

# 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 ..... 28/04/2021 11:23 (SGT)  
Date of Accident ..... 26/04/2021 17:35 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... TOWARDS AYE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP6951K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD  
Company Reg No ..... 200900882K  
Email Address ..... JEREMYC\_QUEK@CERTISSECURITY.COM  
Mobile Phone No ..... (Phone) +65-68428849  
Alternative Phone No ..... (Office) +65-68428849

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... Nhr69e  
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 ..... Auto  
CC ..... 3000

### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D-21097604MFVS/13  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SRIGANESH RENGASAMY  
Work Permit No ..... G7602016M

Date Of Birth .....	02/06/1977
Occupation .....	Outdoor
Date Of Driving Pass .....	06/07/2012
Driving experience .....	8 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84544284
Alt. Phone Number .....	-
Email Address .....	JEREMYC_QUEK@CERTISSECURITY.COM
Address .....	20 JALAN AFIFI
Address complement .....	-
Postcode .....	-
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 .....	Collision - Head to Rear
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

REFER TO POLICE REPORT.

#### 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 .....	SJH4072E
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

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7. By the lodgment 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:

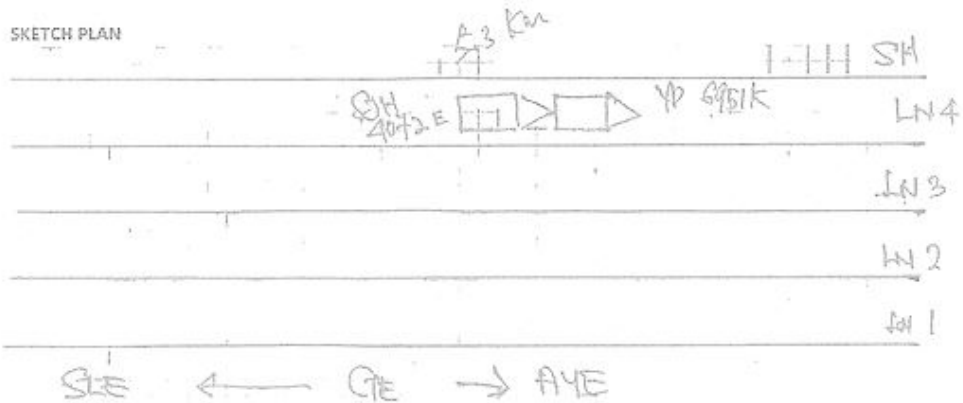
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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;
- (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 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:  
NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— AS per police Report —

DECLARATION

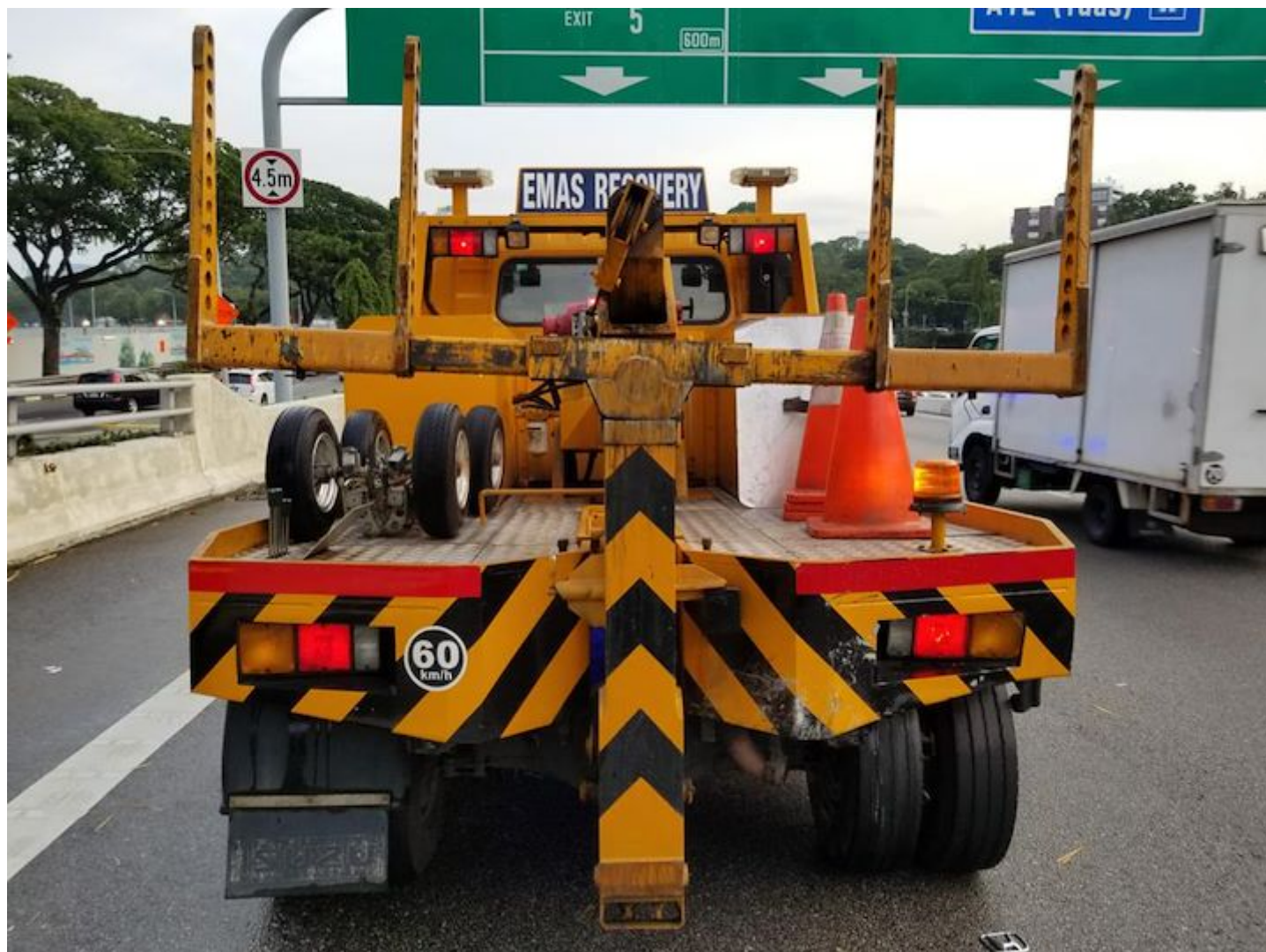
I/We declare the foregoing particulars are true in every respect.



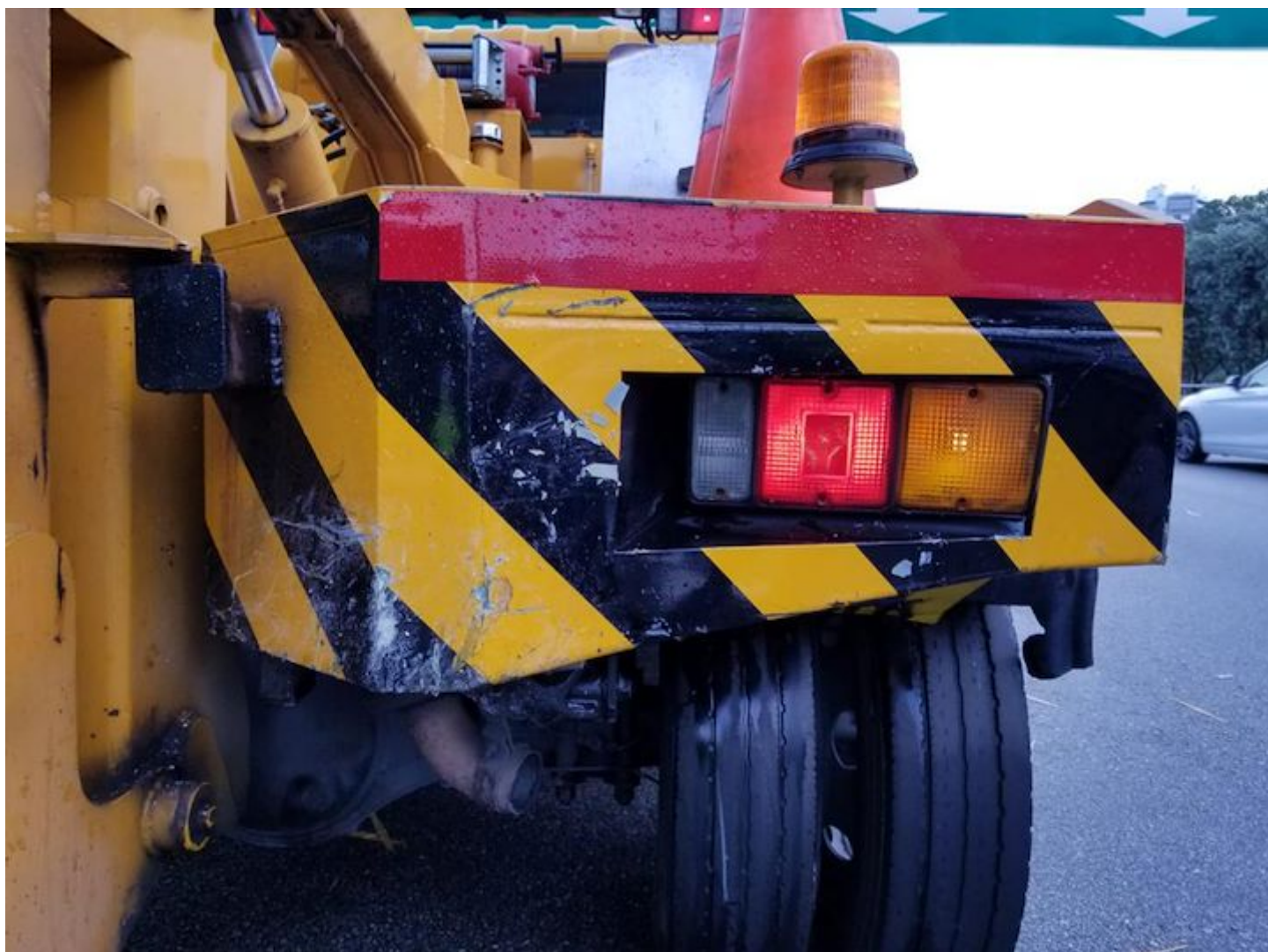
Policyholder's Signature  
Date & Time:

Driver's Signature  
[If driver is not the policyholder]  
Date & Time:

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

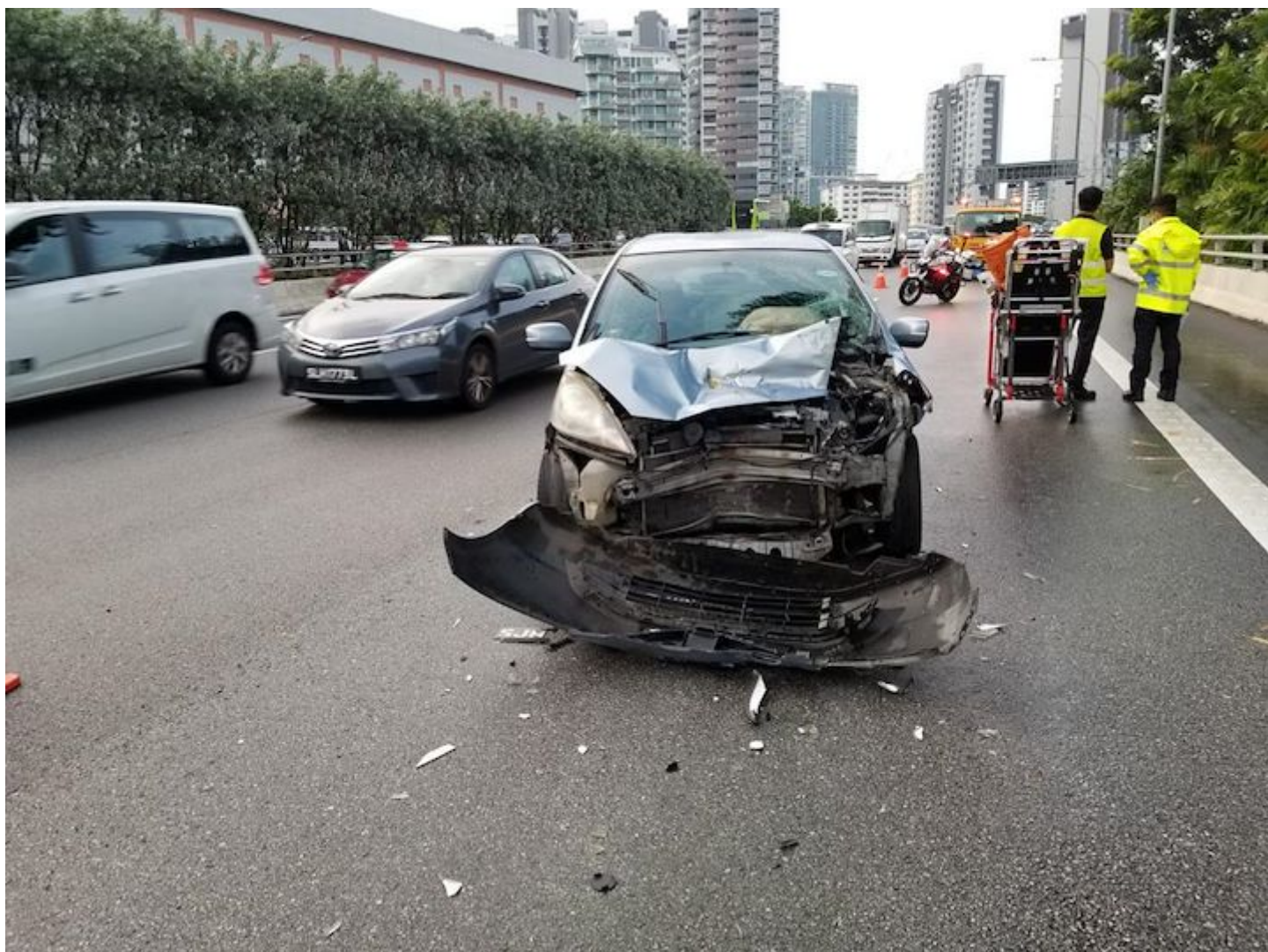




























**SINGAPORE  
POLICE FORCE**



T/20210426/2134

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

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Report No. T/20210426/2134

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/04/2021 22:12		Vide Report No.:		Station Diary No.: 121	
<b>Informant's Particulars</b>					
Name of Informant: SRIGANESH RENGASAMY			Address: 1 MARITIME SQUARE #09-36 HARBOURFRONT CENTRE SINGAPORE 099253		
ID Type / ID No.: FIN NO / G7602016M			Contact No.: Home/Office: Mobile: 84544284		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 02/06/1977	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: EMAS RECOVERY OFFICER			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/04/2021 17:55	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		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
SJH4072E	Car				Seriously Damaged	0
YP6951K	EMAS Tow Truck				Slightly Damaged	0

**Details of Person Involved**

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





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T/20210426/2134

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1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

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Report No. T/20210426/2134

**CONTINUATION OF REPORT**

Driver			
Name	LEE KENG YAN	ID No.	S8615146D
Related Vehicle	SJH4072E (Car)	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	Slight
Driver			
Name	SRIGANESH RENGASAMY	ID No.	G7602016M
Related Vehicle	YP6951K (EMAS Tow Truck)	Contact No.	84544284
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 26/04/2021 at about 1735hrs, I was activated to attend to a case of an obstacle at CTE towards AYE, near the 5.3km mark, on Lane 4. Together with the traffic marshal, we proceed to the scene from Moulmein and arrived there at 1754hrs.

As we reached the scene, we carried out the necessary standard procedures and my co-driver then went down from the truck and extracted the obstacle on the road which was in front of my truck, which was a broken plywood. At the same time, I was donning my PPE inside the truck when I felt an impact from the rear of my truck. I then went down from my truck and realized that one blue colour car had hit the rear of my truck causing the front part of the car to be seriously damaged. I then made a check on my truck and realized that the right rear of my truck was slightly damaged.

The car driver complained of knee pain however there were no visible injuries. We also activated the ambulance through our IPSC and shortly ambulance arrived and made a check on the car driver. No conveyance was required.

Neither my co-driver nor myself sustained any injuries. We were then advised by my company to lodge a traffic accident report.





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POLICE FORCE**



T/20210426/2134

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Tel No: 1800-8486999

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Report No. T/20210426/2134

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 /

Sr Staff Sgt AHMAD ZAHID BIN JASNI

Signature Of Informant:

Date/Time:

26/04/2021 22:12

Signature Of Interpreter:

Not applicable

Classification Of Case:

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NUR ADELINA BINTE MOHAMMAD  
FUAT

Contact No.: 65476666

Authentication Stamp

NP168

SIGNATURE