

# 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 ..... 23/08/2021 20:26 (SGT)  
Date of Accident ..... 21/08/2021 23:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE3058D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GIM TIAN LOGISTICS PTE LTD  
Company Reg No ..... 199400038D  
Email Address ..... LOGISTICS@GIMTIAN.COM.SG  
Mobile Phone No ..... (Phone) +65-62910909  
Alternative Phone No ..... (Office) +65-62910909

### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... LORRY  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... ERGO Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCG21007016  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KUMAR MURUGESAN  
NRIC No ..... G8490451T

Date Of Birth .....	15/09/1984
Occupation .....	Indoor
Date Of Driving Pass .....	29/02/2016
Driving experience .....	5 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81886294
Alt. Phone Number .....	-
Email Address .....	LOGISTICS@GIMTIAN.COM.SG
Address .....	C/O NIL
Address complement .....	-
Postcode .....	-
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 to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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 SKETCH PLAN AND POLICE REPORT.

#### 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 .....	SHC7034X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

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 .....	TAXI DRIVER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHC7034X
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

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

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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.
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.
- (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

23/8@  
10Am



Witnessed by Reporting Centre Personnel

**Sketch Plan**

A: XE 3058D  
B: SHC 7034X

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT.

TP CLAIM: OTHER WORKSHOP.

Declaration

We declare the foregoing particulars are true in every respect.



*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

23/02  
10:50m



Witnessed by Reporting Centre Personnel





























**SINGAPORE  
POLICE FORCE**



T/20210822/2015

1 of 3

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

Report No. T/20210822/2015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/08/2021 02:09	Vide Report No.: E/20210822/0005	Station Diary No.: 28
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**Informant's Particulars**

Name of Informant: KUMAR MURUGESAN			Address: 329A UPPER PAYA LEBAR ROAD QUEMOY BUILDING SINGAPORE 534948		
ID Type / ID No.: FIN NO / G8490451T			Contact No.: Home/Office: Mobile: 81886294		
Nationality: INDIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 15/09/1984	Type of Informant: Driver		
Race: Tamil			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry: 27/05/2024		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/08/2021 23:55	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7034X	Car				Seriously Damaged	0
XE3058D	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/20210822/2015

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

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Report No. T/20210822/2015

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHEW SOON LENG	ID No.	S7626623I
Related Vehicle	SHC7034X (Car)	Contact No.	NIL
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	NIL
<b>Driver</b>			
Name	KUMAR MURUGESAN	ID No.	G8490451T
Related Vehicle	XE3058D (Lorry)	Contact No.	81886294
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: 27/05/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 21/08/2021 at about 2330hrs, I parked my vehicle (XE3058D) attached with the truck mounted attenuator (TMA), along the third lane of Central Expressway 8.5km, to shield the workers who were doing road works repairing the potholes. There were cones and signals placed behind the vehicle to warn the oncoming vehicles. After the workers were done with the road works, I made a u-turn and drove the vehicle and parked behind the cones and signals, so that the workers could collect the cones and signals safely.

At about 2355hrs, while my vehicle was stationary awaiting the workers to finish collecting the cones, a yellow coloured taxi (SHC7034X) collided into the back of my TMA. I contacted EMAS who activated the ambulance and police. I managed to exchange contact details with the taxi driver and I observed that the taxi driver did not have any visible injuries. The taxi driver was later conveyed to hospital due to neck pain.

I did not sustain any injuries from this accident however the crash attenuator of my vehicle sustained some dents. I wish to state that there is camera at the back of my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20210822/2015

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

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Report No. T/20210822/2015

**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 2 POH YING XUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/08/2021 02:09

Officer In Charge Of Case:

TP / GIT /  
Sgt 3 ABDUL MUHAIMIN BIN HUSSAIN  
Contact No.: 65476090

Classification Of Case:







SINGAPORE  
POLICE FORCE  
SAFEGUARDING EVERY DAY

# CASE CARD

Report Number: *E/70210822/0005*  
 Traffic Accident along *CTE (PHE) 8:58m*  
 Involving vehicles: *SHE 7034X X XE 3058D*  
 On *22/8/2021* at about *8:58* am / pm.

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Services website (<https://eservices.police.gov.sg>) within 24 hours.

NP319E (2019)

You are required to be present at Traffic Police on  
 at *8:58* am / pm to meet the Investigation Officer to assist in the investigation.

Please bring along your :-

- a) Identity Card / Passport / Work Pass
- b) Driving License / Vocational License
- c) Vehicle Insurance / Medical Certificate
- d) Any other relevant documents (e.g. Video footages)

If you are unable to keep to the appointment, please contact:

IC: *Sutiyam*

TEL: *6547 6247*

Investigation Branch: 6547 6391

Email: [SPF\\_TP\\_Invest\\_Branch@spf.gov.sg](mailto:SPF_TP_Invest_Branch@spf.gov.sg)

NP319E (2019)