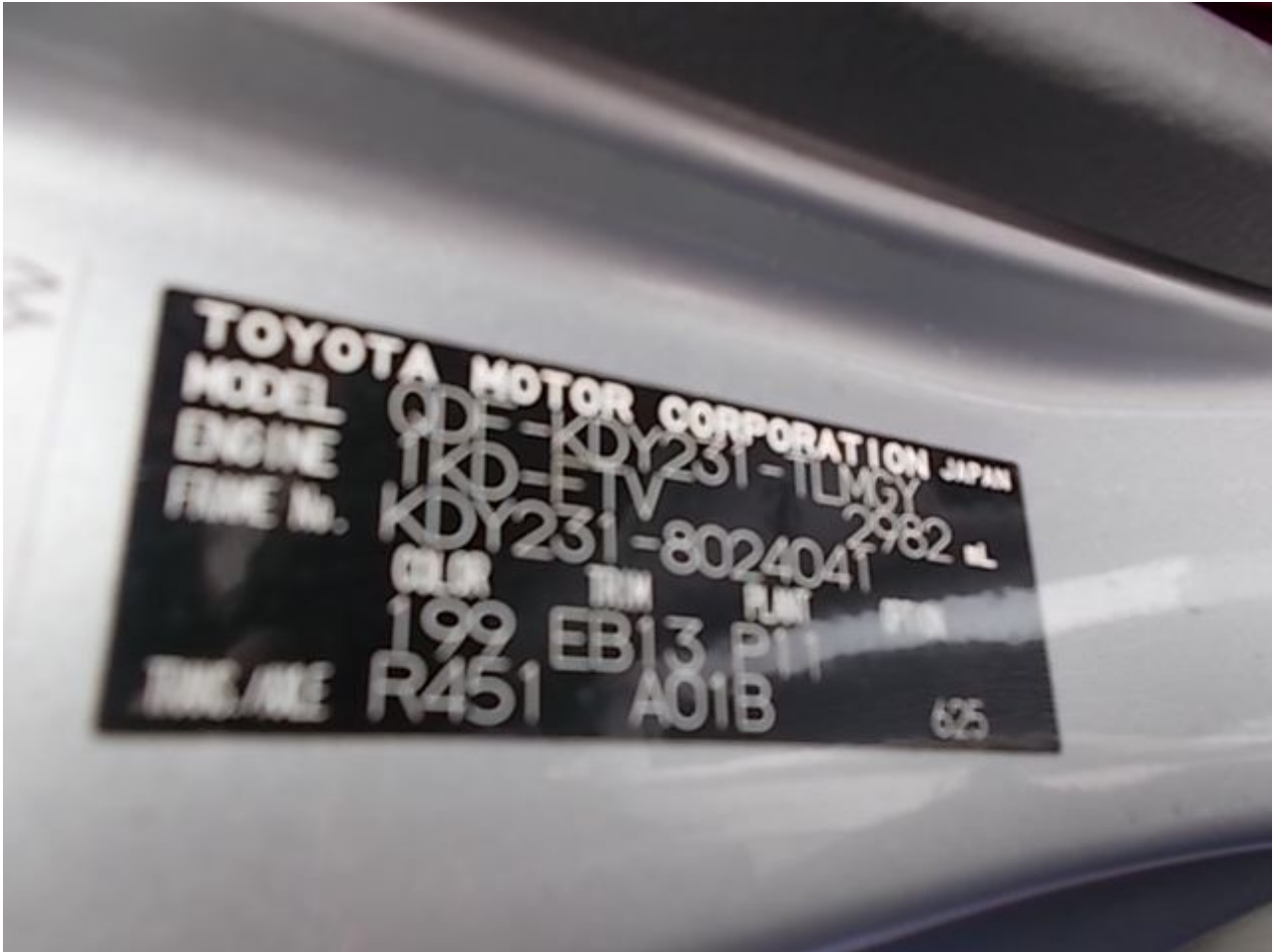














**SINGAPORE  
POLICE FORCE**



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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/04/2021 17:28		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
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.: Home/Office: 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	ALLIANZ GLOBAL CORPORATE & SPECIALTY AG SINGAPORE			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
<b>Driver</b>				
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	
<b>Passenger</b>				
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	
<b>Passenger</b>				
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	



**SINGAPORE  
POLICE FORCE**



T/20210406/7028

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Police Station Of Origin:  
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Report No. T/20210406/7028

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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
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T/20210406/7028

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

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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 Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476179

Authentication Stamp  
NP168

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

Date/Time:  
06/04/2021 17:28

Classification Of Case: