

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 15/06/2021 12:44 (SGT)
Date of Accident 14/06/2021 08:00 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information LAMP POST NUMBER 135F
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP9890H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ZHENGDA CORPORATION PTE. LTD.
Company Reg No 2XXXXX795W
Email Address hr@zhengda.com.sg
Mobile Phone No (Phone) +65-97740323
Alternative Phone No (Office) +65-65555551

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NMR85UH5A MT
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 2999

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00100862000
Cover Note Number -

DRIVER

Name of Driver DHANAVEL KARTHIK
Passport No/FIN GXXXX922K

Date Of Birth	04/06/1998
Occupation	Outdoor
Date Of Driving Pass	21/10/2020
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97740323
Alt. Phone Number	-
Email Address	hr@zhengda.com.sg
Address	BLK 15 SOON LEE ROAD
Address complement	-
Postcode	628078
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210614/2085

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC89P
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP559A
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	XE2585E
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	PC4674Z
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SLS1956T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	DHANAVEL KARTHIK
Gender	Male
Phone No	(Phone) +65-9774323
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG PAIN
Injured person in which vehicle?	YP9890H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

Refer to Police Report T/20210614/2025

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

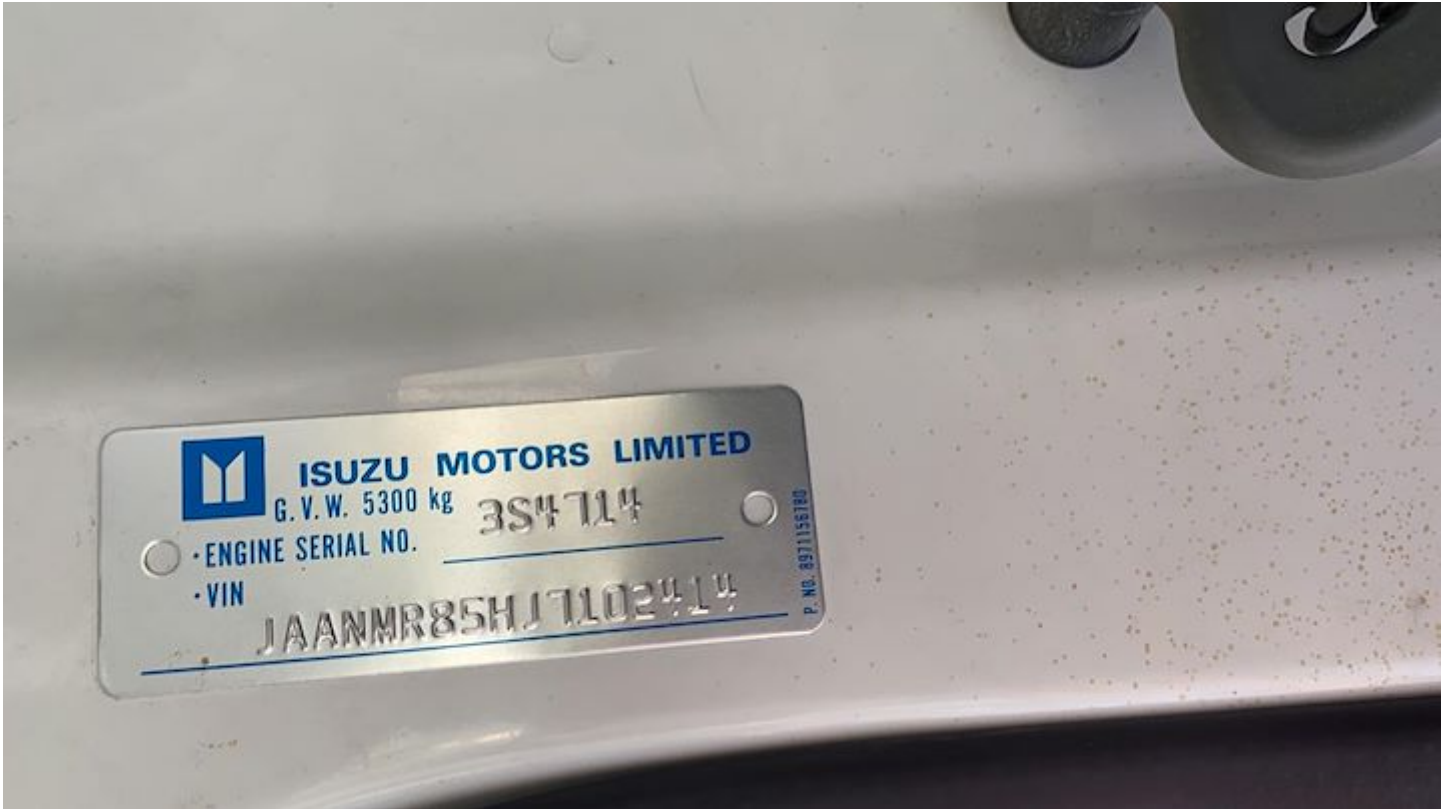
 15/06/2021

Witnessed by Reporting Centre Personnel












**SINGAPORE
POLICE FORCE**


T/20210614/2085

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3
Report No. T/20210614/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2021 16:37		Vide Report No.: T/20210614/2037		Station Diary No.: 91	
Informant's Particulars					
Name of Informant: DHANAVEL KARTHIK			Address: 15 Soon Lee Rd SINGAPORE 628078		
ID Type / ID No.: FIN NO / G8756922K			Contact No.: Home/Office: Mobile: 97740323		
Nationality: INDIAN			Email:		
Sex: Male	Age: 23	Date of Birth: 04/06/1998	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/06/2021 00:00	Type of Location: Flyover
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC4674Z	Lorry	YUTONG	ZK6107H A	Multi-Colored	Slightly Damaged	0
PC89P	Bus/Coach/Minibus	YUTONG	ZK6930H AUTO	Multi-Colored	Slightly Damaged	0
SLS1956T	Lorry	HYUNDAI	ELANTRA AD 1.6 GLS AT	Silver	Slightly Damaged	0
XE2585E	Lorry	UD TRUCKS	GKB5ELDH NT	White	Slightly Damaged	0


**SINGAPORE
POLICE FORCE**


T/20210614/2085

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3
Report No. T/20210614/2085

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP559A	Lorry	MITSUBISHI	CANTER FEB21ER3S DEB (CBU)	White	Slightly Damaged	0
YP9890H	Lorry	ISUZU	NMR85UH5 A MT	White	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DHANAVEL KARTHIK		ID No. G8756922K
Related Vehicle	YP9890H (Lorry)		Contact No. 97740323
Hospital/Clinic	GALILEE CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	14/06/2021		Date Discharge 14/06/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

V1) YP9890H
V2) PC89P
V3) YP559A
V4) XE2585E
V5) SLS1956T
V6) PC4674Z

This report is an addition to my Traffic Accident Report T/20210614/2037. I have included the other 05 vehicles that are involved in the accident V2-V6. I have also gone for a check-up at a clinic to address my leg pain and was given 02 days MC. I am not sure how many passengers were in V3 - V6, as well as any injuries the have.

I am writing this amendment for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20210614/2085

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20210614/2085

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 RIZQULLAH RASYIDDIN *ri*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
SI GOH WEI LI
Contact No.: 65476394

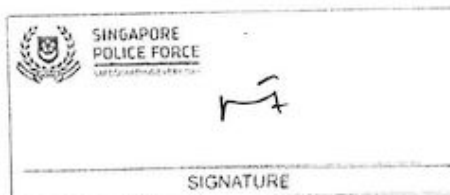
Signature Of Informant:

① Keith

Date/Time:
14/06/2021 16:37

Classification Of Case:

Authentication Stamp
NP168





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08216F0001 Vehicle Registration No: YP 98904
 Name (as shown in NRIC): DIHANAVMC KARTHIK NRIC/FIN/Passport No: 9XXXX9221C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 97740323
 Email Address: _____
 Date of Accident: 14/06/2021 Time of Accident: 08:00
 Place of Accident: BYK Campost BSE
 Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To Insure Police Report 1/20210614/2085

Policyholder / Driver's Signature
Date:

11/08/2021
Reporting Centre Personnel's Signature
Name: