

# 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 ..... 23/11/2021 14:56 (SGT)  
Date of Accident ..... 22/11/2021 18:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BOON LAY WAY (LP241)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBC6837Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CHOON HUAT ENGINEERING PTE LTD  
Company Reg No ..... 1XXXXX049R  
Email Address ..... bumblebbb8888@gmail.com  
Mobile Phone No ..... (Phone) +65-94309738  
Alternative Phone No ..... +65-94309738

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Urvan  
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 ..... 2953

### INSURANCE COMPANY

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

### DRIVER

Name of Driver ..... MAHALINGAM BALAMURUGAN  
Passport No/FIN ..... GXXXX228M

Date Of Birth .....	16/05/1984
Occupation .....	Outdoor
Date Of Driving Pass .....	29/06/2018
Driving experience .....	3 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86973271
Alt. Phone Number .....	-
Email Address .....	bumblebbb8888@gmail.com
Address .....	6, JOO KOON CRESCENT
Address complement .....	-
Postcode .....	629010
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? .....	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 .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : T/20211122/2122

#### 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 .....	WITNESS VIDEO
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBQ8321H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Motorcycle
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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5. **Any false reporting may be referred to the Police for investigation**.
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.



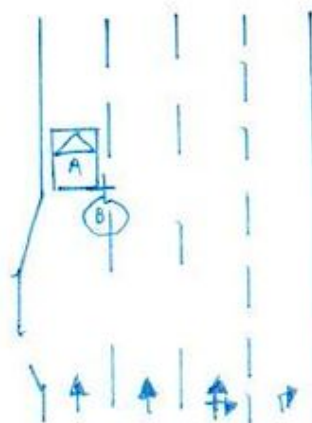
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

W/h A: GBC 6837Z  
Veh B: FBX 8321H



Describe Circumstances of the Accident

Handwritten notes in blue ink:

- Refuse
- to police
- 7/10/21 11/22/21
- Report

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*



Policyholder's Signature / Date & Time

*M. Balasubramanyam*

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

*Rem 23/11/2021*

Witnessed by Reporting Centre Personnel























**SINGAPORE  
POLICE FORCE**



T/20211122/2122

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20211122/2122

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/11/2021 21:48		Vide Report No.: J/20211122/0099		Station Diary No.: 119	
<b>Informant's Particulars</b>					
Name of Informant: MAHALINGAM BALAMURUGAN			Address: C/O Choon Huat Engineering Ptd Ltd SINGAPORE		
ID Type / ID No.: FIN NO / G6959228M			Contact No.: Home/Office: Mobile: 86973271		
Nationality: INDIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 16/05/1984	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER CUM DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/11/2021 18:15	Type of Location: T-Junction
Location: BOON LAY WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ8321H	Motorcycle					0
GBC6837Z	Van				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/20211122/2122

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20211122/2122

**CONTINUATION OF REPORT**

<b>Driver:</b>			
Name	MAHALINGAM BALAMURUGAN	ID No.	G6959228M
Related Vehicle	GBC6837Z (Van)	Contact No.	86973271
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 22/11/2021 at about 1815hrs, I was driving my van V1) GBC6837Z along Boon Lay Way towards Upper Jurong Road. At the junction of Boon Lay Way and Jurong West Central 2, I came to a stationary stop as the traffic was red. After waiting for awhile, the light turned green and I slowly moved off. As I was moving forward, I heard a loud sound from the right side of my van. I made a check on my right mirror and discovered that V2) FBQ8321H had collided onto my van and a e-scooter was on the road as well. I went down to assist the motorcyclist to shift V2 over to the road side. I then contacted my supervisor whom subsequently came down to scene. The driver from the vehicle behind my van assisted to provide us the in-car camera footage of the accident. While we were viewing, the e-scooter rider had left the scene. Traffic Police and Ambulance came down and the motorcyclist was conveyed to hospital. I was then given a case card and advised to lodge a police report.

From the accident, my right rear fender was slightly dented.





**SINGAPORE  
POLICE FORCE**



T/20211122/2122

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20211122/2122

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 2 CHEW WEI XIANG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT / SN 126  
Sr Staff Sgt MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Authentication Stamp  
NP168

Singapore Police Force

Signature Of Informant:

*M. Balamany*

Date/Time:  
22/11/2021 21:48

Classification Of Case: