

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 03/05/2021 15:08 (SGT)
Date of Accident 02/05/2021 15:30 (SGT)
Exact Location of Accident Woodlands Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN4933L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner K-UNION CONSTRUCTION PTE LTD
Company Reg No 2XXXXX316D
Email Address kunion@singnet.com.sg
Mobile Phone No (Phone) +65-96980042
Alternative Phone No +65-88903512

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 2998

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z/21/VC00/110221
Cover Note Number -

DRIVER

Name of Driver SANDRASEKARAN SAKTHI
Passport No/FIN GXXXX446P

| | |
|--|---------------------------------|
| Date Of Birth | 05/05/1990 |
| Occupation | Outdoor |
| Date Of Driving Pass | 12/05/2014 |
| Driving experience | 7 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-88903512 |
| Alt. Phone Number | - |
| Email Address | kunion@singnet.com.sg |
| Address | 61 WOODLANDS INDUSTRIAL PARK E9 |
| Address complement | - |
| Postcode | 757042 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 4 |
| 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 | Police Cantonment Complex |
| Police Station Address | 391 New Bridge Road Singapore 088762 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO 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 |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|--------------------|
| Vehicle Registration Number | NCG3649 |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | LIM KIM WEI |
| Passport No/FIN | GXXXX366P |

| | |
|---|---|
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|--------------------|
| Vehicle Registration Number | YQ634K |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 3

| | |
|---|--------------------|
| Vehicle Registration Number | GBK932D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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

3.5.2021 2.45

WOODLANDS AVE 2

| | | |
|---|--|--|
| A | | |
| D | | |
| K | | |
| D | | |
| K | | |
| B | | |
| K | | |
| C | | |
| F | | |

A) YN 4933L
 B) NCG 36K9
 C) YQ 634K
 D) GPK 932D

Describe Circumstances of the Accident

REPORT TO POLICE REPORT 7/20210503/2032

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

gfm 2.5.2021 2.45
Driver's Signature (If driver is not the policyholder) / Date & Time

02/05/2021
Witnessed by Reporting Centre Personnel



















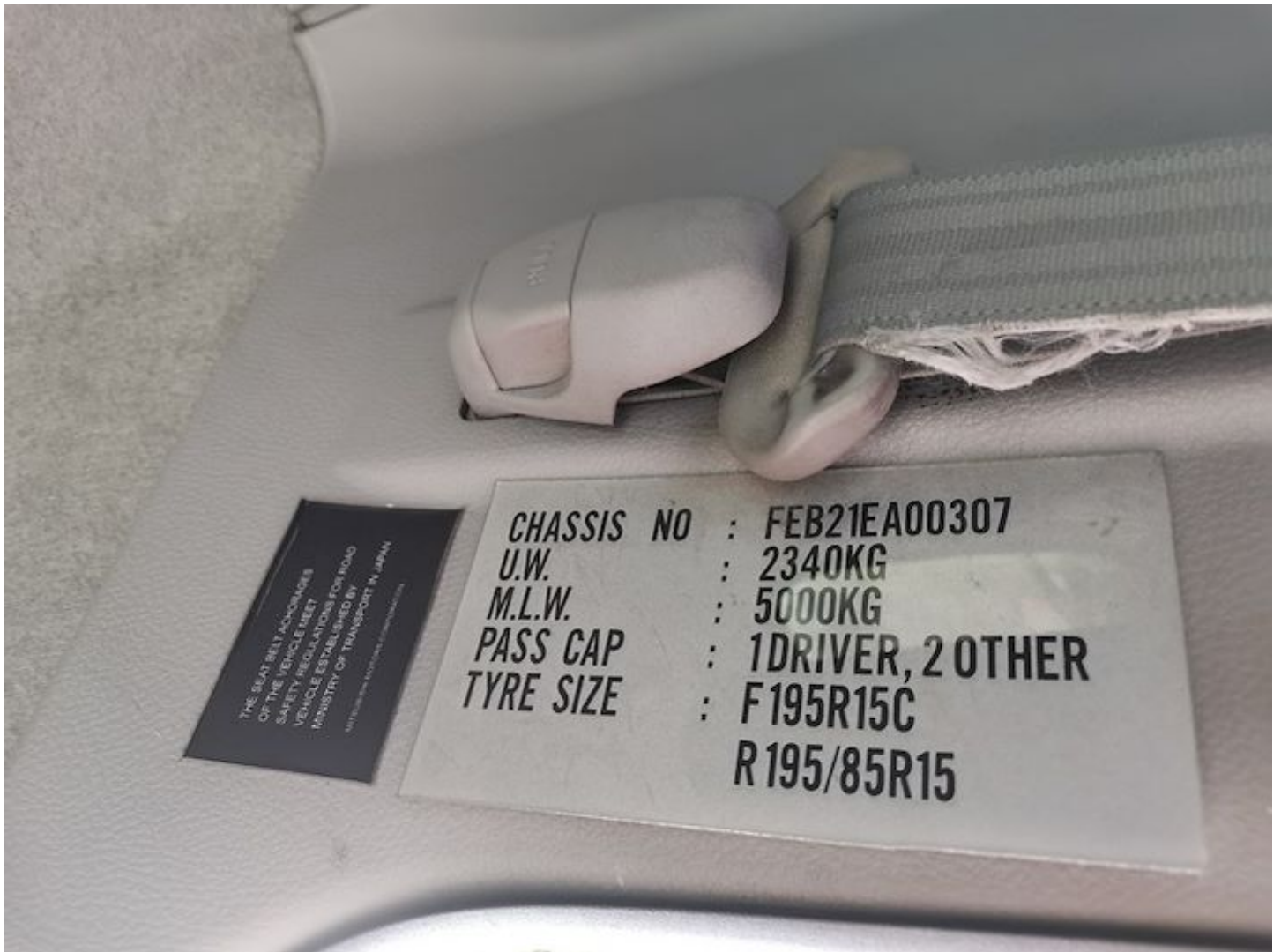














SINGAPORE POLICE FORCE



T/20210503/2032

1 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20210503/2032

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 03/05/2021 12:32 | Vide Report No.: | Station Diary No.: 37 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: SANDRASEKARAN SAKTHI | | | Address: APT BLK 61 Woodlands Industrial Park E9 #04-05 9 Premium SINGAPORE 757047 | | |
| ID Type / ID No.: FIN NO / G6766446P | | | Contact No.: Home/Office: Mobile: 88903512 | | |
| Nationality: INDIAN | | | Email: | | |
| Sex: Male | Age: 30 | Date of Birth: 05/05/1990 | Type of Informant: Driver | | |
| Race: Indian | | | Language: | | Institution / School Name: |
| Occupation: Lorry driver | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|-------------------------------------|----------------------------|---------------------------------|---|---------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Foreign Vehicle | Drink Drive: No | Date/Time of Accident: 02/05/2021 15:30 | Type of Location: Straight Road |
| Location: WOODLANDS AVENUE 2 | | | | |
| Lamp Post Number: 78 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| Type of Collision: Chain collision | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|------------------|-----------------|
| GBK932D | | | | | Slightly Damaged | 1 |
| NCG3649 | Van | | | | Slightly Damaged | 1 |
| YN4933L | Lorry | | | | Slightly Damaged | 0 |
| YQ634K | Lorry | | | | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20210503/2032

2 of 3

Report No. T/20210503/2032

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | LIM KIM WEI | ID No. | G2191366P |
| Related Vehicle | NCG3649 (Van) | 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 |
| Driver | | | |
| Name | SANDRASEKARAN SAKTHI | ID No. | G6766446P |
| Related Vehicle | YN4933L (Lorry) | Contact No. | 88903512 |
| 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 02/05/2021 at about 1530hrs, I was driving my company lorry YN4933L along woodlands avenue 2 towards SLE. Just before exiting towards SLE around lamp post 78, I noticed that a van GBK932D stopped in front of me. So I slowed down my vehicle and stopped as well. I then suddenly felt a impact from behind me. I went down and noticed that behind me there was chain collision of a Malaysian van NCG3649 and another lorry YQ634K. I would like to state that there were no injuries sustained on me.



**SINGAPORE
POLICE FORCE**



T/20210503/2032

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

3 of 3

Report No. T/20210503/2032

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: A / Sgt 2 POH YONG SHENG, MATTHEW | Signature Of Informant: <i>[Signature]</i> |
| Signature Of Interpreter: Not applicable | Date/Time: 03/05/2021 12:32 |
| Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404 | Classification Of Case: |
| Authentication Stamp NP168 | |