

# 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 ..... 25/10/2021 18:02 (SGT)  
Date of Accident ..... 24/10/2021 15:30 (SGT)  
Exact Location of Accident ..... 29 Kaki Bukit Industrial Terrace, Singapore 416109  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GY7377C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... A STOP SOLUTION  
Company Reg No ..... -  
Email Address ..... CITIZENPOWER555@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96908499  
Alternative Phone No ..... +65-96908499

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... L300  
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 ..... 3000

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 21-MR000712-R01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... AROCKIYASAMY AROCKIYARAJ  
Work Permit No ..... GXXXX063P

Date Of Birth .....	15/06/1981
Occupation .....	Outdoor
Date Of Driving Pass .....	25/03/2020
Driving experience .....	1 YEAR AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84344423
Alt. Phone Number .....	-
Email Address .....	CITIZENPOWER555@GMAIL.COM
Address .....	23 DICKSON ROAD #03-309
Address complement .....	-
Postcode .....	209507
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 .....	3
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	-
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20211024/2078

#### 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 .....	WD4031
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Mobile equipment
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	YP9420G
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 .....	AROCKIYASAMY AROCKIYARAJ
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	LEG
Injured person in which vehicle? .....	GY7377C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	ABDUL RAHMAN MUTHU MUHAMEDU
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	HEAD
Injured person in which vehicle? .....	GY7377C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

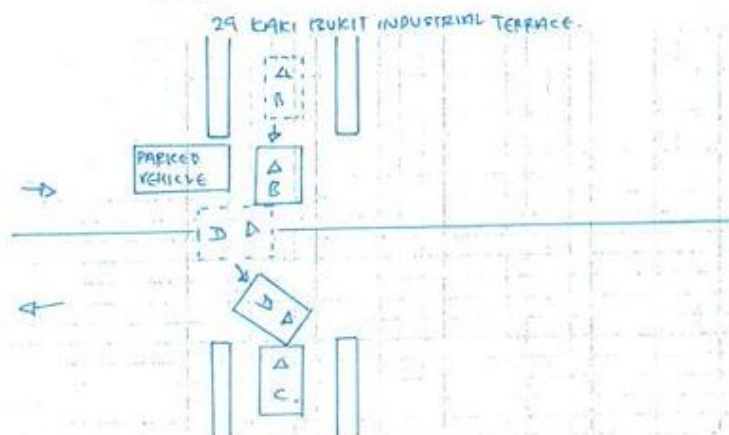
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

A STOP SOLUTION

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.

A STOP SOLUTION

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/20211024/2078

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20211024/2078

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2021 21:42	Vide Report No.:	Station Diary No.: 85
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### Informant's Particulars

Name of Informant: AROCKIYASAMY AROCKIYARAJ	Address: APT BLK 23 Dickson Road #03-309 SINGAPORE 209507		
ID Type / ID No.: FIN NO / G7131063P	Contact No.: Home/Office: Mobile: 84344423		
Nationality: INDIAN	Email:		
Sex: Male	Age: 40	Date of Birth: 15/06/1981	Type of Informant: Driver
Race: Indian	Language: English		Institution / School Name:
Occupation: AIRCON INSTALLATION WORKER	Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/10/2021 15:30	Type of Location: Straight Road
Location:  KAKI BUKIT INDUSTRIAL TERRACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Rear to side Collision				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY7377C	Van	MITSUBISHI	L300	White	Slightly Damaged	1
WD4031	FORKLIFT					0
YP9420G	Lorry	HINO	XZU710R	White	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/20211024/2078

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Report No. T/20211024/2078

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	ABDUL RAHMAN MUTHU MUHAMEDU	ID No.	F7992106T
Related Vehicle	GY7377C (Van)	Contact No.	86164727
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/10/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	AROCKIYASAMY AROCKIYARAJ	ID No.	G7131063P
Related Vehicle	GY7377C (Van)	Contact No.	84344423
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/10/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	LIN SHUI BING	ID No.	G8191028L
Related Vehicle	WD4031 (FORKLIFT)	Contact No.	94882540
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
<b>Driver</b>			
Name	HASAN MAHABUB	ID No.	G7932548T
Related Vehicle	YP9420G (Lorry)	Contact No.	91030123
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





SINGAPORE  
POLICE FORCE



T/20211024/2078

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Report No. T/20211024/2078

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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

On 24/10/2021, at about 1530hrs, I was travelling at a straight road along 29 Kaki Bukit in my van GY7377C. Whilst outside 29 Kaki Bukit Industrial Estate, one forklift (WD4031) suddenly reversed out of the road on my left and collided onto my left front bumper. Due to the impact, my van headed right side and collided onto a parked lorry (YP9420G). I got down the vehicle to assess the situation. Subsequently, I called for police assistance. The three party exchanged particulars and no ambulance attended to us. The police told us to lodge insurance claim individually and left scene. No report number was given to me. I went to Mount Alvernia Hospital with my passenger, as I experience pain in my left ankle and my passenger experienced pain in his forehead. I was given 5 days MC and my passenger was given 3 days MC. No threat or assault took place.

There were dents on the left and right side of my front bumper. The lorry (YP9420G) suffered scratches and dents on his front right bumper.



**SINGAPORE  
POLICE FORCE**



T/20211024/2078

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Report No, T/20211024/2078

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11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

**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

A /

Sgt 2 TJHI TJUNG LIEON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/10/2021 21:42

Officer In Charge Of Case:

TP / GIT /

Sgt 3 INTAN WULANDARI BUDDY SANTOSO

Contact No.: 65476415

Classification Of Case:

Authentication Stamp

NP168