

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 17:27 (SGT)
Date of Accident	31/07/2021 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ROBINSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5367D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RICH ENGINEERING PTE LTD
Company Reg No	2XXXXX005Z
Email Address	richengg@singnet.com.sg
Mobile Phone No	(Phone) +65-62963424
Alternative Phone No	+65-62963424

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	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCPHQ20-004276
Cover Note Number	30/11/2020-29/11/2021

DRIVER

Name of Driver	KALAIMANI NANTHAKUMAR
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Date Of Birth	28/03/1995
Occupation	Outdoor
Date Of Driving Pass	17/12/2019
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94476428
Alt. Phone Number	-
Email Address	NANTHA1432KUMAR@GMAIL.COM
Address	96B RANGOON ROAD
Address complement	-
Postcode	218381
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 on collision
Weather Conditions	Raining
Road Surface	Wet

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?	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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN DRAFT AND REPROT ATTACHMENT

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	GBA2264M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	SHAFIE
Contact Number	(Phone) +65-88660816
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	KALAIMANI NANTHAKUMAR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBF5367D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

Sketch Plan

REFER TO ATTACK SKETCH PLAN

erik@Jengrp.com - erikchan888

enquiry@Jengrp.com - jengrp168168

Describe Circumstances of the Accident

As REFER TO POLICE REPORT.

Declaration

I/We declare the foregoing particulars are true in every respect.

L. Koy

Policyholder's Signature / Date & Time

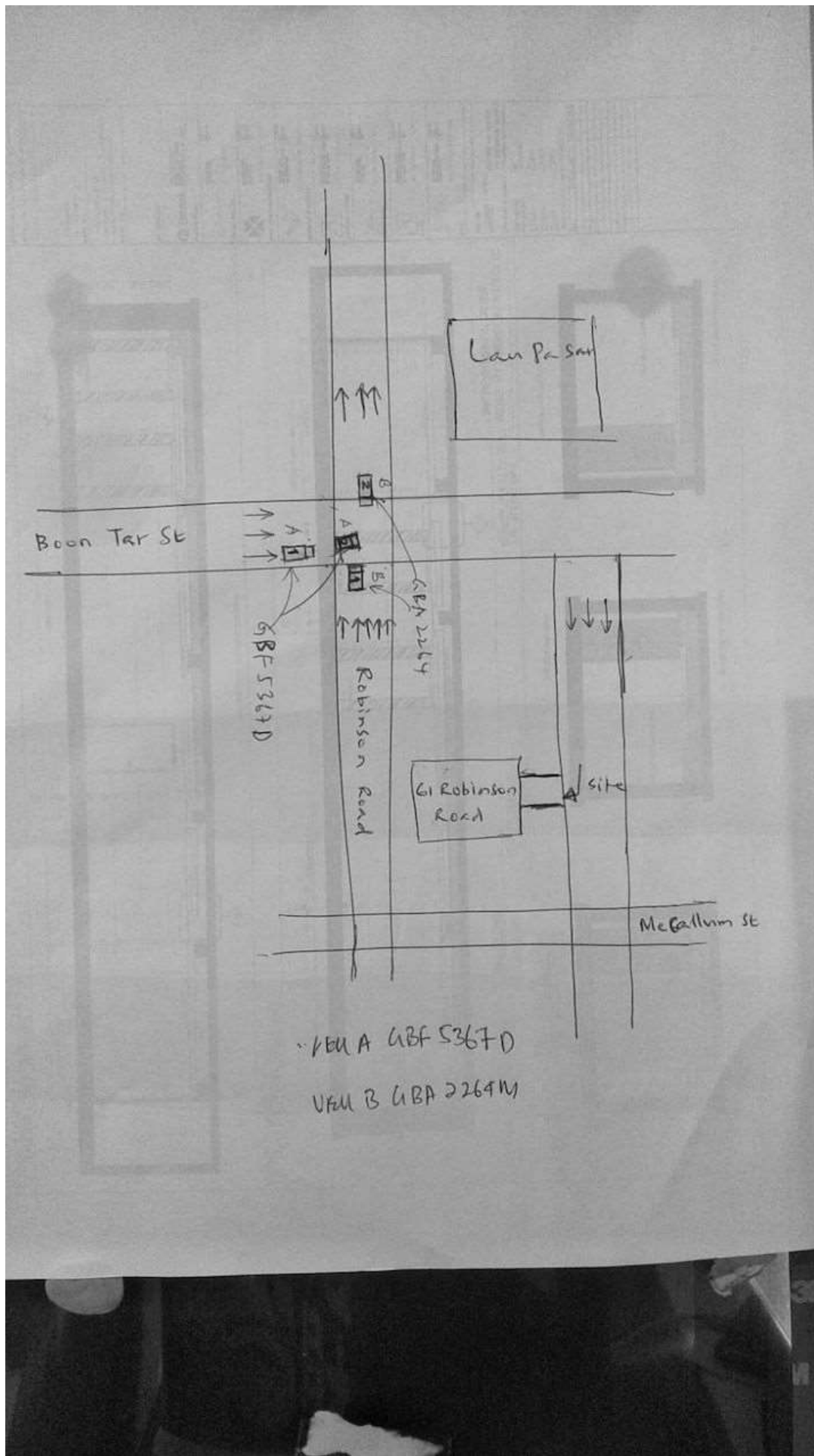


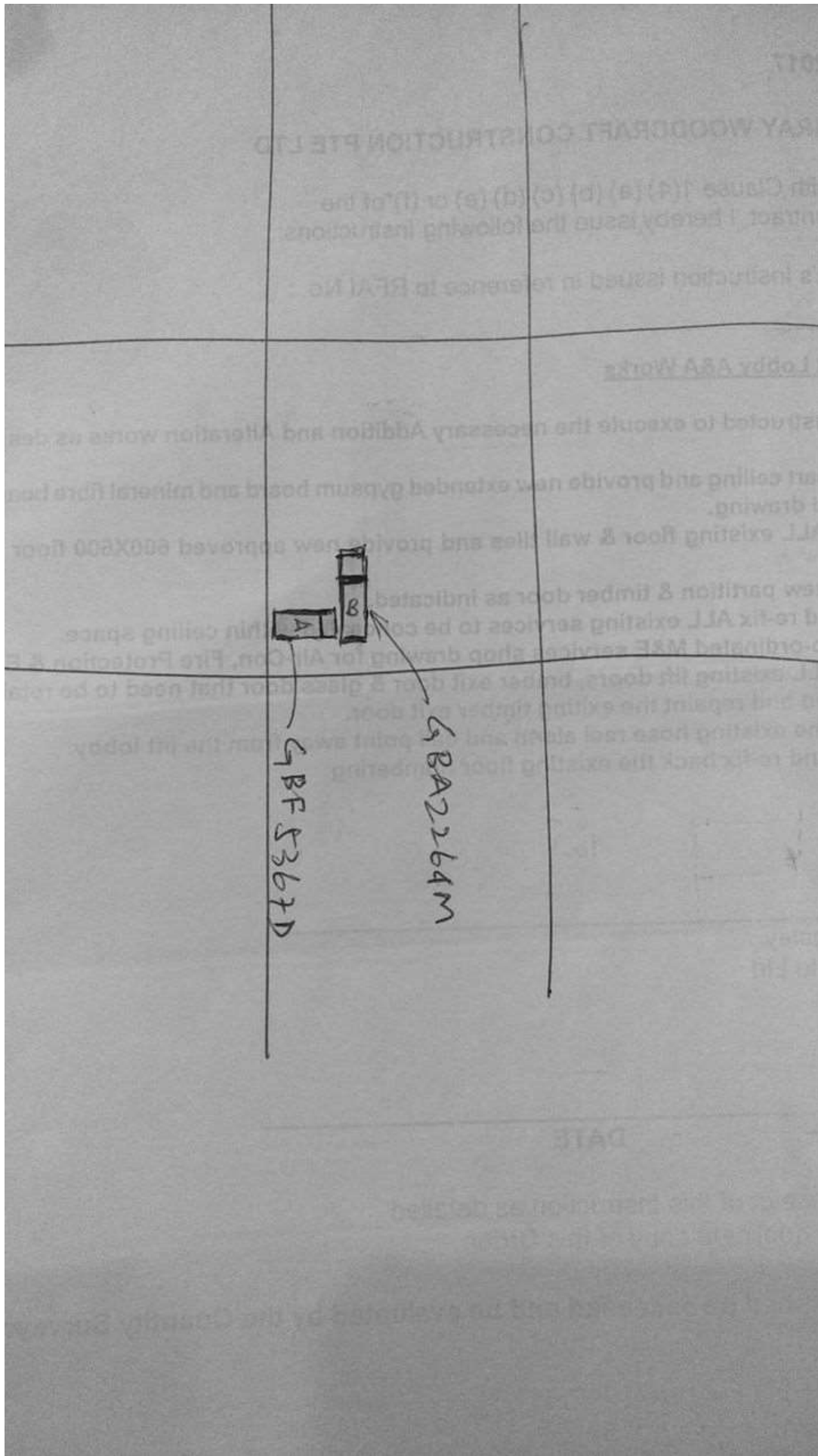
Jh

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



Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20210731/2077

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20210731/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2021 19:05	Vide Report No.: A/20210731/0063	Station Diary No.: 74
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Informant's Particulars

Name of Informant: KALAIMANI NANTHAKUMAR			Address: 96B RANGOON ROAD SINGAPORE 218381	
ID Type / ID No.: FIN NO / G8588010T			Contact No.: Home/Office: Mobile: 94476428	
Nationality: INDIAN			Email:	
Sex: Male	Age: 26	Date of Birth: 28/03/1995	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3 Date of Expiry: 12/12/2024	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/07/2021 13:00	Type of Location: Straight Road
Location: ROBINSON ROAD				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA2264M	Lorry	TOYOTA	DYNA 150 MANUAL	Blue	Totally Damaged	0
GBF5367D	Lorry	TOYOTA	DYNA 3.0 MANUAL	Silver	Seriously Damaged	0

Details of Person Involved

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



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T/20210731/2077

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Tel No: 1800-2949999

2 of 3

Report No. T/20210731/2077

CONTINUATION OF REPORT

Driver			
Name	SHAFIE		ID No. NIL
Related Vehicle	GBA2264M (Lorry)		Contact No. 88660816
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	KALAIMANI NANTHAKUMAR		ID No. G8588010T
Related Vehicle	GBF5367D (Lorry)		Contact No. 94476428
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: 12/12/2024
Date Treatment	31/07/2021		Date Discharge 31/07/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 31/07/2021 at about 1300hrs, I was driving along Boon Tat Street, most right lane out of three lanes. I observed that the traffic light had changed to green and I started to drive off. Suddenly, I felt an impact to the front of my lorry and I immediately jam break.

After I realize that I have been in a traffic accident, I came out of my vehicle and saw that the other lorry had overturned. I went to make a check on the other driver, I saw that he was trying to exit the overturned vehicle. Some other members of public also came to assist in brining the other driver out of his vehicle.

Shortly after, the ambulance and police arrived. I was then conveyed to Singapore General Hospital via the ambulance for right shoulder pain, neck and chest pain. I was not given any MC by the doctor.



SINGAPORE
POLICE FORCE



T/20210731/2077

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11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20210731/2077

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:
A /
Sgt 1 LIM HUI YI KLARISSA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/07/2021 19:05

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Classification Of Case:

Authentication Stamp
NP168

