

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 21/04/2021 11:41 (SGT)
Date of Accident 16/04/2021 17:30 (SGT)
Exact Location of Accident Bukit Timah Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM8927J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ADVANCE SPORTS TECHNOLOGIES PTE. LTD.
Company Reg No 2XXXXX111Z
Email Address AYANSELVA93@GMAIL.COM
Mobile Phone No (Phone) +65-65531540
Alternative Phone No (Office) +65-65531540

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fe83beosrdea
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 2977

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number Z/20/VC05/004193-001
Cover Note Number -

DRIVER

Name of Driver PANNEERSELVAM AYYANATHAN
Passport No/FIN GXXXX648N

Date Of Birth	18/06/1993
Occupation	Outdoor
Date Of Driving Pass	14/02/2019
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98665561
Alt. Phone Number	-
Email Address	AYANSELVA93@GMAIL.COM
Address	BLK 117 BEDOK RESERVOIR RD
Address complement	#07-64
Postcode	470117
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?	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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210416/2135

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL5232H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

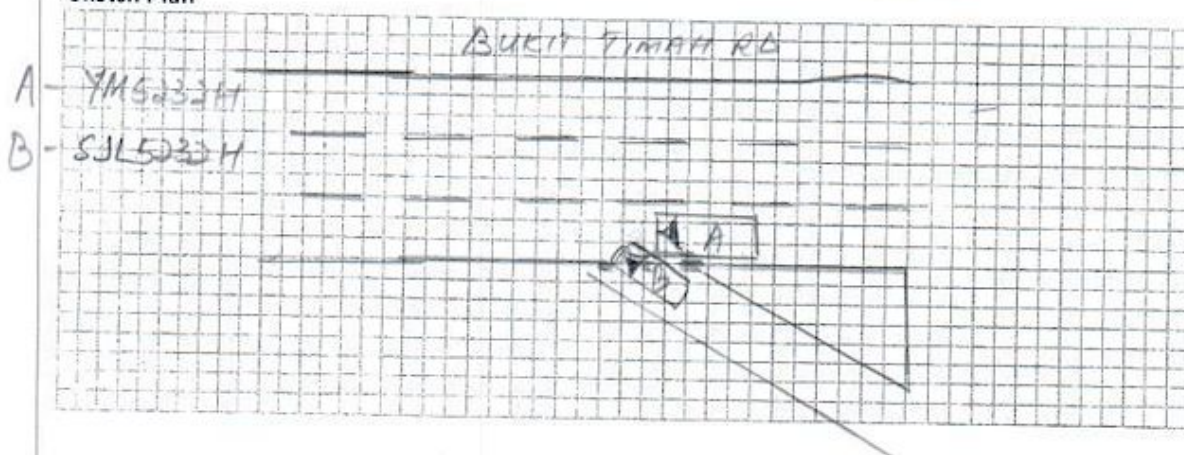
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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

Describe Circumstances of the Accident

Pls refer to the police report: 7/20210416/2135

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

21/04/2021
Driver's Signature (If driver is not the policyholder) / Date & Time

21/04/21
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20210416/2135

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Report No. T/20210416/2135

CONTINUATION OF REPORT

Brief Details.

On 16/4/21 at around 1730hrs, I was driving my vehicle(YM8927J) along bukit timah road on the 3rd lane. As it was a peak hour, I was driving my vehicle at a constant speed keep myself in my own lane. Out of a sudden, I realized that I collided onto another vehicle(SJL5232H) which had entered into my lane from the last lane. I alighted the vehicle to discuss about the collision however the driver of SJL5232H came out from her vehicle, took some photos and left the scene. I wish to state that the collision had caused the front left bumper of my vehicle to be slightly scratch and dented. There is a in car camera installed in my vehicle and currently I am holding the possession of the memory card.



















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1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



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Report No. T/20210416/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2021 21:38	Vide Report No.:	Station Diary No.: 106
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Informant's Particulars

Name of Informant: PANNEERSELVAM AYYANATHAN			Address: APT BLK 117 BEDOK RESERVOIR ROAD #07-64 EUNOS VISTA SINGAPORE 470117	
ID Type / ID No.: FIN NO / G3309648N			Contact No.:	Mobile: 98665561
Nationality: INDIAN			Home/Office:	
			Email:	
Sex: Male	Age: 27	Date of Birth: 18/06/1993	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class:	
			Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/04/2021 17:30	Type of Location: Straight Road
Location: BUKIT TIMAH ROAD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled		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
SJL5232H	Car					0
YM8927J	Lorry					0



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T/20210416/2135

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T/20210416/2135

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Report No. T/20210416/2135

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:

G /

Sgt 3 ONG JIN HONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476229

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

16/04/2021 21:38

Classification Of Case: