

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 28/06/2021 16:02 (SGT)
Date of Accident 25/06/2021 09:05 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information TOWARDS PIE (CHANGI)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG368D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HYDROTECHS MECHANICAL AND ELECTRICALLY SERVICES
PRIVATE LIMITED
Company Reg No 2XXXXXX435E
Email Address jasonkcapl@gmail.com
Mobile Phone No (Phone) +65-82397525
Alternative Phone No +65-82397525

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 AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070103766
Cover Note Number -

DRIVER

Name of Driver RENGANATHAN POOPATHI

Passport No/FIN	GXXXX648M
Date Of Birth	09/04/1970
Occupation	Outdoor
Date Of Driving Pass	18/03/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82397525
Alt. Phone Number	-
Email Address	jasonkcapl@gmail.com
Address	190 WOODLANDS INDUSTRIAL PARK E5 #07-12
Address complement	WOODLANDS BIZHUB
Postcode	757516
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	3
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RAHAMAN MIZANOR
Gender	Male

PASSENGER 2

Name	CHINNAIAH GURUCHANDRAN
Gender	Male

PASSENGER 3

Name	RANA MASUM
Gender	Male

PASSENGER 4

Name	VISHWANATHAN MANIKANDAN
Gender	Male

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

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 YL6210L
 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 GBE1861A
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person RENGANATHAN POOPATHI
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? GBG368D
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person RAHAMAN MIZANOR
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -

Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG368D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	CHINNAIAH GURUCHANDRAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG368D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	RANA MASUM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG368D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	VISHWANATHAN MANIKANDAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG368D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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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' 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.

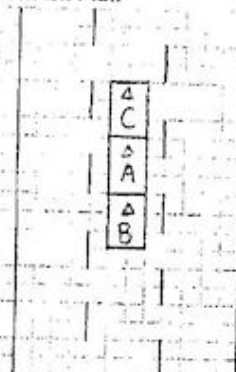


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: 689 368D

B: XL6210L

C: 68E1861A

Describe Circumstances of the Accident

On 25.06.2021 at about 09:15am. I was travelling along BKE towards PIE (Changi).
 I The front vehicle slowed down and stopped, I follow. Suddenly, vehicle
 B hit my vehicle and my vehicle moved forward to hit front vehicle. I was involved
 in a 3 vehicles chain collision.

POLICE REPORT 7/20210625/2057

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
 Time

[Signature]

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

[Signature] 28/06/2021

Witnessed by Reporting Centre
 Personnel













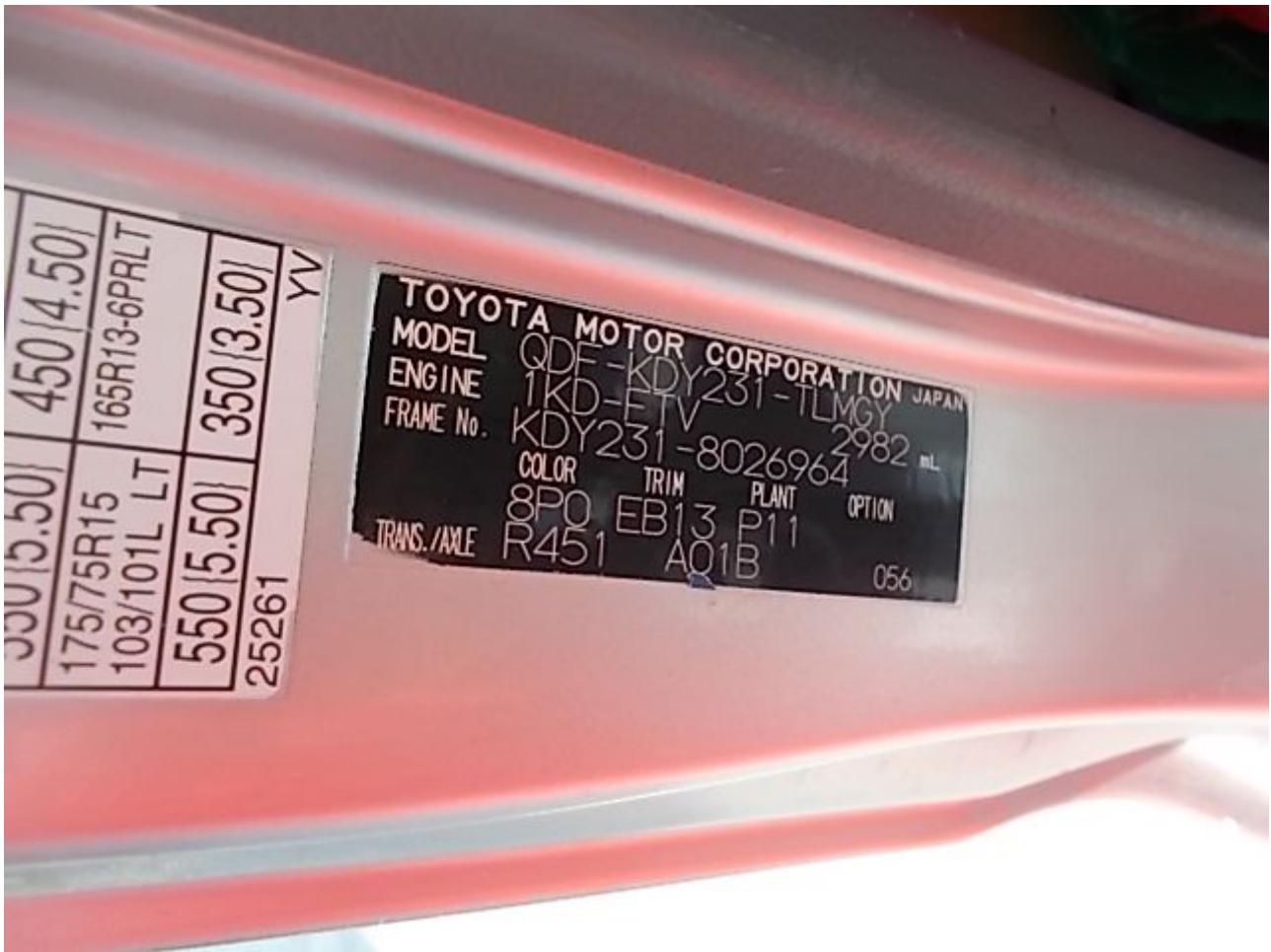













**SINGAPORE
POLICE FORCE**


T/20210625/2057

1 of 4

Report No. T/20210625/2057

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2021 14:27	Vide Report No.: F/20210625/0060	Station Diary No.: 19
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Informant's Particulars

Name of Informant: RENGANATHAN POOPATHI			Address: APT BLK 47 CIRCUIT ROAD #06-713 SINGAPORE 370047	
ID Type / ID No.: FIN NO / G7312648M			Contact No.: Home/Office:	Mobile: 82397525
Nationality: INDIAN			Email:	
Sex: Male	Age: 51	Date of Birth: 09/04/1970	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/06/2021 09:05	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE1861A	Van				Slightly Damaged	0
GBG368D	Lorry				Slightly Damaged	4
YL6210L	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210625/2057

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Report No. T/20210625/2057

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

CONTINUATION OF REPORT

Passenger		ID No.		G2004106X	
Name	RANA MASUM		Contact No.	NIL	
Related Vehicle	GBG368D (Lorry)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD				
Date Treatment	25/06/2021		Date Discharge	25/06/2021	
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight	
Passenger		ID No.		G8154005K	
Name	RAHAMAN MIZANOR		Contact No.	NIL	
Related Vehicle	GBG368D (Lorry)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD				
Date Treatment	25/06/2021		Date Discharge	25/06/2021	
No. of Days granted Medical Leave	02		Degree of Injury	Slight	
Driver		ID No.		G7312648M	
Name	RENGANATHAN POOPATHI		Contact No.	82397525	
Related Vehicle	GBG368D (Lorry)		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD				
Date Treatment	25/06/2021		Date Discharge	25/06/2021	
No. of Days granted Medical Leave	02		Degree of Injury	Slight	
Passenger		ID No.		G6875604P	
Name	CHINNAIAH GURUCHANDRAN		Contact No.	NIL	
Related Vehicle	GBG368D (Lorry)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL				
Date Treatment	25/06/2021		Date Discharge	25/06/2021	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	



**SINGAPORE
POLICE FORCE**



T/20210625/2057

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

Report No. T/20210625/2057

CONTINUATION OF REPORT

Passenger			
Name	VISHWANATHAN MANIK ANDAN	ID No.	G8013116Q
Related Vehicle	GBG368D (Lorry)	Contact No.	NIL
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/06/2021	Date Discharge	25/06/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 25/06/2021, at about 09.05am I was driving my company's lorry bearing plate number GBD368D along BKE towards PIE near to Exit 1 with 4 passengers in the lorry. I was driving at the second lane of the 3 lane expressway as I had to enter towards PIE(TUAS). During the time I was driving the traffic was moving slowly and the vehicle in front of me bearing plate number GBE1861A suddenly applied its brake as such I also applied my brakes and managed to come to a stop. When I was applying the brakes, I felt an impact coming from the rear of the lorry and that is when I realize that there is a vehicle that had collided with the rear of the lorry I was driving. The lorry bearing plate number YL6210L did not managed to stop in time and had collided onto my rear. Due to the impact of the collision, it caused my lorry to surge forward and hit onto the rear of the vehicle in front of me.

The collision had cause the vehicle in front of mine rear windshield to shatter. There are damages to the rear of my lorry and the front left side of the mirror. The vehicle that had hit my lorry on the rear had damages to the front of the vehicle.

The Traffic Police and the Ambulance also came to the location to render medical assistance to us and one of my passengers, Chinnaiah was being conveyed to the hospital. Cinnalah was later discharged and given 3 days of medical leave.

The rest of my passengers and myself then went to a clinic to seek medical attention as to ensure that we do not have any serious injuries.

I would like to state that my company's lorry has an in car camera however it is not in use.



**SINGAPORE
POLICE FORCE**



T/20210625/2057

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Report No. T/20210625/2057

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

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 2 KHAIRUL ILYAS BIN ISHAK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/06/2021 14:27

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt TAN JUN YAN

Contact No.: 65476311

Classification Of Case:

Authentication Stamp
NP165

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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048590
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S665500290 / GST Reg. No.: M400027735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SN09216S 0007 Vehicle Registration No: G8G 368D
 Name (as shown in NRIC): Hydrotechs Mechanical And Electrically Service Private Limited NRIC/FIN/Passport No: 200102435E
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: 190 Woodlands Industrial Park E5 # 07-D Woodlands ^{82hub} Singapore (757516)
 Contact (Tel): _____ Mobile No.: 8239 7525
 Email Address: jasankap1@gmail.com
 Date of Accident: 25.06.2001 Time of Accident: 09:05 am
 Place of Accident: BKE towards PIE (Changi).
 Insurance Company: AIG

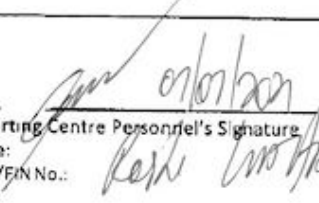
(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

Sketch Plan Amendment the vehicle A: YL 6210L change to G8G 368D

Vehicle B: G8G 368D change to YL 6210L


 Policyholder / Driver's Signature
 Date: _____


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

GRIMMS addendum form 1/91