

# 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 ..... 31/05/2021 16:04 (SGT)  
Date of Accident ..... 30/05/2021 15:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TEBAN GARDENS ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XB4072X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... K.G.M. BROTHERS CONTRACTORS PTE LTD  
Company Reg No ..... 1XXXXX827G  
Email Address ..... ryderautoworkshop@gmail.com  
Mobile Phone No ..... (Phone) +65-82828277  
Alternative Phone No ..... +65-82828277

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Fv517  
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 ..... 17270

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5109786517-01 (TPFT)  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... VIDYADHARAN SATHESAN  
Passport No/FIN ..... FXXXX129M

Date Of Birth .....	20/05/1964
Occupation .....	Outdoor
Date Of Driving Pass .....	18/05/1999
Driving experience .....	22 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-81151278
Alt. Phone Number .....	-
Email Address .....	ryderautoworkshop@gmail.com
Address .....	BLK 8 SELETAR NORTH LINK #B2-29
Address complement .....	PPT LODGE 1A
Postcode .....	797455
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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 .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER POLICE REPORT

(ATTENDED BY: JAMES NG)

#### 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 .....	XE295E
Vehicle Manufacturer .....	Iveco
Vehicle Model .....	Trakker
Vehicle Variant .....	-

Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle
Name of Driver .....	NUTHU PANDISEKVAM
Passport No/FIN .....	GXXXX191L
Contact Number .....	(Phone) +65-81681409
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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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.



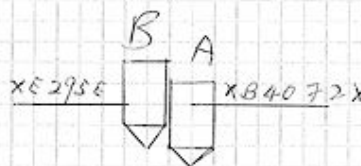
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

31 MAY 2021



NG WING KIN JAMES  
admin.vac@vicom.com.sg

Describe Circumstances of the Accident

Refer  
Police  
Report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

31 MAY 2021

*Signature*

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



Witnessed by Reporting Centre Personnel

NG WING KIN JAMES  
admin.vac@vicom.com.sg





























**SINGAPORE  
POLICE FORCE**



T/20210531/2008

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 3

Report No. T/20210531/2008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/05/2021 09:48	Vide Report No.: D/20210530/0115	Station Diary No.: 21
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**Informant's Particulars**

Name of Informant: VIDYADHARAN SATHESAN	Address: APT BLK 8 SELETAR NORTH LINK #B2-29 PPT LODGE 1A SINGAPORE 797455		
ID Type / ID No.: FIN NO / F7561129M	Contact No.: Home/Office: Mobile: 81151278		
Nationality: INDIAN	Email:		
Sex: Male	Age: 57	Date of Birth: 20/05/1964	Type of Informant: Driver
Race: Indian	Language:	Institution / School Name:	
Occupation: DRIVER	Driving Licence Information: Class: 3,4,5		Date of Expiry: 21/12/2022

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/05/2021 15:00	Type of Location: Straight Road
Location:  TEBAN GARDENS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XB4072X	Tipper Truck	MITSUBISHI	FV517JD2R DEB	White	Slightly Damaged	0
XE295E	Cement truck	IVECO	IVECO TRAKKER	White	Slightly Damaged	1

**Details of Person Involved**

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



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T/20210531/2008

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11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20210531/2008

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	VIDYADHARAN SATHESAN		ID No. F7561129M
Related Vehicle	XB4072X (Tipper Truck)		Contact No. 81151278
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: 21/12/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	NUTHU PANDISEKVAM		ID No. G7842191L
Related Vehicle	XE295E (Cement truck)		Contact No. 81681409
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: 01/10/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 30/05/2021 at about 1500hrs, I had parked along Teban Garden Road. I had left my driver door open as I was spraying insecticide in my vehicle. Behind me there was one cement truck that had parked. Shortly after the cement truck moved off. While doing so, the passenger side of the truck had hit onto my driver side door. Due to that, there was damage to my door and I was unable to open it. The other truck had scratches on the passenger side door. There were no injuries in this incident.





**SINGAPORE  
POLICE FORCE**



T/20210531/2008

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Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20210531/2008

**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 MOHAMED RAFHAN BIN MOHAMED  
ABDUL KADER

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 HO JIEKANG, IVAN

Contact No.: 65476170

Signature Of Informant:

*Satta*

Date/Time:

31/05/2021 09:48

Classification Of Case:

Authentication Stamp

NP168

