

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	08/02/2021 14:39 (SGT)
Date of Accident	06/02/2021 15:00 (SGT)
Exact Location of Accident	Jurong Island Hwy, Singapore
Additional Location Information	LP NP.120
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC8112U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VHL ENGINEERING PTE LTD

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyh52s
Variant	-
Vehicle Category	Mobile equipment
Transmission	Manual
CC	15681

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5102788602
Cover Note Number	-

DRIVER

Name of Driver	MOOKAIYAN THALAPATHI
Passport No/FIN	GXXXX233U
Address	BLK 922 JURONG WEST ST 92 #08-45
Address complement	-
Postcode	640922
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Was anybody injured in the Accident?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO.T/20210206/2145.

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	34447MID
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Insurance Company Name	-

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

M. Tg
8/2/21



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


M. Tg
8/2/21

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





SKETCH PLAN

Vehicle No
A - WC812U
B - 34447MD



Legend

Vehicle  A

Bike  B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See attached police report no. T/2021 0206/2145.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy may be voided if the claim is not made within the stipulated timeframe from the date of the accident. Kindly check your policy for more details.

Policyholder's Signature
Date & Time:



Driver's Signature
(If not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





















**SINGAPORE
POLICE FORCE**



T/20210206/2145

1 of 3

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

Report No. T/20210206/2145

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2021 22:08		Vide Report No.:		Station Diary No.: 171	
Informant's Particulars					
Name of Informant: MOOKAIYAN THALAPATHI			Address: APT BLK 922 JURONG WEST STREET 92 #08-45 SINGAPORE 640922		
ID Type / ID No.: FIN NO / G6453233U			Contact No.: Home/Office: Mobile: 86067506		
Nationality: INDIAN			Email:		
Sex: Male	Age: 52	Date of Birth: 01/05/1968	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Other heavy truck and lorry drivers			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 06/02/2021 15:00	Type of Location: T-Junction
Location: JURONG ISLAND HIGHWAY				
Lamp Post Number: 120				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
34447MID	Car				Slightly Damaged	2
WC8112U	Heavy Vehicle				Slightly Damaged	0

Details of Person Involved

Details of Pedestrian Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20210206/2145

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Report No. T/20210206/2145

CONTINUATION OF REPORT

Driver			
Name	MOOKAIYAN THALAPATHI	ID No.	G6453233U
Related Vehicle	WC8112U (Heavy Vehicle)	Contact No.	86067506
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 06/02/2021 at about 1500hrs, I was driving my vehicle WC8112U along Jurong Island Highway. While approaching T-Junction of Jurong Island Highway and Sakra Road, The traffic light was red and noticed one SAF vehicle stopped before the stop line. I also applied my brakes but was unable to stop in time and collided onto the vehicle (34447MID). I stopped my vehicle and 34447Mid also alighted from their vehicle. I asked them if they are alright and they informed that they are alright. After which, they informed their superior who then communicated with my manager namely: Arun HP: 90274404. I waited for their superior to come down and he told me to lodge a police report and make a insurance claims for this accident. I then drove off.

My vehicle sustained minor damage to the front radiator and front bumper. 34447MID sustained shattered rear windshield and damaged vehicle ladder. My vehicle got no in-car camera installed. No traffic Police and Ambulance at scene.



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T/20210206/2145

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

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Report No. T/20210206/2145

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 3 LOW JIAN HAO	Signature Of Informant: M.T.H.
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2021 22:08
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: SN 126
Authentication Stamp NP168	

Singapore Police Force