

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 07/10/2021 17:55 (SGT)
Date of Accident 06/10/2021 16:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information DEFU LANE 10 NEAR BLK 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD8383Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HUANG KEE GENERAL CONSTRUCTION
Company Reg No 4XXXX000E
Email Address GENERAL@HUANGKEE.COM.SG
Mobile Phone No (Phone) +65-93671417
Alternative Phone No (Office) +65-93671417

VEHICLE PARTICULARS

Manufacturer Fiat
Model Doblo
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 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00033712100
Cover Note Number -

DRIVER

Name of Driver SUNDARARASU INPARASU
Passport No/FIN GXXXX518N

| | |
|--|--|
| Date Of Birth | 01/06/1989 |
| Occupation | Outdoor |
| Date Of Driving Pass | 12/04/2013 |
| Driving experience | 8 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87869710 |
| Alt. Phone Number | - |
| Email Address | GENERAL@HUANGKEE.COM.SG |
| Address | 44 JALAN TARI PIRING JALAN KAYU ESTATE |
| Address complement | - |
| Postcode | 799197 |
| 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 | 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? | 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 |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | Kampong Ubi Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18007479999 |
| Alt. Police Station Phone No | (Fax) +65-67453410 |
| Police Station Address | Blk 9 Eunos Crescent #01-2687 Singapore 400009 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: T/20211007/2038

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 | SJN1743R |
| 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 | SUNDARARASU INPARASU |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | CHEST AREA |
| Injured person in which vehicle? | GBD8383Y |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN**IMPORTANT NOTICE**

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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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) GBD 8383y

(B) SJN 1743R

Defu Lane 10 near BLK 8

Describe Circumstances of the Accident

REF TO TP REPORT T/20211007/2038

Declaration

We declare that the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

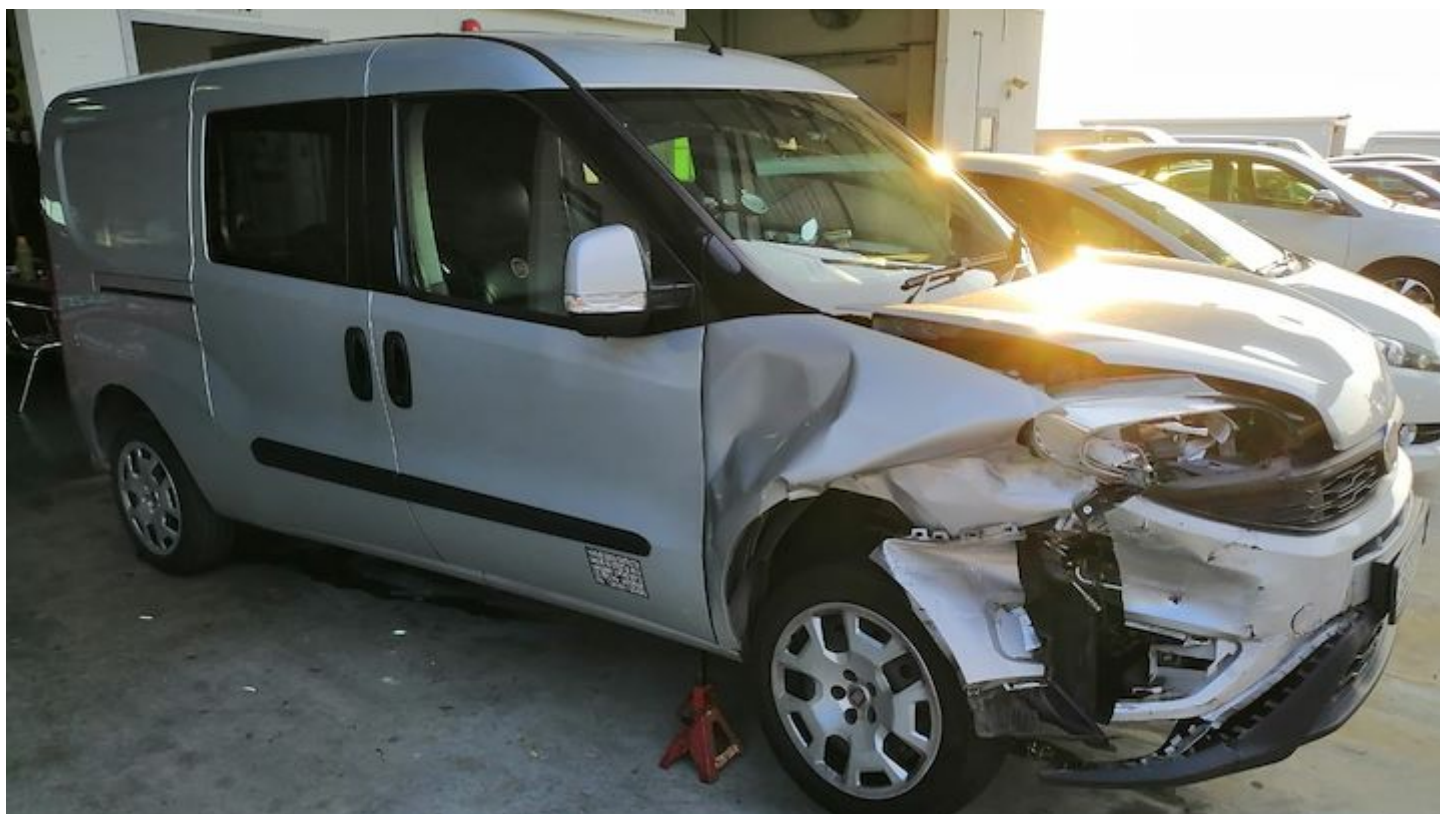
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel























**SINGAPORE
POLICE FORCE**



T/20211007/2038

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20211007/2038

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 07/10/2021 14:21 | Vide Report No.: | Station Diary No.: 18 |
|--|------------------|--------------------------|

| Informant's Particulars | | | | |
|--|------------|--|------------------------------|----------------------------|
| Name of Informant: SUNDARARASU INPARASU | | Address: 44 JALAN TARI PIRING JALAN KAYU ESTATE SINGAPORE 799197 | | |
| ID Type / ID No.: FIN NO / G5313518N | | Contact No.: Home/Office: Mobile: 87869710 | | |
| Nationality: INDIAN | | Email: general@huangkee.com.sg | | |
| Sex: Male | Age: 32 | Date of Birth: 01/06/1989 | Type of Informant: Driver | |
| Race: Indian | | Language: | Institution / School Name: | |
| Occupation: Van driver | | Driving Licence Information: Class: 2B,3,4 | | Date of Expiry: 11/04/2023 |

| General Information of the Accident | | | | |
|---|------------------|-----------------------|---|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 06/10/2021 16:45 | Type of Location: Straight Road |
| Location: DEFU LANE 10 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: No Traffic | |
| Type of Collision: Between Moving Vehicles - Head On | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|---------------------|------------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
| GBD8383Y | Van | | | | Slightly Damaged | 0 |
| SJN1743R | Car | | | | Slightly Damaged | 0 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
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T/20211007/2038

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20211007/2038

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------|--|---|
| Driver | | | |
| Name | SUNDARARASU INPARASU | ID No. | G5313518N |
| Related Vehicle | GBD8383Y (Van) | Contact No. | 87869710 |
| Hospital/Clinic | PHOENIX MEDICAL GROUP | Class of Driving Licence & Expiry Date | Class: 2B,3,4 Date of Expiry: 11/04/2023 |
| Date Treatment | 06/10/2021 | Date Discharge | 06/10/2021 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |
| Driver | | | |
| Name | JUDE ROYSTON STEVEN | ID No. | S7240900J |
| Related Vehicle | SJN1743R (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 |

Brief Details.

GENERAL CONSTRUCTION.

On the 06/10/2021 at about 1645hrs, I was driving my company vehicle, grey coloured Fiat van (GBD8383Y) belonging to company Huang Kee Building Maintenance Pte Ltd alone. I was driving along Defu Lane 10 near Block 8 Defu Lane 10. The road was dry, weather was clear and there was no traffic. Suddenly a white coloured Mercedes car (SJN1743R) came from the opposite lane and cut into my lane before colliding head on into the front right portion of my van.

The driver alighted and we exchange particulars however I did not have his contact number. He was alone. The front right portion of my van was badly dented and the front portion of his car was also badly dented. I did not see any injury on him however I felt pain on my chest area. No police or ambulance came to scene. We then go our separate ways. I went to Phoenix Medical Group Pte Ltd at 1 Seletar Road #02-11 to seek medical attention. I received 4 days MC from 06/10/2021 to 09/10/2021 with MC number: 0000071227.

There is camera in my van and it recorded the whole accident and I noticed there was also camera in his car. I did not notice any CCTV nearby. No witness came forward to us at the scene.



**SINGAPORE
POLICE FORCE**



T/20211007/2038

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20211007/2038

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 /
Sr Staff Sgt MUHAMMAD
NAUFAL BIN ZAINAL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/10/2021 14:21

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168