

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 18/10/2021 17:51 (SGT)
Date of Accident 15/10/2021 17:20 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE4899Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ISO DELIGHT PTE. LTD.
Company Reg No 2XXXXX960G
Email Address admin@iso-delight.com
Mobile Phone No (Phone) +65-89282127
Alternative Phone No +65-89282127

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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00117102002
Cover Note Number -

DRIVER

Name of Driver GNANASEKARAN RAMESH
Passport No/FIN GXXXX216M

Date Of Birth	10/05/1985
Occupation	Outdoor
Date Of Driving Pass	21/12/2019
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89282127
Alt. Phone Number	-
Email Address	rameshit85@gmail.com
Address	BLK 240 HOUGANG STREET 22
Address complement	#05-37
Postcode	530240
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?	No
Number of vehicles involved in the accident	3
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?	Yes
Police Station Name	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211016/2037

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	SLU7329D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TANG ENG CHUEN
NRIC No	SXXXXX073B

Contact Number	(Phone) +65-93698336
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	SMW3937C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WANG HONGWEI
NRIC No	SXXXXX008G
Contact Number	(Phone) +65-91138372
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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' 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

Sketch Plan area with grid lines and handwritten notes:

CTE

AC 345 44

A - GBE48499
B - SL47329D
C - SMW3937C

Describe Circumstances of the Accident

P/s refer to the police report 17/2021/016/2037

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

G. R. D. / 18-10-21
Driver's Signature (If driver is not the policyholder) / Date & Time

shym 18/10/21
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999



T/20211016/2037

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Report No. T/20211016/2037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	GNANASEKARAN RAMESH		ID No. G5220216M
Related Vehicle	GBE4899Y (Lorry)		Contact No. 89282127
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
Driver			
Name	Tang Eng Chuen		ID No. S7145073B
Related Vehicle	SLU7329D (Car)		Contact No. 9369 8336
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
Driver			
Name	Wang Hong Wei		ID No. S6262008G
Related Vehicle	SMW3937C (Car)		Contact No. 91138372
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.

On 15/10/2021 at about 1721hrs, I was driving along CTE in my vehicle, GBE 4899Y and I was alone at the point of time. As I was driving, I needed to exit Braddell road and I checked my left mirrors and it was clear. Before I knew it, I turned back in front and noticed that there was another vehicle, SLU 7329D that suddenly stopped. As I did not have enough time, I cant stop my vehicle and collided onto that vehicle in front.

I then came down and check on the other driver. Soon after, ambulance were called in and the passenger of SLU 7329U was conveyed to the hospital. In addition, this accident also involved another vehicle, SMW





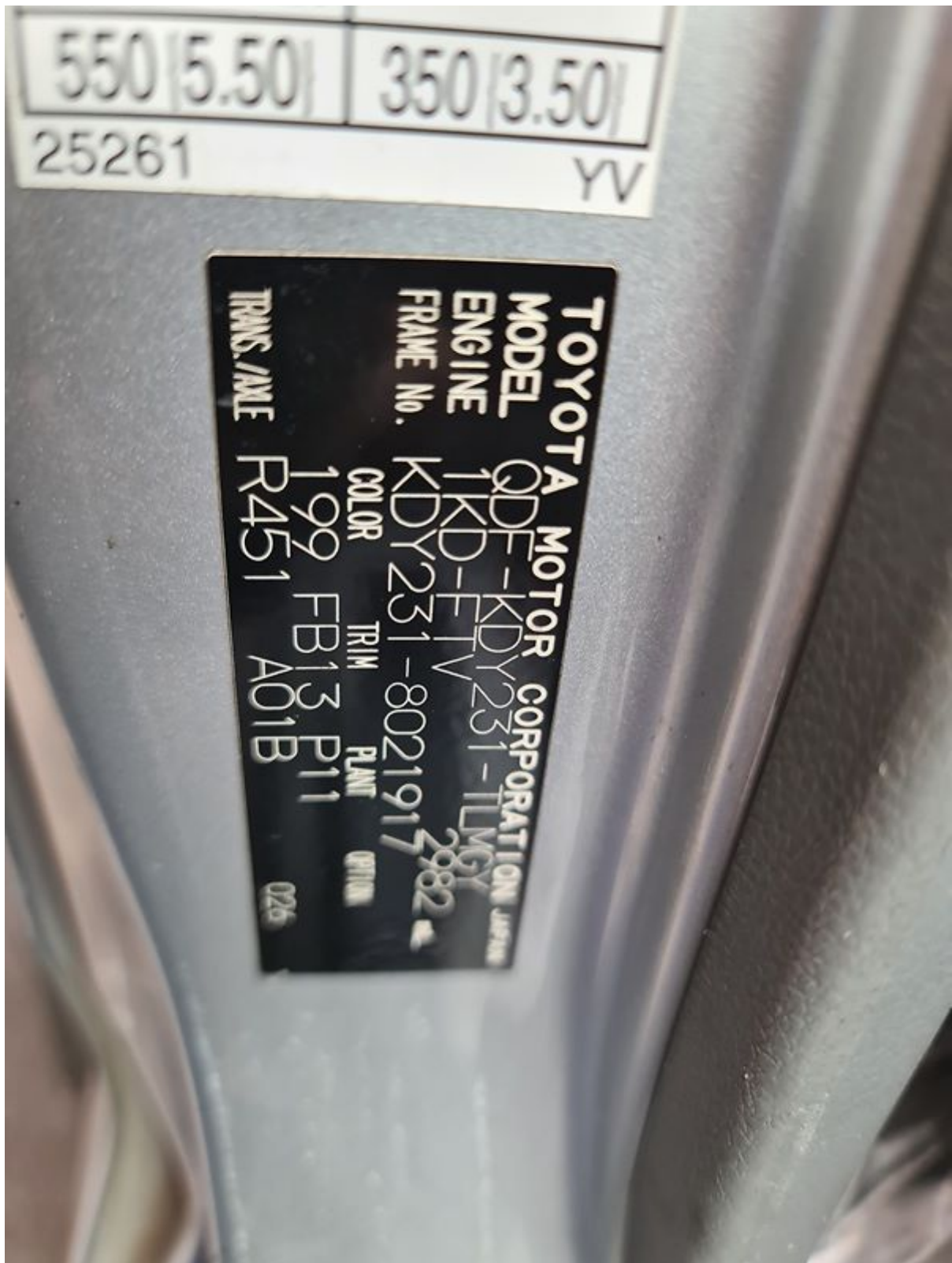


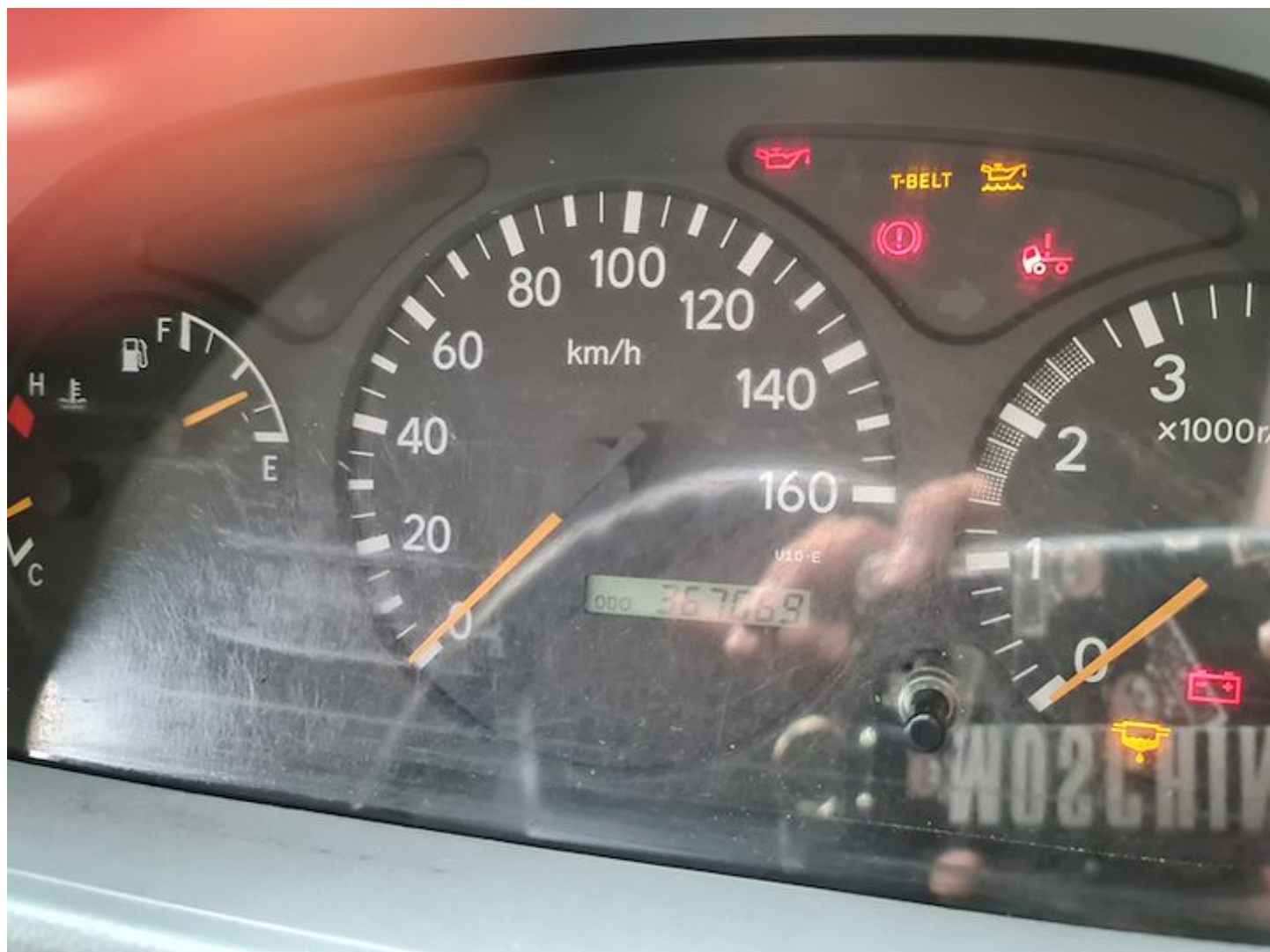














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T/20211016/2037

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Report No: T/20211016/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
16/10/2021 13:45

Vide Report No:
E/20211015/0119

Station Diary No:
22

Informant's Particulars

Name of Informant:

GNANASEKARAN RAMESH

Address:

APT BLK 240 HOUGANG STREET 22 #05-37 SINGAPORE
530240

ID Type / ID No.:

FIN NO / G5220216M

Contact No.:

Home/Office:

Mobile: 89282127

Nationality:

INDIAN

Email:

Sex:

Male

Age:

36

Date of Birth:

10/05/1985

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 Others	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	15/10/2021 17:20	

Location:

CENTRAL EXPRESSWAY

Weather:

Clear

Road Surface:

Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

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
GBE4899Y	Lorry				Slightly Damaged	0
SLU7329D	Car					1
SMW3937C	Car					0



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T/20211016/2037

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Report No. T/20211016/2037


CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	GNANASEKARAN RAMESH		ID No. G5220216M
Related Vehicle	GBE4899Y (Lorry)		Contact No. 89282127
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
Driver			
Name	Tang Eng Chuen		ID No. S7145073B
Related Vehicle	SLU7329D (Car)		Contact No. 9369 8336
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
Driver			
Name	Wang Hong Wei		ID No. S6262008G
Related Vehicle	SMW3937C (Car)		Contact No. 91138372
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


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T/20211016/2037

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Report No. T/20211016/2037

CONTINUATION OF REPORT

3937 which was the first vehicle in front. I wish to state that other than the passenger, no one else complained of any injuries sustained. My vehicle suffered damages on the front bumper of the lorry.

I am lodging this report for record and insurance purposes.

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Report No: T/20211016/2037

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
F /
Sgt 2 ONG YU HAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:

Date/Time:
16/10/2021 13:45

Classification Of Case:

Authentication Stamp
NP168



Signature:

Singapore Police Force

SN 085