

# 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 .....	12/10/2021 18:03 (SGT)
Date of Accident .....	12/10/2021 06:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLIP RD OF PIE TWDS TPE NEAR CHANGI RD EAST
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SML6892K
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SIGNMECHANIC PTE LTD
Company Reg No .....	1XXXXX090C
Email Address .....	edmund@singmechanic.com.sg
Mobile Phone No .....	(Phone) +65-87006632
Alternative Phone No .....	+65-87006632

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Attrage
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1200

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00094542100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	VINCENT MEGULAN RAJA ZAHARIAH
Passport No/FIN .....	GXXXX858M

Date Of Birth .....	01/05/1982
Occupation .....	Outdoor
Date Of Driving Pass .....	18/12/2008
Driving experience .....	12 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91825232
Alt. Phone Number .....	-
Email Address .....	edmund@singmechanic.com.sg
Address .....	BLK 30 BALAM RD
Address complement .....	#04-46 BALAM GARDENS
Postcode .....	370030
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? .....	Yes
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

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	PPN1320
Vehicle Category .....	Commercial vehicle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211012/2006

#### 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 .....	PPN1320
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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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' 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

*[Signature]*

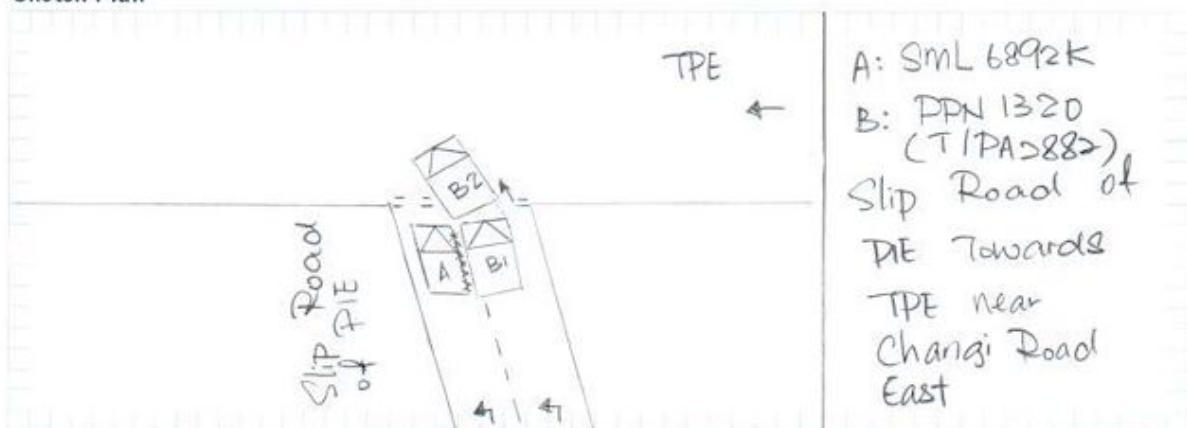
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*

Witnessed by Reporting Centre Personnel

*[Signature]* 12/10/21

### Sketch Plan



**Describe Circumstances of the Accident**

Refer Police Report : T/20211012/2086

**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

*[Signature]* 12/10/21

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20211012/2006

2 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20211012/2006

**CONTINUATION OF REPORT**

Driver			
Name	VINCENT MEGULAN RAJA ZAHARIAH	ID No.	G7448858M
Related Vehicle	SML6892K (Car)	Contact No.	91825232
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 12/10/2021 at about 0635hrs, I was driving my company's vehicle, bearing plate number SML6892K along PIE towards TPE near Upper Changi Road East. I was driving on the left lane of a 2 lanes road and stopped at the bend, giving way to the vehicle going towards TPE from Upper Changi Road East. At that point of time, there was a Malaysia Lorry, bearing plate number, PPN1320, T/PA2882, on the right lane, beside my vehicle. After the road was clear, the lorry and myself proceeded make a turn towards TPE. However, instead of the lorry turned towards the most right lane, it turned into the most left lane where my vehicle was heading to. I could not stop in time, hence, the left side of the lorry side swiped the right side of my vehicle. The lorry driver and myself got down from our vehicle to make a check and I noticed that the rear right side of my vehicle was dented and the right side mirror was damaged. There was also some scratches on the right side of my vehicle. I also made a check on the lorry and there was no damages seen. The driver and myself then exchanged our particulars however, he did not provide his phone number to me as he informed that he was in a rush.

The driver's particulars are as follows:

Name: Gopi Raju Pengideson  
Passport number: A54689249  
Identity number: 891022055371

After exchanging our particulars, I took some photos of the scene and the damages and we left the scene subsequently. I had informed my supervisor with regards to this accident. There was no one injured at that point of time.

I wish to state that there are in-car cameras installed in the front and rear of my vehicle and it had captured the process of the whole accident.
























































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POLICE FORCE**


T/20211012/2006

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1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3

Report No. T/20211012/2006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/10/2021 09:02	Vide Report No.:	Station Diary No.: 19
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**Informant's Particulars**

Name of Informant: VINCENT MEGULAN RAJA ZAHARIAH		Address: APT BLK 30 BALAM ROAD #04-46 BALAM GARDENS SINGAPORE 370030	
ID Type / ID No.: FIN NO / G7448858M		Contact No.:	Mobile: 91825232
Nationality: INDIAN		Email:	
Sex: Male	Age: 39	Date of Birth: 01/05/1982	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: PROJECT COORDINATOR		Driving Licence Information: Class: 3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 12/10/2021 06:35	Type of Location: Bend
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PPN1320	Lorry				No Damage	0
SML6892K	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Blue	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/20211012/2006

2 of 3

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Report No. T/20211012/2006

## CONTINUATION OF REPORT

Driver			
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Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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3 of 3

Report No: T/20211012/2006

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 /

Sgt 2 TOH SHIMIN, KIMBERLY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

12/10/2021 09:02

Classification Of Case: