

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 09/09/2021 13:49 (SGT)
Date of Accident 06/09/2021 18:20 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information L/P 473
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC361T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EBENEZER NDT SERVICES PTE LTD
Company Reg No 1XXXXX920N
Email Address selphk38@gmail.com
Mobile Phone No (Phone) +65-97823996
Alternative Phone No +65-97823996

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model FB70BB1SRDEA
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 2977

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNA00059232100
Cover Note Number -

DRIVER

Name of Driver SAGAYARAJ AROKIYAVIMAL
Passport No/FIN GXXXX636W

Date Of Birth	23/09/1991
Occupation	Outdoor
Date Of Driving Pass	13/01/2015
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81878870
Alt. Phone Number	-
Email Address	selphk38@gmail.com
Address	BLK 368 CORPORATION DRIVE
Address complement	#07-465
Postcode	610368
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	4
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

FOREIGN VEHICLE 1

Vehicle Registration Number	JHL8119
Vehicle Category	Commercial vehicle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210906/2147

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	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JHL8119
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHEW WEI JACK
Passport No/FIN	GXXXX406P
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	GBK796E
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 3

Vehicle Registration Number	XE410P
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	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	GBK796E

Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN**IMPORTANT NOTICE**

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2. 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



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

[Signature] 09/09/24

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

SKETCH PLAN

① GBC 3617
 ② JHL 8119
 ③ GBK 796E
 ④ XE 4109

LANE 2
 LANE 1

AVE LAMPPOST 473
 TWDS TUAS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20210906/2147

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

2 of 3

Report No. T/20210906/2147

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	SAGAYARAJ AROKIYAVIMAL	ID No.	G2472636W
Related Vehicle	GBC361T (Lorry)	Contact No.	81878870
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 06/09/2021 at about 1820hrs, I was driving my company lorry White Mitsubishi GBC361T along AYE towards Tuas(Lane 2, near lamp-post 473/2F) when a Malaysia vehicle JHL8119 (Silver Toyota) collided into the rear of my lorry. Subsequently, there was a chain collision which involved another 2 vehicles behind (GBK796E van, Silver Toyota Hiace & XE410P lorry, White Volvo).

2. All parties involved alighted from our vehicles to check for damages. My lorry suffered damage (dents) on the rear bumper. JHL8119 front bumper and its rear bumper was severely damage. GBK769E suffered a dented front bumper. XE410P had a slight dent on it's front bumper, and the front plate number was not aligned.

3. One female passenger which was seated in GBK796E was conveyed to hospital via Ambulance. Apart from that, no one else suffer visible injuries due to the accident. Traffic Police was also at scene vide: D/20210906/0097. Case in-charge is TP IO Sufian Tel: 65476390.

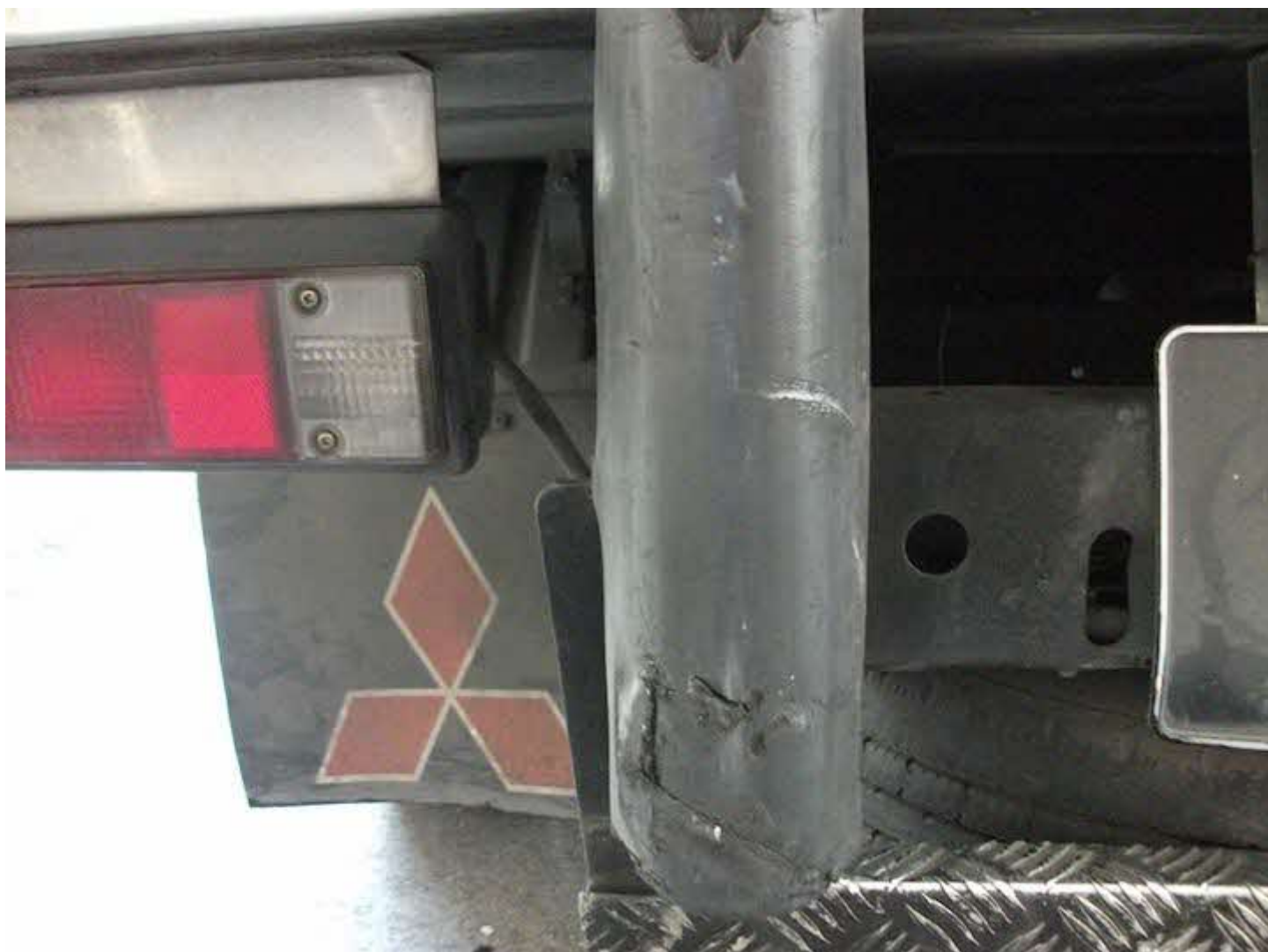






























**SINGAPORE
POLICE FORCE**



T/20210906/2147

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

1 of 3

Report No. T/20210906/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2021 20:50	Vide Report No.: D/20210906/0097	Station Diary No.: 155
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Informant's Particulars

Name of Informant: SAGAYARAJ AROKIYAVIMAL			Address: APT BLK 368 CORPORATION DRIVE #07-465 SINGAPORE 610368		
ID Type / ID No.: FIN NO / G2472636W			Contact No.: Home/Office: Mobile: 81878870		
Nationality: INDIAN			Email:		
Sex: Male	Age: 29	Date of Birth: 23/09/1991	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lorry Driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/09/2021 18:20	Type of Location: Expressway
Location: AYER RAJAH EXPRESSWAY				
Lamp Post Number: 473				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage 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
GBC361T	Lorry				Slightly Damaged	0
GBK796E	Van				Slightly Damaged	1
JHL8119	pickup				Seriously Damaged	0
XE410P	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210906/2147

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

2 of 3

Report No. T/20210906/2147

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	SAGAYARAJ AROKIYAVIMAL	ID No.	G2472636W
Related Vehicle	GBC361T (Lorry)	Contact No.	81878870
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.

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**SINGAPORE
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T/20210906/2147

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649482
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3 of 3

Report No. T/20210906/2147

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

J /

Sgt 3 Muhammad Iswardi Bin Md
Salleh

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
06/09/2021 20:50

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD SYARIFUDDIN
MUHAMMAD AJMAIN

Contact No.: 65476367

Classification Of Case:

**SINGAPORE
POLICE FORCE**

SIGNATURE



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: SN0921990002 Vehicle Registration No: GBC361T
 Name (as shown in NRIC): SAGAYARAJ AROXIYA VIMAL NRIC/FIN/Passport No: GXXXXX6364
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 368 CORPORATION DRIVE #07-465 Singapore (610868)
 Contact (Tel): _____ Mobile No.: 81878870
 Email Address: _____
 Date of Accident: 06/09/21 Time of Accident: 18:20
 Place of Accident: A4E CP 473
 Insurance Company: CHINA MARITIME

(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 TP VEH NO

Policyholder / Driver's Signature
Date:

shyam 09/09/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: D/20210906/0097

I, Sgt (3) TITUS T. SULTANMAN
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of 104701 NENE 39408865
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 05 BLACK MICRO SD CARD (6GB (black))
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from SAGAYARAS AROKIAVIMAL / G 2472656W
(Name, NRIC or Passport No. / Rank and No.)
of 33 KIN TEE WAY S(620706)
(Address / Police Station / NPC / NPP)
on 6/9/2021 at 1926 HRS
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

[Signature]
(Signature)
SAGAYARAS AROKIAVIMAL G 2472656W
(Name, NRIC or Passport No. / Rank and No.)

[Signature]
(Signature)
Sgt (3) TITUS T. SULTANMAN
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____

