

# 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 ..... 12/10/2021 17:06 (SGT)  
Date of Accident ..... 30/05/2021 16:20 (SGT)  
Exact Location of Accident ..... Tuas Ave 11, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBC3257S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SINGTEK MARINE AND INDUSTRIAL ENGINEERING (PRIVATE LIMITED)  
Company Reg No ..... 200617583Z  
Email Address ..... singtekmarine@gmail.com  
Mobile Phone No ..... (Phone) +65-97460197  
Alternative Phone No ..... +65-97460197

### 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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100283240-09  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... UDAIYAR SAMYNATHAN

Passport No/FIN .....	F8256680P
Date Of Birth .....	05/06/1971
Occupation .....	Outdoor
Date Of Driving Pass .....	17/01/2009
Driving experience .....	12 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97460197
Alt. Phone Number .....	-
Email Address .....	sivam@singtekgroup.com.sg
Address .....	BLK 264 JURONG EAST STREET 24
Address complement .....	#02-517
Postcode .....	600264
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JNR5466
Vehicle Category .....	Motorcycle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210530/2052

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	JNR5466
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	UNKNOWN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	JNR5466
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
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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

**Sketch Plan**

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

 12/10/21  
Witnessed by Reporting Centre Personnel

NO SKETCH AVAILABLE

Describe Circumstances of the Accident

Refer to Police Report

T/20210530/2052

Declaration

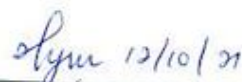
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20210530/2052

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210530/2052

**CONTINUATION OF REPORT**

Driver			
Name	UDAIYAR SAMYNATHAN	ID No.	F8256680P
Related Vehicle	NIL	Contact No.	91244654
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 30/05/2021 at about 1620hrs I was driving my lorry (GBC 3257S) along Tuas Avenue 3. I intend to make a right turn into WestPoint Transit PTE LTD located at B/5 Tuas Ave 11. Before the turn, i made a check on the side mirror and did not see any incoming vehicle. however after I made a complete turn, I heard a loud bang on the back of my vehicle. I then made a check on my side mirror to realized a motorcyclist(JNR5466) hits against the left- rear tyre of my vehicle. Immediately I came down from my vehicle to make a check on the rider, the rider sustained some injuries on his nose and blood was seen from his nose. Subsequently, the ambulance and the traffic police came to scene and the rider was conveyed to the hospital. The Traffic police then issued me a case card (J/20210530/0131) and advised me to lodge a report in the police station. I took down the particulars of the rider; Lai ban chow, FIN: F7009475N. HP:97393801.



**SINGAPORE  
POLICE FORCE**



T/20210530/2052

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210530/2052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/05/2021 18:01	Vide Report No.:	Station Diary No.: 52
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**Informant's Particulars**

Name of Informant: UDAIYAR SAMYNATHAN	Address: APT BLK 264 JURONG EAST STREET 24 #02-517 SINGAPORE 600264		
ID Type / ID No.: FIN NO / F8256680P	Contact No.: Home/Office: Mobile: 91244654		
Nationality: INDIAN	Email:		
Sex: Male	Age: 49	Date of Birth: 05/06/1971	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: DRIVER	Driving Licence Information: Class: 3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/05/2021 16:20	Type of Location: Straight Road
Location:  TUAS AVENUE 11				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC3257S	Lorry				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210530/2052

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210530/2052

**CONTINUATION OF REPORT**

Driver			
Name	UDAIYAR SAMYNATHAN	ID No.	F8256680P
Related Vehicle	NIL	Contact No.	91244654
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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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**SINGAPORE  
POLICE FORCE**



T/20210530/2052

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210530/2052

**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:

J /

SC2 THANG ZHANG XING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/05/2021 18:01

Officer In Charge Of Case:

TP / GIT /

Sgt 2 HO JIEKANG, IVAN

Contact No.: 65476170

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

01 Oct 2021

Our ref 0110210501N001898285

SINGTEK MARINE AND INDUSTRIAL ENGINEERING (PRIVATE LIMITED)  
50 TUAS AVENUE 11  
#02-26 TUAS LOT  
SINGAPORE 639107

Dear Sir/Madam

**NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. GBC3257S**

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 01 Oct 2021. The details are as follows:

Vehicle No.	: GBC3257S
Application Date	: 25 Sep 2021
Effective Transfer of Ownership Date	: 01 Oct 2021
Vehicle Make	: TOYOTA
Vehicle Model	: DYNA 150 MANUAL 3SEATER
Chassis No./Trailer Chassis No.	: JTFAT35Y70K201840 / -
Engine No./Motor No.	: 1KD2142021 / -

- Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
- Thank you.

Yours sincerely

Assistant Registrar of Vehicles  
Vehicle Licensing Division  
Land Transport Authority  
[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Digital enforcement cameras are deployed island-wide to deter and detect traffic offences. Let's keep everyone safe on our roads!

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Land Transport  Authority