

# 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 ..... 24/05/2021 13:20 (SGT)  
Date of Accident ..... 21/05/2021 12:40 (SGT)  
Exact Location of Accident ..... 1017 Yishun Industrial Park A, Singapore 768759  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK8267S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PROFLOORZ INTERNATIONAL PTE. LTD.  
Company Reg No ..... -  
Email Address ..... JOHN.PYJ@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-96396550  
Alternative Phone No ..... +65-96396550

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
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 ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00123152000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... PURRI HARHEE  
Work Permit No ..... GXXXX319K

Date Of Birth .....	03/08/1983
Occupation .....	Outdoor
Date Of Driving Pass .....	12/10/2015
Driving experience .....	5 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92321033
Alt. Phone Number .....	-
Email Address .....	JOHN.PYJ@HOTMAIL.COM
Address .....	9 JALAN MATA AYER #02-49
Address complement .....	-
Postcode .....	759153
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Major/Minor Rd
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	-
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

#### REFER TO STATEMENT

#### 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 .....	PC6951K
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	PURRI HARHEE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY AND NECK
Injured person in which vehicle? .....	GBK8267S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY AND NECK
Injured person in which vehicle? .....	GBK8267S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

Describe Circumstances of the Accident

ON THE STATED DATE, TIME AND LOCATION. I WAS TRAVELING  
ON MY RIGHTFUL LANE. WHILE I WAS MOVING FORWARD. OUT OF A  
SUDDEN. VEHICLE "B" CAME OUT OF A GIVE WAY / STOP LINE SMALL ROAD  
AND IT COLLIDED ONTO MY REAR RIGHT PORTION. WE EXCHANGE DETAILS  
AND MOVE ON. AFTER AWHILE, I (PURRI HARHEE) DRIVER AND  
BALASUBRAMANIAN SATHISH KUMAR (PASSENGER) FELT PAIN ON OUR NECK,  
SHOULDER AND BACK AREA. WE WENT TO CONSULT OUR FAMILY  
CLINIC AND WAS GIVEN 24 DAYS MC.

Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

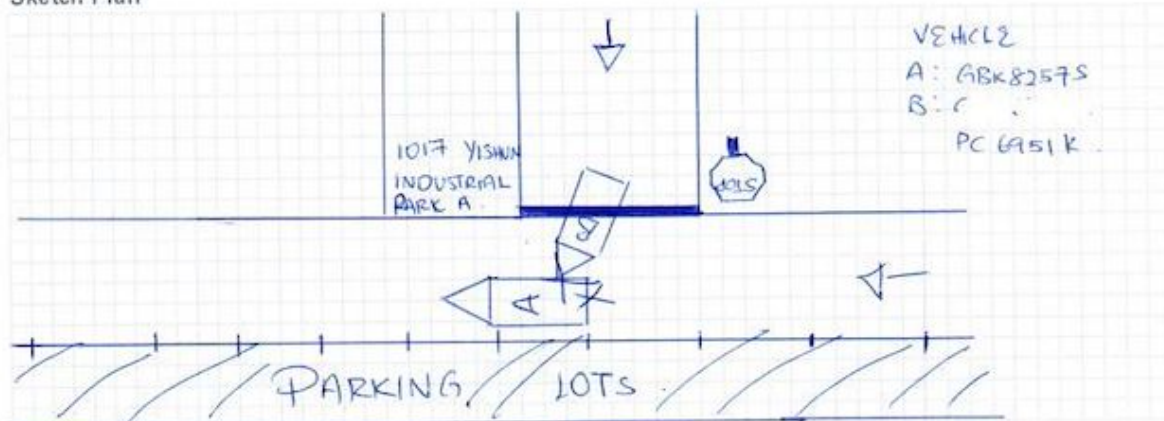
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan























**SINGAPORE  
POLICE FORCE**



T/20210521/7023

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

1 of 3

Report No. T/20210521/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/05/2021 17:35	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: BALASUBRAMANIAN SATHISH KUMAR			Address:		
ID Type / ID No.: FIN NO / G0961264K			Contact No.: Home/Office: Mobile: 92332608		
Nationality: INDIAN			Email: SATHISHBALA@OUTLOOK.SG		
Sex: Male	Age: 31	Date of Birth: 07/03/1990	Type of Informant: Passenger		
Race: Indian			Language: English		Institution / School Name:
Occupation: SENIOR BUSINESS DEVELOPMENT ENGINEER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2021 12:40	Type of Location: Straight Road
Location:  YISHUN INDUSTRIAL PARK A				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK8257S	Van	NISSAN	NV200	Silver	Seriously Damaged	2
PC6951K	Van	TOYOTA	HI ACE			0



**SINGAPORE  
POLICE FORCE**



T/20210521/7023

3 of 3

Report No. T/20210521/7023

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

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
21/05/2021 17:35

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20210521/7023

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

2 of 3

Report No. T/20210521/7023

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	PURRI HARHEE	ID No.	G3147319K
Related Vehicle	GBK8257S (Van)	Contact No.	92321033
Hospital/Clinic	KOVAN CLINIC	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	21/05/2021	Date	21/05/2021
No. of Days granted Medical Leave	04	Degree of	Slight
<b>Passenger</b>			
Name	BALASUBRAMANIAN SATHISH KUMAR	ID No.	G0961264K
Related Vehicle	GBK8257S (Van)	Contact No.	92332608
Hospital/Clinic	KOVAN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	21/05/2021	Date	21/05/2021
No. of Days granted Medical Leave	04	Degree of	Slight

**Brief Details.**

ON THE STATED DATE, TIME AND LOCATION. I BALASUBRAMANIAN SATHISH KUMAR PASSENGER WAS WITH MY COLLEAGUE PURRI HARHEE DRIVER OF GBK8257S WAS TRAVELING ON HIS RIGHTFUL LANE. OUT OF ALL SUDDEN VEHICLE PC6951K CAME OUT FROM OUR RIGHT SIDE IS A GIVE WAY/ STOP LINE SMALL ROAD AND COLLIDED ONTO OUR REAR RIGHT PORTION AREA. MY COLLEAGUE EXCHANGE DETAILS AND MOVE ON. AFTER AWHILE I BALASUBRAMANIAN SATHISH KUMAR (PASSENGER) AND PURRI HARHEE (DRIVER) FELT PAIN ON THE NECK, SHOULDER AND BACK. I WENT TO CONSULT MY FAMILY DOCTOR AT INTEMEDICAL KOVAN CLINIC AND WAS GIVEN 4 DAYS OF MC.





**SINGAPORE  
POLICE FORCE**



T/20210521/7021

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

1 of 3

Report No. T/20210521/7021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/05/2021 17:27	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: PURRI HARHEE			Address:		
ID Type / ID No.: FIN NO / G3147319K			Contact No.: Home/Office:                      Mobile: 82384944		
Nationality: INDIAN			Email: HPURRI@GMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 03/08/1983	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: SOFTWARE DEVELOPER			Driving Licence Information: Class: 2B,3                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2021 12:40	Type of Location: Straight Road
Location:  YISHUN INDUSTRIAL PARK A				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
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PC6951K	Van	TOYOTA	HIACE			0





**SINGAPORE  
POLICE FORCE**



T/20210521/7021

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

3 of 3

Report No. T/20210521/7021

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
21/05/2021 17:27

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20210521/7021

2 of 3

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

Report No. T/20210521/7021

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	BALASUBRAMANIAN SATHISH KUMAR	ID No.	G0961264K
Related Vehicle	GBK8257S (Van)	Contact No.	92332608
Hospital/Clinic	KOVAN CLINIC	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	21/05/2021	Date	21/05/2021
No. of Days granted Medical Leave	04	Degree of	Slight
<b>Driver</b>			
Name	PURRI HARHEE	ID No.	G3147319K
Related Vehicle	GBK8257S (Van)	Contact No.	82384944
Hospital/Clinic	KOVAN CLINIC	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	21/05/2021	Date	21/05/2021
No. of Days granted Medical Leave	04	Degree of	Slight

## Brief Details.

ON THE STATED DATE, TIME AND LOCATION. I PURRI HARHEE DRIVER OF GBK8257S AND MY COLLEAGUE BALASUBRAMANIAN SATHISH KUMAR PASSENGER WAS TRAVELING ON MY RIGHTFUL LANE. OUT OF ALL SUDDEN VEHICLE PC6951K CAME OUT FROM MY RIGHT IS A GIVE WAY/ STOP LINE SMALL ROAD AND COLLIDED ONTO MY REAR RIGHT PORTION AREA. WE EXCHANGE DETAILS AND MOVE ON. AFTER AWHILE I PURRI HARHEE (DRIVER) AND BALASUBRAMANIAN SATHISH KUMAR (PASSENGER) FELT PAIN ON THE NECK, SHOULDER AND BACK. I WENT TO CONSULT MY FAMILY DOCTOR AT INTEMEDICAL KOVAN CLINIC AND WAS GIVEN 4 DAYS OF MC.



**INTEMEDICAL KOVAN**  
210 Hougang St21 #01-233 530210  
Tel: (65) 6243 3036 Fax: (65) 6243 3103

**INTEMEDICAL**

**MEDICAL CERTIFICATE**

**MC No: OD-**  
**KV0000105306**

**NAME: BALASUBRAMANIAN SATHISH KUMAR**  
**NRIC: G0961264K**

This is to certify that the above patient name is Unfit for Duty for a period of 4 day

from 21-05-2021 to 24-05-2021 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

DR ANG DUN YONG (Family Physician)  
MBBS, (S'pore), GDFM, DWD (CAW)  
MCR 60984F  
INTEMEDICAL KOVAN  
210 HOUGANG ST 21 #01-233  
SINGAPORE 530210  
TEL: (65) 6243 3036 FAX: (65) 6243 3103  
EMAIL: contact.kovan@intemedical.com

Ang Dun Yong

M60984F

MBBS, GDFM, DWD (CAW)  
Family Physician

Signature

21/05/2021  
Date



**INTEMEDICAL KOVAN**  
210 Hougang St21 #01-233  
Singapore 530210  
Tel: (65) 6243 3036 Fax: (65) 6243 3103

**INTEMEDICAL**

**TAX INVOICE**  
Invoice No. NV-KV026699  
Invoice Date: 21/05/2021

Provider: Ang Dun Yong

BALASUBRAMANIAN SATHISH KUMAR (GXXXX264K)  
151 SIMEL STREET 1, #05-27, SINGAPORE, 520151  
Ref ID :KV16279

Item Name	Quantity	UOM	Unit Price	DISC	Total Price
PARACETAMOL + ORPHENADRINE TAB 500MG (ANAREX)	20	TABS	0.40		8.00
ETORICOXIB TAB 120MG	10	TABS	3.00		30.00
CONSULTATION	1	EA	18.00		18.00

Subtotal :	\$56.00
7% GST :	\$3.92
Total :	\$59.92
Amount Paid :	\$59.90
Rounding :	\$0.02
O/S Balance :	\$0.00

Receipt No.	Payment Date	Paid Amount	Payment Mode	Remark	Company
RT-KV030758	21/05/2021	59.90	"BANKMASTER		

All cheques should be crossed & made payable to  
"KTR MEDICAL PTE. LTD."

For Safety reason medication sold are non refundable and non exchangeable



INTEMEDICAL KOVAN  
210 Hougang St21 #01-233  
Singapore 530210  
Tel: (65) 6243 3036 Fax: (65) 6243 3103

TAX INVOICE  
Invoice No: NV-KV02698  
Invoice Date: 21/05/2021

Provider: Ang Dun Yong

PURRI HARHEE (GXXXX319K)

Ref ID: KY16278

9 JALAN MATA AYER, #02-49, EUPHONY GARDENS, SINGAPORE, 759153

Item Name	Quantity	UOM	Unit Price	DISC	Total Price
PARACETAMOL + ORPHENADRINE TAB 500MG (ANAREN)	20	TABS	0.40		8.00
ETORICOXIB TAB 120MG	10	TABS	3.00		30.00
CONSULTATION	1	EA	18.00		18.00
Subtotal :					\$56.00
7% GST :					\$3.92
Total :					\$59.92
Amount Paid :					\$59.90
Rounding :					\$0.02
O/S Balance :					\$0.00

Receipt No.	Payment Date	Paid Amount	Payment Mode	Remark	Company
RT-KV030757	21/05/2021	59.90	VISA/MASTER		

All cheques should be crossed & made payable to  
"KTR MEDICAL PTE. LTD."

For Safety reason medication sold are non refundable and non exchangeable



INTEMEDICAL KOVAN  
210 Hougang St21 #01-233 530210  
Tel: (65) 6243 3036 Fax: (65) 6243 3103

INTEMEDICAL

MEDICAL CERTIFICATE

MC No: OD-KV0000105303

NAME: PURRI HARHEE

NRIC: G3147319K

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EMAIL: contact.kovan@intemedical.com

Ang Dun Yong

M60984F  
MBBS, GDFM, DWD (CAW)  
Family Physician

Signature

Date

21/05/2021