

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	02/06/2021 14:07 (SGT)
Date of Accident	01/06/2021 17:25 (SGT)
Exact Location of Accident	883A Woodlands Street 82, Singapore 731883
Additional Location Information	MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3705U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHIN KHAI CONSTRUCTION PTE LTD
Company Reg No	2XXXXX471K
Email Address	PAT@SHINKHAI.COM
Mobile Phone No	(Phone) +65-87543132
Alternative Phone No	+65-87543132

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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MOMVC000007992-01-000
Cover Note Number	-

DRIVER

Name of Driver	CHINNATHAMBI KRISHNARAJ
Passport No/FIN	GXXXX745Q

Date Of Birth	07/05/1985
Occupation	Outdoor
Date Of Driving Pass	17/06/2009
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-83005019
Alt. Phone Number	-
Email Address	SUESH26@GMAIL.COM
Address	BLK 744 BEDOK RESERVOIR RD
Address complement	#01-3027
Postcode	470744
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 Parked Vehicle
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	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210601/2088

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	GV9119J
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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

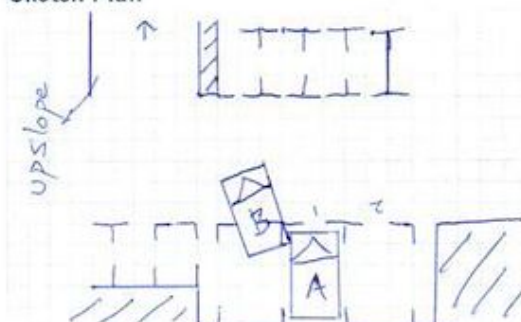
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SHIN KHAI CONSULTANTS
PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Block 883A Woodlands St. 82 MSCP.
(Deck 1A), Lot No. 1

A: GBG370SU

B: GV9119J

As per police report.
Report No: T/20210601/2088

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210601/2088

Police Station Of Origin:
Eunos NPP
20 Bedok Reservoir Road #01-1820
SINGAPORE 470828
Tel No. 1800-4439999

2 of 3

Report No. T/20210601/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	CHINNATHAMBI KRISHNARAJ	ID No.	G7873745Q
Related Vehicle	GBG3705U (Lorry)	Contact No.	83005019
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B.3.4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/06/2021, I was working at the said location doing some building upgrade and had park a lorry belonging to my company (GBG3705U) at the MSCP of Blk 883A Woodlands St 82, Deck 1A, Lot number 1. Suddenly I was informed by my colleague that the lorry which I drove was hit by a lorry (GV9119J) and subsequently drove off to the upper deck of the MSCP. I also noticed that the barrier which was located at the entrance of the MSCP was broken which I was informed that the same lorry had hit onto it.

There was a passerby at the said location which he then called for the police. Police and ambulance at scene and the driver of the lorry (GV9119J) was conveyed by the ambulance. I was given a case card and was advised to lodge a report. I wish to state there is a CCTV at the entrance of the said MSCP. I wish to further state that my colleague and I are not injured.

















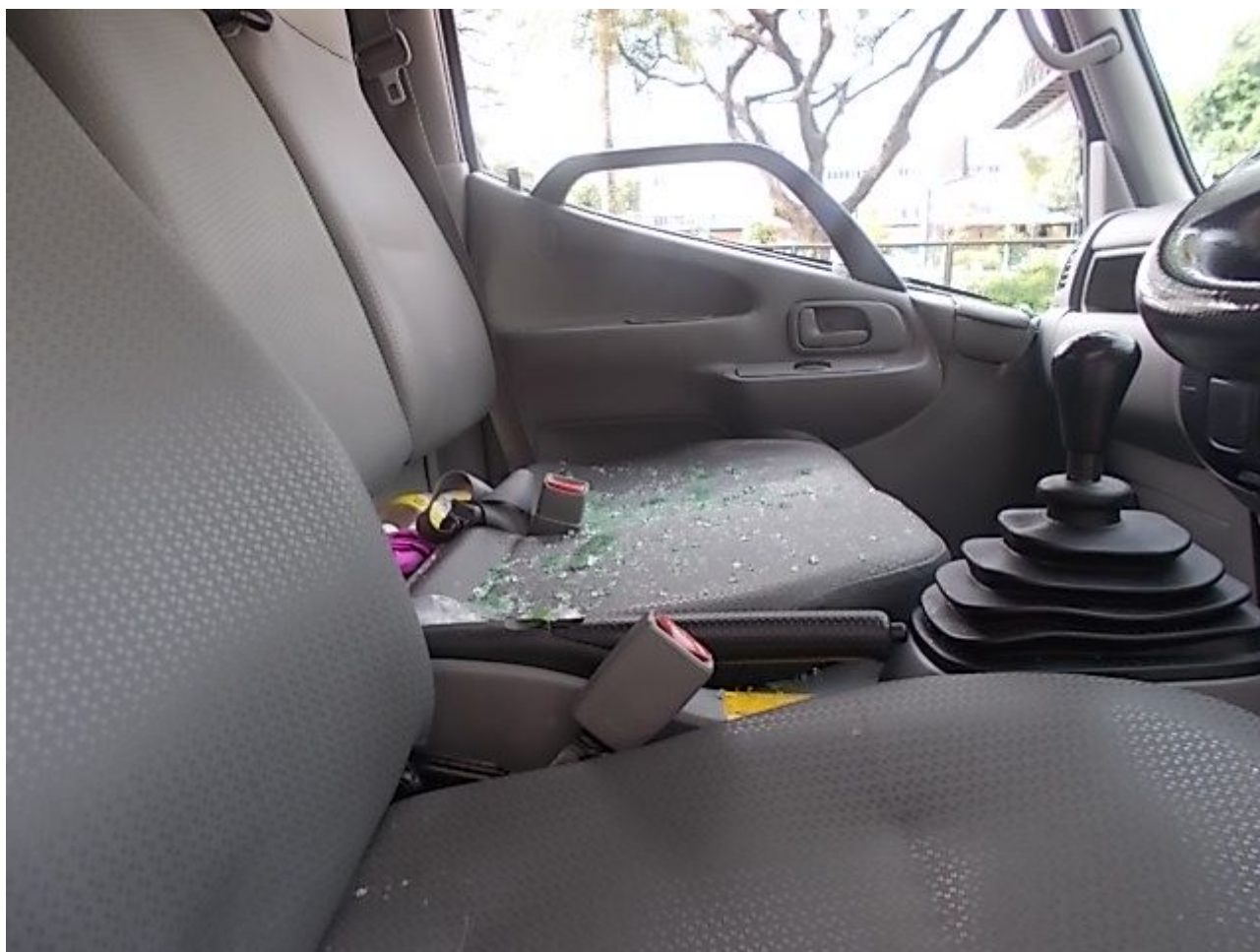
















SINGAPORE POLICE FORCE



T/20210601/2088

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No: T/20210601/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2021 20:28	Vide Report No.: L/20210601/0102	Station Diary No.: 55
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Informant's Particulars

Name of Informant: CHINNATHAMBI KRISHNARAJ			Address: APT BLK 744 BEDOK RESERVOIR ROAD #01-3027 SINGAPORE 470744		
ID Type / ID No.: FIN NO / G7873745Q			Contact No.: Home/Office: Mobile: 83005019		
Nationality: INDIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 07/05/1985	Type of Informant: Vehicle Owner		
Race: Indian			Language:		Institution / School Name:
Occupation: SITE SUPERVISOR			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/06/2021 17:25	Type of Location: MULTI-STORY CARPARK
Location: WOODLANDS STREET 82				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		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
GBG3705U	Lorry	TOYOTA	DYNA 3.0 MANUAL	Blue	Seriously Damaged	0
GV9119J	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Silver		0



**SINGAPORE
POLICE FORCE**



T/20210601/2088

Police Station Of Origin:
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20 Bedok Reservoir Road #01-1820
SINGAPORE 470828
Tel No. 1800-4439999

2 of 3

Report No. T/20210601/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	CHINNATHAMBI KRISHNARAJ	ID No.	G7873745Q
Related Vehicle	GBG3705U (Lorry)	Contact No.	83005019
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B.3.4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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T/20210601/2088

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SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20210601/2088

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 / Sgt 1 NORISHAM BIN KAMIZAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/06/2021 20:28
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	