

# 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 ..... 08/10/2021 11:08 (SGT)  
Date of Accident ..... 07/10/2021 07:30 (SGT)  
Exact Location of Accident ..... Woodlands Ave 9, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ8048J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TEAM KS BUILDER PTE LTD  
Company Reg No ..... 2XXXXX025D  
Email Address ..... admin@teamksbuilder.com  
Mobile Phone No ..... (Phone) +65-82429699  
Alternative Phone No ..... +65-82429699

### 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 ..... Auto  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00088752100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SEBASTHIRAJ ANDREW ONICS ALWIN  
Passport No/FIN ..... GXXXX720U

Date Of Birth .....	04/05/1995
Occupation .....	Outdoor
Date Of Driving Pass .....	27/02/2020
Driving experience .....	1 YEAR AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93234061
Alt. Phone Number .....	-
Email Address .....	admin@teamksbuilder.com
Address .....	45 WOODLANDS IND PARK E2
Address complement .....	-
Postcode .....	757469
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 .....	Side Swipe
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) .....	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MIA JALIL
Gender .....	Male

#### PASSENGER 2

Name .....	JWYEL
Gender .....	Male

#### PASSENGER 3

Name .....	RAMASAMY
Gender .....	Male

#### PASSENGER 4

Name .....	KANNAN MANIKANDAN
Gender .....	Male

#### PASSENGER 5

Name .....	PRAVIN ARUL
Gender .....	Male

#### PASSENGER 6

Name .....	JAYARAMAN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003639999

Alt. Police Station Phone No .....	(Fax) +65-63640997
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICCE REPORT:T/20211007/2025

#### 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 .....	GBK4099H
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 .....	RAMASAMY
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	GBJ8048J
Were seat belts worn? .....	No
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 would involve disclosure of certain personal data about me to being about delivery of the same as well as on the external cover of envelops/postal 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.

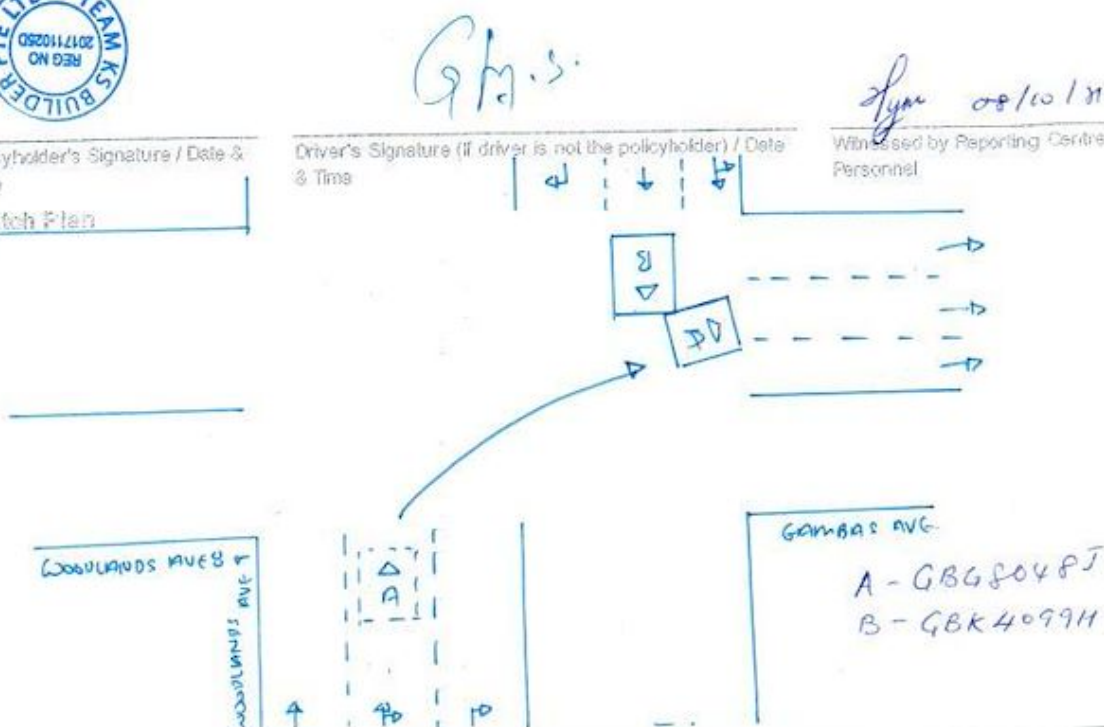


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe circumstances of the accident

PLEASE REFER TO POLICE REPORT. T/20211007/2025

Declaration

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



Gh.s.

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/20211007/2025

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

2 of 3

Report No. T/20211007/2025

**CONTINUATION OF REPORT****Brief Details.**

On 07/10/2021 at about 0720hrs, I was driving the company lorry V1) GBJ8048J together with 6 other workers, along Woodlands Ave 9 towards Woodlands Ave 10. I was driving on the center lane of the 3-lane road. Moments later, I was approaching a cross junction of Woodlands Ave 9 and Gambas Avenue. The traffic light was green to my favor and I turn into the pocket. Subsequently, the green arrow appear to my favor, I check the oncoming traffic and it was clear, thus I continue turning right into Gambas Avenue. Suddenly, I felt an impact coming from my rear. I then stopped my vehicle and got down only to realize another lorry V2) GBK4099H had collided onto the rear left of my vehicle. One of my workers who sat at the rear of the lorry complained pain on his left arm.

My lorry V1, sustain damages on its left rear side while the other lorry, V2 sustain a broken left mirror, broken left passenger window and damages on its front left side.

Traffic Police and Ambulance was at scene, one of the worker who complained of pain was conveyed to Khoo Teck Puat Hospital as he suffered lacerations on his left arm.

I do not have any in-vehicle camera in my lorry but there is a camera at the vicinity of the traffic junction and also an in-vehicle camera in the other lorry.































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1 Woodlands Street 12 SINGAPORE 738622  
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T/20211007/2025

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Report No. T/20211007/2025

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2021 13:05		Vide Report No.: L/20211007/0033	Station Diary No.: 118
<b>Informant's Particulars</b>			
Name of Informant: SEBASTHIRAJ ANDREW ONICS ALWIN		Address: C/O 45 WOODLANDS INDUSTRIAL PARK E2 SINGAPORE	
ID Type / ID No.: FIN NO / G8623720U		Contact No.: Home/Office: Mobile: 93534061	
Nationality: INDIAN		Email:	
Sex: Male	Age: 26	Date of Birth: 04/05/1995	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/10/2021 07:30	Type of Location: X-Junction
Location: WOODLANDS AVENUE 9				
Lamp Post Number: 2/1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ8048J	Lorry				Seriously Damaged	6
GBK4099H	Lorry				Seriously Damaged	0





**SINGAPORE  
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T/20211007/2025

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

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Tel No: 1800-363 9999

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Report No. T/20211007/2025

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  
L /Sgt 3 MOHAMED FAEZ BIN  
MOHAMED SAHID

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
07/10/2021 13:05Officer In Charge Of Case:  
TP / GIT /  
SI NG BEIFENG  
Contact No.: 65476845

Classification Of Case:

Authentication Stamp  
NP168