

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	18/12/2021 13:05 (SGT)
Date of Accident	17/12/2021 13:56 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS PIE (CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1146X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BEST DOORS PTE LTD
Company Reg No	2XXXXX910G
Email Address	admin01@bestdoors.com.sg
Mobile Phone No	(Phone) +65-90725778
Alternative Phone No	(Office) +65-90725778

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
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	1461

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00048042100
Cover Note Number	-

DRIVER

Name of Driver	ALAGAR SENTHI
Work Permit No	FXXXX090U

Date Of Birth	05/01/1976
Occupation	Outdoor
Date Of Driving Pass	02/11/2009
Driving experience	12 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83428925
Alt. Phone Number	-
Email Address	admin01@bestdoors.com.sg
Address	1079 EUNOS AVENUE 7 #01-169
Address complement	-
Postcode	409582
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I was travelling along CTE towards PIE Changi. Vehicle B who was in front of me suddenly braked and i braked too but still couldn't stop in time. Thus, i have collided to the rear of vehicle B. When i get down of my vehicle then i realised Vehicle C is also involved in this accident.

PLEASE REFER TO POLICE REPORT TOO.

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	SJN8576K
Vehicle Manufacturer	Toyota
Vehicle Model	Wish

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	TAY KANGSONG MORRIS
NRIC No	SXXXX416D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	Passenger
Gender	Female

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLJ3563C
Vehicle Manufacturer	Toyota
Vehicle Model	Estima
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	HENDRIK ALBERTUS DANIEL LIEBENBERG
NRIC No	SXXXX415C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ALAGAR SENTHI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBG1146X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

poh chin tong

Policyholder's Signature / Date & Time

A. Seutis

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan

17/12/2021 04.25pm.

A. Seutis



DOA: 17/12/2021

13:56pm

A: GBG 1146X

B: SJW 8576K

C: SLJ 3563C.

Describe Circumstances of the Accident

I was travelling along CTE towards PIE Changi.
 Vehicle B who was in front of me suddenly braked and I braked too
 but still couldn't stop in time. Thus, I have collided to the rear
 of vehicle B. When I get down of my vehicle then I realized
 vehicle C is also involved in this accident.

A. Sentis

Declaration

We declare the foregoing particulars are true in every respect.

poh chin tionng

Policyholder's Signature / Date &
Time

A. Sentis

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

17/12/2021 @ 4.25pm.

[Signature]

Witnessed by Reporting Centre
Personnel









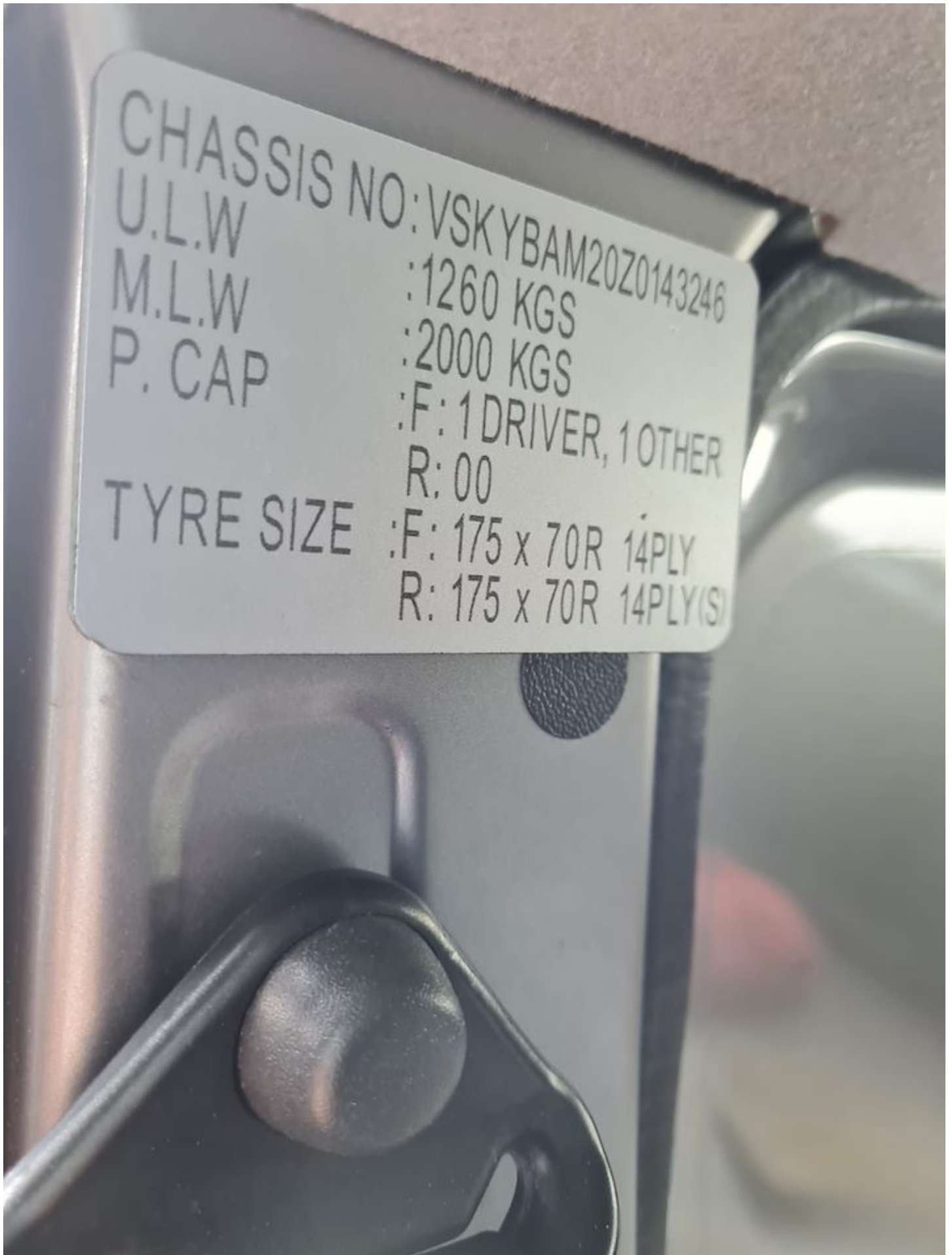







































**SINGAPORE
POLICE FORCE**


T/20211218/2035

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Report No. T/20211218/2035

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2021 11:34	Vide Report No.:	Station Diary No.: 69
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Informant's Particulars

Name of Informant: ALAGAR SENTHI			Address:	
ID Type / ID No.: FIN NO / F8049090U			Contact No.:	Mobile: 83428925
Nationality: INDIAN			Home/Office:	
			Email:	
Sex: Male	Age: 45	Date of Birth: 05/01/1976	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Other car and light goods vehicle drivers.nec			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/12/2021 13:55	Type of Location: EXPRESSWAY
Location: CENTRAL EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: CHAIN COLLISION INVOLVING 3 VEHICLES	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG1146X	Van	NISSAN	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC	Silver	Slightly Damaged	0
SJN8576K	Car	TOYOTA	WISH 1.8 AUTO	Grey	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211218/2035

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20211218/2035

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ3563C	Car	TOYOTA	ESTIMA AERAS 2.4 CVT ABS D/AIRBAG 2WD	White	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALAGAR SENTHI	ID No.	F8049090U
Related Vehicle	GBG1146X (Van)	Contact No.	83428925
Hospital/Clinic	ACCORD MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/12/2021	Date Discharge	17/12/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 17th December 2021 at about 1356hrs, I was driving my vehicle bearing registration plate number GBG1146X along CTE heading towards PIE, just before exit 8B (PIE - Changi). While I was driving, all of a sudden, I saw a vehicle that was in front of mine, bearing registration plate number SJN8576K had applied emergency brake however, I was unable to apply my brakes hard enough to stop my vehicle, as such, my vehicle collided onto the other vehicle and the collision caused it to surge forward and collide into another vehicle bearing registration plate number SLJ3563C. I then exchanged particulars with the other 2 drivers involved. The accident had caused me to have some pain in my chest area, as I had leaned forward and hit onto the steering wheel of my vehicle during the collision. I sought treatment at Accord Medical Clinic where I got MC for 5 days from 18th December 2021 till 22nd December 2021. The damages were as follows:

- 1) GBG1146X - dents on the front portion
- 2) SJN8576K - dents on rear and front portion
- 3) SLJ3563C - dents on the rear portion

Report No. T/20211218/2035
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20211218/2035

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Report No. T/20211218/2035

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 3 MUHAMMAD ARIF BIN
HAIRUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
DSP (2) YIP YEW SENG NELSON
Contact No.: 65476182

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:
18/12/2021 11:34

Classification Of Case:



SIGNATURE

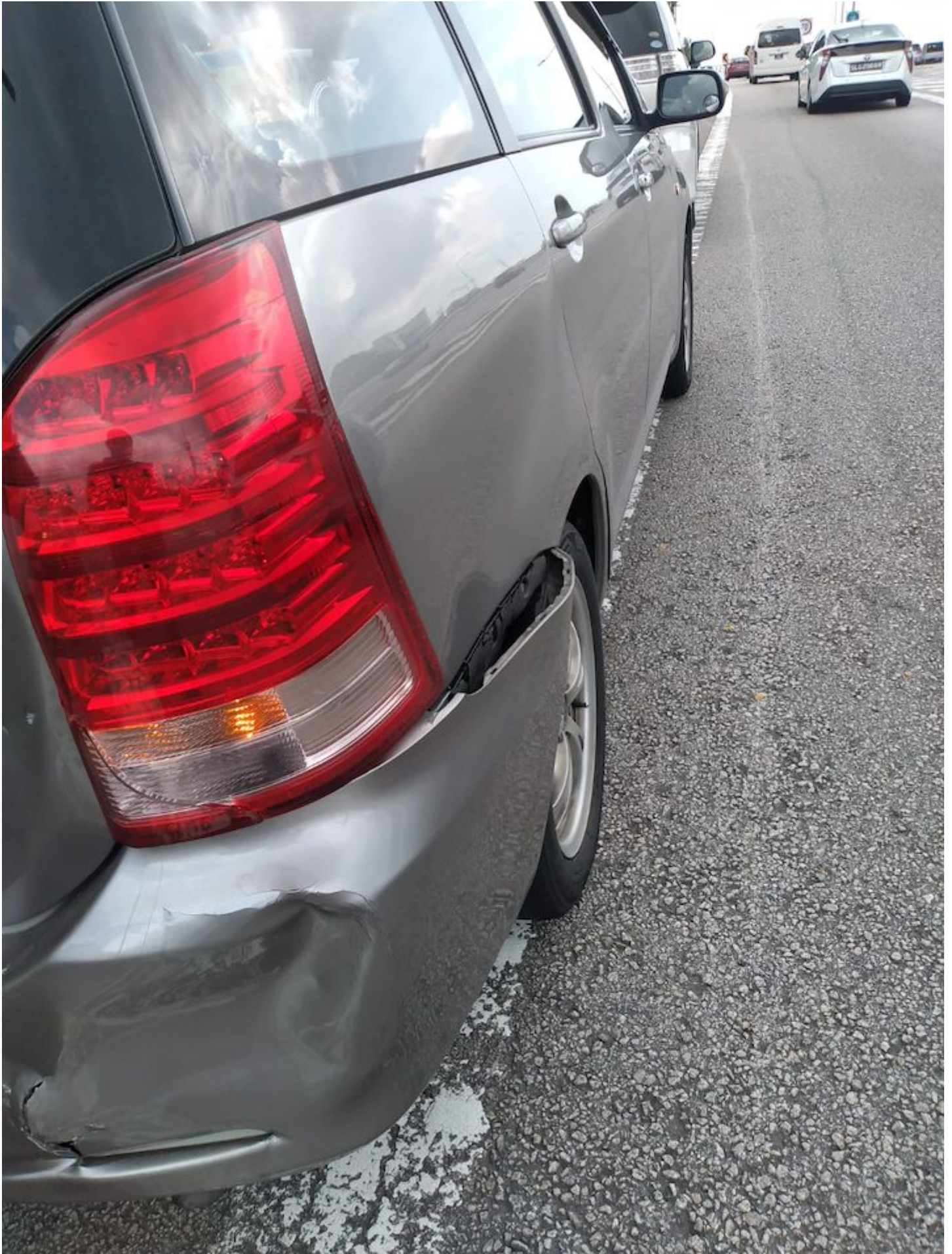




























Accord Medical Clinic
 BLK 325 UBI AVENUE 1 #01-701 S400325
 Tel: 68441528 Fax: 68443782

Medical Certificate

Date : 17 Dec 2021
 MC No. : 0000077993

This is to certify that :

Name : ALAGAR SENTHI
 NRIC : F8049090U

is Unfit for Duty for 5 days

from 18/12/2021 to 22/12/2021 inclusive.

DR JOSEPH WANG

M.B.B.S (S'PORE) GDFM (S'PORE) GDA (S'PORE)
 FAMILY PHYSICIAN & ACUPUNCTURIST
 ACCORD MEDICAL CLINIC
 MCR/NO. 141754D

ACCORD MEDICAL PTE LTD

Co Reg No. 220122755H
 Blk 325 Ubi Avenue 1 #01-701
 Singapore 400325
 Tel: 6844 1528 Fax: 6844 3782
 Email: enquiry@accordmedical.com.sg
 www.accordmedical.com.sg

JOSEPH WANG

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*