

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 15/06/2021 16:00 (SGT)
Date of Accident 05/04/2021 15:30 (SGT)
Exact Location of Accident Near 5 Joo Koon Cir, Singapore
Additional Location Information Along Joo Koon Circle > Benoi Rd
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ9615R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SEASTAR MARINE SUPPLY PTE LTD
Company Reg No 200708233N
Email Address ongh94@gmail.com
Mobile Phone No (Phone) +65-97349103
Alternative Phone No +65-97349103

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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070144640
Cover Note Number 17/10/2020-16/10/2021

DRIVER

Name of Driver Ong Sin Han
NRIC No S9548948F

Date Of Birth	10/01/1995
Occupation	Indoor
Date Of Driving Pass	23/07/2020
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97349103
Alt. Phone Number	-
Email Address	ongh94@gmail.com
Address	Blk 504 Bukit Batok St 52 #05-31
Address complement	-
Postcode	650504
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	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)	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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5440K
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	Palanisamy Subbiah
Passport No/FIN	G5380489L
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

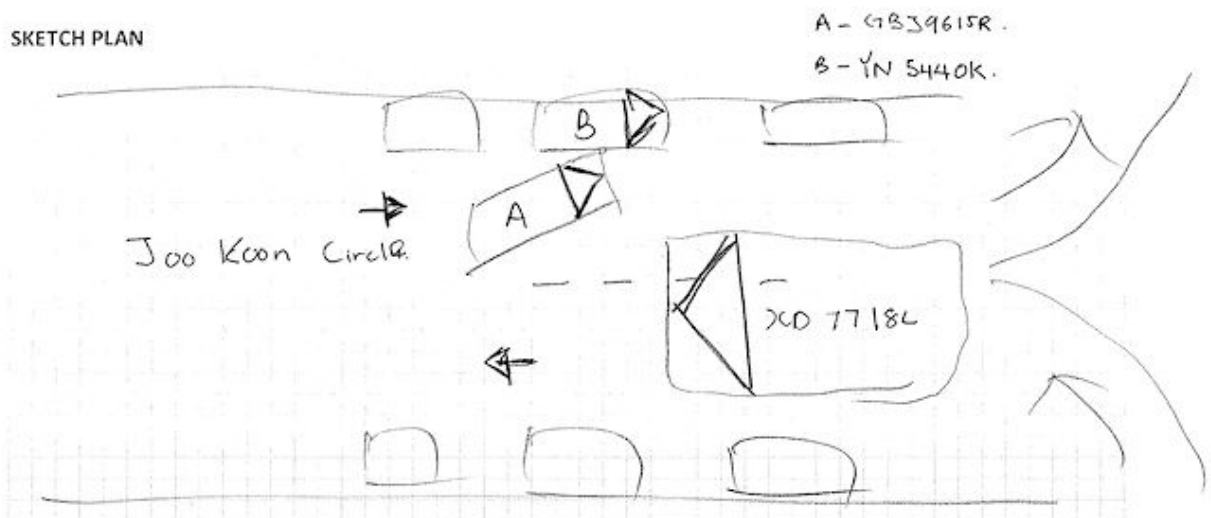


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input checked="" type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

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:

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

Rakoswaran



**SINGAPORE
POLICE FORCE**



T/20210614/2108

1 of 4

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20210614/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2021 20:17	Vide Report No.:	Station Diary No.: 139
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Informant's Particulars

Name of Informant: ONG SIN HAN	Address: APT BLK 504 BUKIT BATOK STREET 52 #05-31 SINGAPORE 650504		
ID Type / ID No.: NRIC NO / S9548948F	Contact No.: Home/Office: Mobile: 97349103		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 26	Date of Birth: 10/01/1995	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: WAREHOUSE SUPERVISOR	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/04/2021 15:30	Type of Location: Straight Road
Location: JOO KOON CIRCLE				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ9615R	Lorry				Slightly Damaged	0
	Lorry					0

Details of Person Involved

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



**SINGAPORE
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T/20210614/2108

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Tel No: 1800-7659999

Report No. T/20210614/2108

CONTINUATION OF REPORT

Driver			
Name	ONG SIN HAN	ID No.	S9548948F
Related Vehicle	NIL	Contact No.	97349103
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	PALANISAMY SUBBIAH	ID No.	G5380489L
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 5th April 2021 at about 1530hrs, I was driving my company's lorry bearing the plate number GBJS615R. I noticed that there were a few vehicles that was parked by the side of the road. While I was driving, another lorry bearing the plate number XD7718L was driving at a high speed on the other lane and as there were vehicles parked by the side of the road, the driver of XD7718L was more towards the right and was also over the line separating the lanes. As I tried to avoid colliding with the said lorry, I steered towards the left and subsequently, my left headlight area banged onto a parked lorry's right side sliding door. Inside the parked lorry, was the driver, namely Palanisamy Subbiah and a passenger was beside Palanisamy. We then exchanged particulars and agreed on private settlement. At a period of time, I was liaising with Palanisamy's manager who informed me that he will provide me with his workshop's number who I can cross-check with regards to the price I have to pay for the damage. Palanisamy's manager then texted me that he will send me a text which I have to acknowledge before we can proceed with the private settlement, but he did not get back to me. I subsequently lost contact with him. Today, on 14th June 2021 at about 1730hrs, my boss handed over a letter from Traffic Police ref. (TP/IP/26093/2021). I wish to state that the purpose of me lodging this report is for insurance purpose.



**SINGAPORE
POLICE FORCE**

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T/20210614/2108

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Report No. T/20210614/2108

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210614/2108

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Report No. T/20210614/2108

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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:

J /

SCSGT(1) SYAZANI BIN KAMSANI

SWB

Signature Of Informant:

g

Signature Of Interpreter:

Not applicable

Date/Time:

14/06/2021 20:17

Officer In Charge Of Case:

TP / GIA /

Sr Staff Sgt WONG SIEU LUI

Contact No.: 65476229

Classification Of Case:

