

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 31/08/2021 16:15 (SGT)
Date of Accident 28/07/2021 06:45 (SGT)
Exact Location of Accident 2 Tampines Pl, Singapore 528821
Additional Location Information TAMPINES ROAD OUTSIDE TAMPINES DORMITORY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD7853P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LY ENVIRONMENTAL SERVICES PTE LTD
Company Reg No 1XXXXX237K
Email Address thangabalu101@gmail.com
Mobile Phone No (Phone) +65-94857115
Alternative Phone No +65-94857115

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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD21V01308/VCV/R00
Cover Note Number -

DRIVER

Name of Driver KITTU THANGABALU
Passport No/FIN GXXXX842R

Date Of Birth	15/05/1994
Occupation	Outdoor
Date Of Driving Pass	03/03/2021
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81155317
Alt. Phone Number	-
Email Address	thangabalu101@gmail.com
Address	516 OLD CHOA CHU KANG RD
Address complement	#07-166 SUNGAI TGH LODGE
Postcode	698907
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	Collided into Parked Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	GBL3008Y
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) -

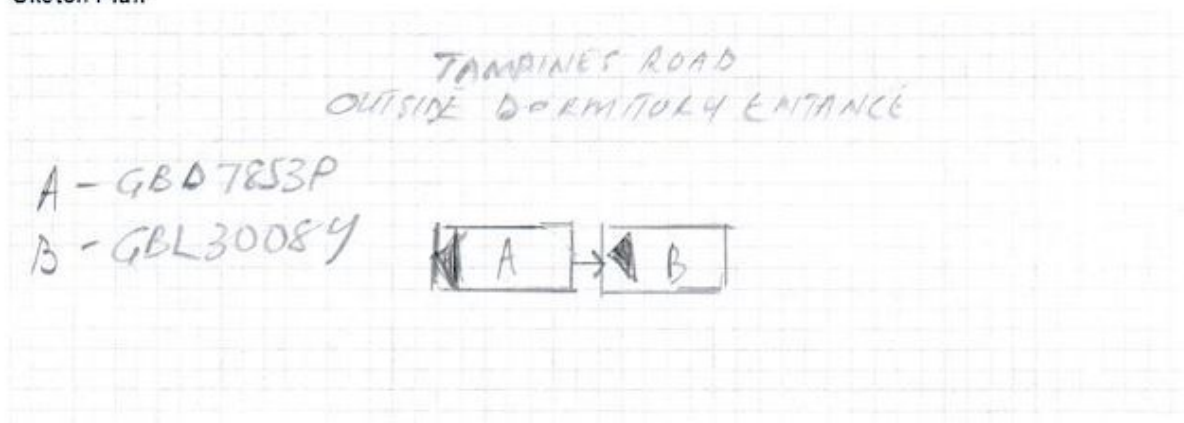
SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

K. Thyagaraj 31/8/21
Driver's Signature (If driver is not the policyholder) / Date & Time

2/ym 31/08/21
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Pls refer to the police report: T/20210812/2080

Declaration

We declare the foregoing particulars are true in every respect.

  31/8/21
Policyholder's Signature / Date &
Time

K. T. Hing 31/8/21
Driver's Signature (if driver is not the policyholder) / Date
& Time

sfym 31/08/21
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210812/2080

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Report No. T/20210812/2080

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

CONTINUATION OF REPORT

Driver Name	KITTU THANGABALU	ID No.	G3866842R
Related Vehicle	GBD7853P (Lorry)	Contact No.	81155317
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/07/2021 at around 1940hrs I parked my vehicle at bearing the plate number of GBD7853P along Tampiness road located outside Tampines Dormitory, 2 Tampines PL, Singapore 528821. There was no place for me to park and I parked my lorry there. I parked my vehicle in front of a van bearing the plate number GBL3008Y and left my lorry there.

On 06/08/2021 at 1604hours my company Ly Landscape & Development Pte Ltd informed me about the accident that had happened but did not ask me to make a police report.

On 28/07/2021 at around 0645hrs I went to retrieve my vehicle and drove my vehicle. I made a reverse and did not notice anything happen and I drove off. There was no damage to my lorry and there was no police or ambulance called. No government property was damaged. On 10/08/2021 at around 1421hours I received a call from the traffic police namely Kaleeswari HP:6547 6902 and was told to proceed to the nearest police station to make a police report. I am here to make a police report about this matter.



















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: SN09218V0006 Vehicle Registration No: QB07853P
 Name (as shown in NRIC): KITTY THANGABALU NRIC/FIN/Passport No: GXXXX842R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 516 OLD CCK RD #07-166 SUNGEI TGM LODGE Singapore (698907)
 Contact (Tel): _____ Mobile No.: 81153317
 Email Address: _____
 Date of Accident: 28/08/21 Time of Accident: 06:45
 Place of Accident: 2 TAMPINET PLACE
 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:

AMEND MONTH OF ACCIDENT: 28/07/21

 Policyholder / Driver's Signature
 Date:

Shyne 31/08/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

CHARTERED ACCOUNTANTS