

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 02/08/2021 12:16 (SGT)
Date of Accident 30/07/2021 17:10 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information TOWARDS CHANGI AFTER CLEMENTI ROAD EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ3868H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COLLYER LOGISTICS (S) PTE LTD
Company Reg No -
Email Address JASONKCAPL@GMAIL.COM
Mobile Phone No (Phone) +65-98800647
Alternative Phone No +65-68366776

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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM120060722100
Cover Note Number -

DRIVER

Name of Driver BALAKRISHNAN SARAVANAN
Work Permit No GXXXX961R

Date Of Birth	01/06/1994
Occupation	Outdoor
Date Of Driving Pass	27/10/2017
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83124763
Alt. Phone Number	-
Email Address	JASONKCAPL@GMAIL.COM
Address	102E PASIR PANJANG ROAD #03-07
Address complement	-
Postcode	118529
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?	Yes
Number of vehicles involved in the accident	3
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

FOREIGN VEHICLE 1

Vehicle Registration Number	BHQ7231
Vehicle Category	Private car

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

REFER TO STATEMENT

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 DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8905G
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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	BHQ7231
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	BALAKRISHNAN SARAVANAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY AND NECK
Injured person in which vehicle?	YQ3868H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

On 30.07.2021 at about 17:10 pm. I was travelling AYE towards Changi (After Clementi Road Exit). The front vehicle slowed down and stopped, I follow. Suddenly, I felt an impact from my rear and my vehicle moved forward to hit in front vehicle. I was involved in a 3 vehicles chain collision.

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/20210731/2039

1 of 3

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

Report No. T/20210731/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2021 13:39		Vide Report No.:		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: BALAKRISHNAN SARAVANAN			Address: APT BLK 681 BUFFALO ROAD #01-26A SINGAPORE 210661		
ID Type / ID No.: FIN NO / G2948961R			Contact No.: Home/Office: Mobile: 83124763		
Nationality: INDIAN			Email:		
Sex: Male	Age: 27	Date of Birth: 01/06/1994	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				
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 30/07/2021 17:10	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
BHQ7231	Car				Slightly Damaged	0
XD8905G	Lorry	VOLVO	FMX420 62T RSS SC	White	Slightly Damaged	0
YQ3868H	Lorry	MITSUBISHI	CANTER FEB21ER4S DEN (CBU)	White	Seriously Damaged	0



**SINGAPORE
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T/20210731/2039

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Tel No: 1800-4439999

Report No. T/20210731/2039

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BALAKRISHNAN SARAVANAN	ID No.	G2948961R
Related Vehicle	YQ3868H (Lorry)	Contact No.	83124763
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	31/07/2021	Date Discharge	31/07/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 30/7/2021 at 1710hrs I was driving my company vehicle bearing plate number (YQ3868H) along AYE Tuas towards Changi and a Malaysian car bearing plate number (BHQ7231) that was in front of me suddenly stopped and I also managed to stop behind the said car. After I stopped, a truck behind mine bearing plate number (XD8905G) hit onto the rear portion of my vehicle. Due to the impact, I also hit onto the Malaysia car that was in front of me.

After the incident, I came out of my vehicle and spoke to the driver behind and he told me that did not manage to stop in time and as such hit onto my vehicle. I then did not manage to speak to the car that was in front of mine. Due to the impact, I felt pain on my head area.

Shortly after, I then called up my company and my supervisor arrived shortly after. He then assisted to bring me to Alexandra Hospital for a check-up as I felt pain on my head area. My other supervisor then drove the company vehicle back.

After checking at Alexandra hospital, I was issued 2 days MC from 30 Jul 21 to 31 Jul 21. However, on 31 Jul in the morning, I felt pain on my neck and head area and as such I went to Wong Family Clinic at Bedok Reservoir to see the doctor and was issued 3 days MC.

My company then told me to lodge a traffic accident report and as such I am lodging this report.



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629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20210731/2039

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Report No. T/20210731/2039

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 WONG KOK WAI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
31/07/2021 13:39

Classification Of Case: