

# 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 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**

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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.

*PSE*

*PSE*



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

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Grid area for sketch plan.

Describe Circumstances of the Accident

PLEASE REFER TO REPORT

Declaration

We declare the foregoing particulars are true in every respect.

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

P. Aho  
Driver's Signature (if driver is not the policyholder) / Date & Time  
21/04/2021

  
Witnessed by Reporting Centre Personnel



SINGAPORE  
POLICE FORCE



T/20210421/2103

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

1 of 3

Report No. T/20210421/2103

## REPORT OF A TRAFFIC ACCIDENT

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

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

2 of 3

Report No. T/20210421/2103

**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

3 of 3

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 Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185

Authentication Stamp  
NP168

Signature Of Informant: 
Date/Time: 21/04/2021 15:55
Classification Of Case:  
Signature: