SV0O214L0002 / VAC AUTO CENTRE PTE LTD
ENTRY DATE & TIME: 21/04/2021 20:09 (SGT)
SUBMITTED BY: LIM PUAY HONG VICTOR
VERSION: 1 (21/04/2021 20:09 (SGT))

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 witholding 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 20:09 (SGT)
Date of Accident	21/04/2021 08:30 (SGT)
Exact Location of Accident	Near 37 Tuas West Dr, Singapore 638405
Additional Location Information	TUAS VIADUCT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF183A

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HARISH ENGINEERING PTE LTD
Company Reg No	2XXXXX192K
Email Address	admin@harishengg.com
Mobile Phone No	(Phone) +65-84037701
Alternative Phone No	(Office) +65-62552351

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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	Z20VC05005217
Cover Note Number	-

DRIVER

Name of Driver	PALANIAPPAN ARUMUGAM
Passport No/FIN	GXXXX111N

Date Of Birth	21/07/1990
Occupation	Outdoor
Date Of Driving Pass	12/11/2020
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84037701
Alt. Phone Number	-
Email Address	admin@harishengg.com
Address	7 GAMBAS CRESCENT
Address complement	#09-10 ARK@GAMBAS
Postcode	757087
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ARUMUGAM
Gender	Male

PASSENGER 2

Name	PREMKUMAR
Gender	Male

PASSENGER 3

Name	SELVAKKUMAR
Gender	Male

PASSENGER 4

Name	SARAVANAN
Gender	Male

PASSENGER 5

Name	SURESH
Gender	Male

PASSENGER 6

Name	PALANIBARATHI
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

PLEASE REFER TO 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

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation**.
6. The 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.
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.

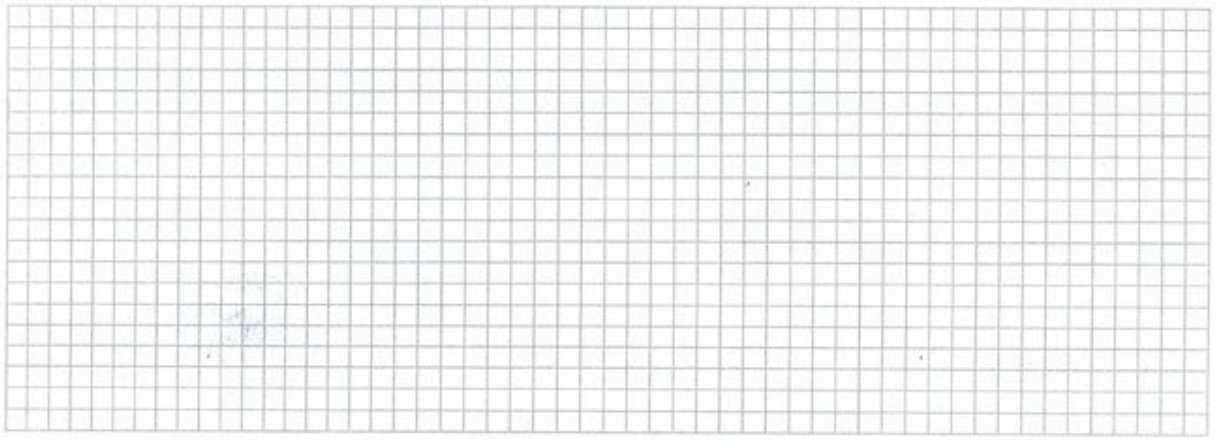
(collectively the "**Purposes**")

(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
21/04/2021	21/04/2021	VAC AUTO CENTRE PTE LTD

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO REPORT

Declaration

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

P. [illegible]

Policyholder's Signature / Date & Time 21/04/2021 1625 HRS

P. [illegible]

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

VAC AUTO CENTRE PTE LTD

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20210421/2103

Report No. T/20210421/2103

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
21/04/2021 15:55	J/20210421/0027	

Informant's Particulars

Name of Informant: PALANIAPPAN ARUMUGAM			Address:	
ID Type / ID No.: FIN NO / G8548111N			Contact No.: Home/Office:	Mobile: 84037701
Nationality: INDIAN			Email:	
Sex: Male	Age: 30	Date of Birth: 21/07/1990	Type of Informant: Driver	
Race:			Language:	Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 21/04/2021 08:30	Type of Location:
Location: TUAS VIADUCT				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF183A	Lorry					0

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20210421/2103

Report No. T/20210421/2103

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

CONTINUATION OF REPORT

Driver			
Name	PALANIAPPAN ARUMUGAM	ID No.	G8548111N
Related Vehicle	NIL	Contact No.	84037701
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 THE SAID TIME, I WAS DRIVING ALONG TUAS VIADUCT TOWARDS TUAS SOUTH AVE 3 ON RIGHT OF TWO LANES WHEN SUDDENLY MY VEHICLE VEERED RIGHT AND I COLLIDED ONTO THE RIGHT WALL, THEN I STEERED LEFT AND RIGHT, GOING IN A ZIGZAG MANNER, LOSING CONTROL. I HAD HIT THE RIGHT WALL A FEW TIMES. WHEN MY VEHICLE FINALLY CAME TO A STOP, I REALISED MY RIGHT TYRE WAS PUNCTURED.
IC IO WEI LI 65476394

SINGAPORE POLICE FORCE

T/20210421/2103

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

Report No. T/20210421/2103

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: TP / SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/04/2021 15:55
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:

SINGAPORE POLICE FORCE

Signature:

Authentication Stamp
NP168

IMAGES

IMAGES #2

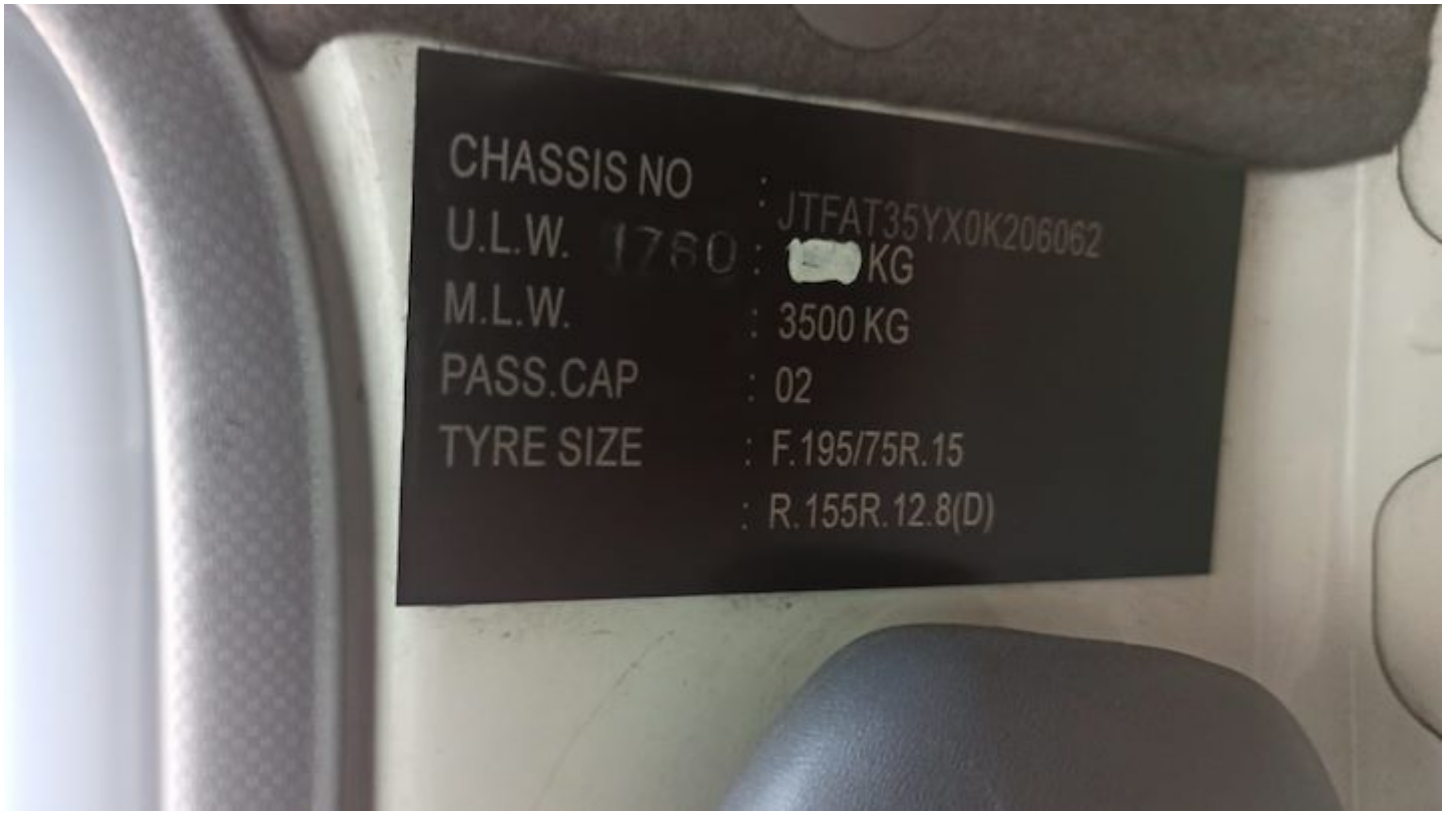
IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7


CHASSIS NO : JTFAT35YX0K206062
U.L.W. 1760 : [redacted] KG
M.L.W. : 3500 KG
PASS.CAP : 02
TYRE SIZE : F.195/75R.15
: R.155R.12.8(D)

IMAGES #8