

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 02/07/2021 09:11 (SGT)
Date of Accident 16/02/2021 20:00 (SGT)
Exact Location of Accident 7 Kaki Bukit Ave 3, Singapore 415814
Additional Location Information KAKI BUKIT RECREATION CENTRE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP4948J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HIAP SENG PILING CONSTRUCTION PTE LTD
Company Reg No 1XXXXX037N
Email Address GODFREY_SIM@HIAPSENG.COM.SG
Mobile Phone No (Phone) +65-92996093
Alternative Phone No +65-92996093

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? No - Reporting only
Vehicle Category Goods vehicle
Transmission Manual
CC 5000

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00096852000
Cover Note Number -

DRIVER

Name of Driver ALAGAR SEKAR
Passport No/FIN GXXXX564T

Date Of Birth	19/06/1983
Occupation	Outdoor
Date Of Driving Pass	25/10/2010
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91321573
Alt. Phone Number	-
Email Address	GODFREY_SIM@HIAPSENG.COM.SG
Address	23B KAKI BUKIT ROAD 3
Address complement	#04-17 LEO DORMITARY
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 vehicle 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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ1665P
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Canter
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle

Name of Driver	EMMADY LAXMA REDDY
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

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. 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.

[Handwritten Signature]


Policyholder's Signature / Date & Time

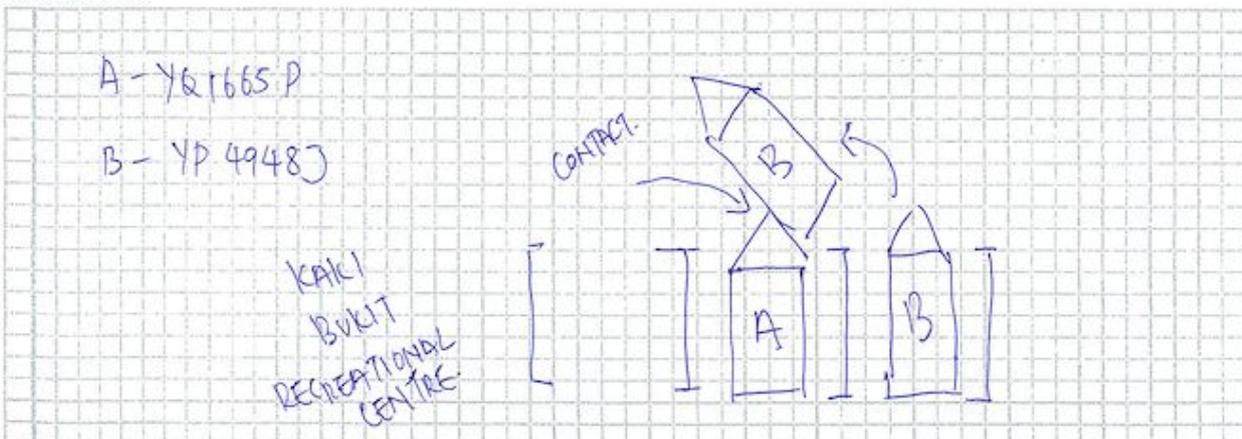
[Handwritten Signature]


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

Joanne Chan Mei Sim (CSO)
 Tel : 6592 8873
 Fax : 6442 5573


Witnessed by Reporting Centre Personnel

Sketch Plan

















IMAGES



IMAGES #2



IMAGES #3



IMAGES #4



IMAGES #5



IMAGES #6



IMAGES #7



IMAGES #8



IMAGES #9



IMAGES #10



IMAGES #11





**SINGAPORE
POLICE FORCE**



G/20210630/2045

1 of 2

POLICE REPORT (NP299)

Report No. G/20210630/2045

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

Date/Time Report Made 30/06/2021 11:42	Vide Report No.	Station Diary No. 38
Name Of Informant ALAGAR SEKAR	Address APT BLK 23B Kaki Bukit Road 3 #04-17 Leo Dormitory SINGAPORE 415812	
ID Type / ID No. FIN NO / G7766564T	Contact No. Home/Office	Mobile 91321573
Nationality INDIAN	Email Address	
Occupation Driver	Sex Male	Age 38
	Date of Birth 19/06/1983	Race Indian
Institution/School Name	Language English	
Date/Time Of Incident 16/02/2021 20:00	Location Of Incident 7 KAKI BUKIT AVENUE 3 KAKI BUKIT RECREATION CENTRE SINGAPORE 415814 Carpark	

Brief details.

On 16/02/2021, at about 8:00pm, I was driving my previous company's lorry YP4948J out of the carpark lot located at Kaki Bukit Recreational Centre. As I was doing so, I accidentally scratched the right headlight of the lorry YQ1665P, which was parked on my left-hand side. I immediately got down from my lorry to assess the damage, and took some photos of both our lorries. Thereafter, I found the driver's contact details (Emmady Laxma Reddy) through the windscreen, and called him. I no longer have his

Signature Of Officer Recording The Report: G / ASP TEO KHIM YING	Signature Of Informant: A. Sekar. Affen
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2021 11:42
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt HAIRUL AZLY BIN HANAFFI Contact No.:	Classification Of Case:

Authentication Stamp

SIGNATURE

Scanned with CamScanner



**SINGAPORE
POLICE FORCE**



G/20210630/2045

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210630/204

contact number now.

I told the driver that I had accidentally hit onto his right headlight, and asked him to send his lorry for repair. I then asked him to let me know the repair cost so that I can compensate him. He acknowledged and said that he will check with his manager first. Two days later, I called the driver to ask for the repair cost, but he told me that it has been settled and not to worry about it. Thereafter, the driver and I did not contact each other again.

On 01/04/2021, I left my previous company, Hiap Seng Piling Construction Pte Ltd, and started working for my new company, Shingtai Piling Pte Ltd. On 29/06/2021, at about 1:30pm, a staff from my previous company called and informed me about a traffic accident report lodged for that February incident. The staff sent me a copy of the report, which stated hit-and-run, and advised me to lodge a police report.

I wish to state that I did not run away after the accident in February. I have also made efforts to contact the lorry driver to make compensation, but he told me that it has been settled. I did not lodge a road traffic accident report after that incident. No one was injured from this accident. I am lodging this report to disclaim liability.

Subject Involved			
Officer			
Person Name	Emmady Laxma Reddy		
Gender	Male	Nationality	INDIAN
Race	Indian	Occupation	Driver
Signature Of Officer Recording The Report:		Signature Of Informant:	
G / ASP TEO KHIM YING		A. Sekar. Arum	
Signature Of Interpreter: Not applicable		Date/Time: 30/06/2021 11:42	
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt HAIRUL AZLY BIN HANAFFI Contact No.:		Classification Of Case:	
Authentication Stamp SIGNATURE			

Scanned with CamScanner