

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	24/01/2022 16:15 (SGT)
Date of Accident	24/01/2022 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GUL WAY / GUL CIRCLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK9934P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WELDTECH INSPECTION SERVICES (S) PTE LTD
Company Reg No	199607264H
Email Address	ABD_RAHHMAN85@LIVE.COM
Mobile Phone No	(Phone) +65-90067454
Alternative Phone No	+65-90067454

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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120958451
Cover Note Number	-

DRIVER

Name of Driver	RAJENDRAN MAHESH
Work Permit No	G2186478T

Date Of Birth	08/05/1992
Occupation	Outdoor
Date Of Driving Pass	01/10/2014
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97845309
Alt. Phone Number	-
Email Address	ROBERT@WELDTECH.COM.SG
Address	451B BUKIT BATOK WEST AVE 6
Address complement	#08-691
Postcode	652451
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	Collision - Major/Minor Rd
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 Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SLU8157B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Sketch Plan

Makesh/Amul 24/01/22 01:20 PM
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

REFER TO ATTACH SKETCH.

Describe Circumstances of the Accident

LICENSE PLATE: GBL 9934P	ACCIDENT DATE & TIME: 24/01/22 @ 0745 HRS
CONTACT NUMBER: 90067484	E-MAIL ADDRESS: abel_ramman85@live.com
LOCATION: GVL WAY/GVL CIRCLE	
<p>This morning @ 0745HRS, I was driving along Gvl Way towards Pioneer Rd @ about 50/km/h - I met with an accident with another vehicle, SUV 8157B, at the junction of Gvl Way/Gvl Circle</p> <p>When I was reaching the said junction, there was a big container truck on my right side. As it is my right of way to proceed on, I continued on driving only to see & over the said vehicle after passing the container truck. I believe the said vehicle line of sight is blocked/blind spot, that he continued driving despite the stop line on his right end. In the end, I managed to brake however as it is very sudden, his rear end (left side) came into contact with my front headlight/bumper (left side). No one was injured.</p> <p>Upon contact with my lorry, said vehicle continued on and hit a lamp post nearby.</p>	
THIRD PARTY DRIVER: ONG JIA YAO	
S99139164	
Driving License: 0031994539	
Issue Date: 01 NOV 2021	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input checked="" type="checkbox"/> Claim OT TTP at other workshop <input type="checkbox"/> Reporting Only	

Declaration

We declare the foregoing particulars are true in every respect.

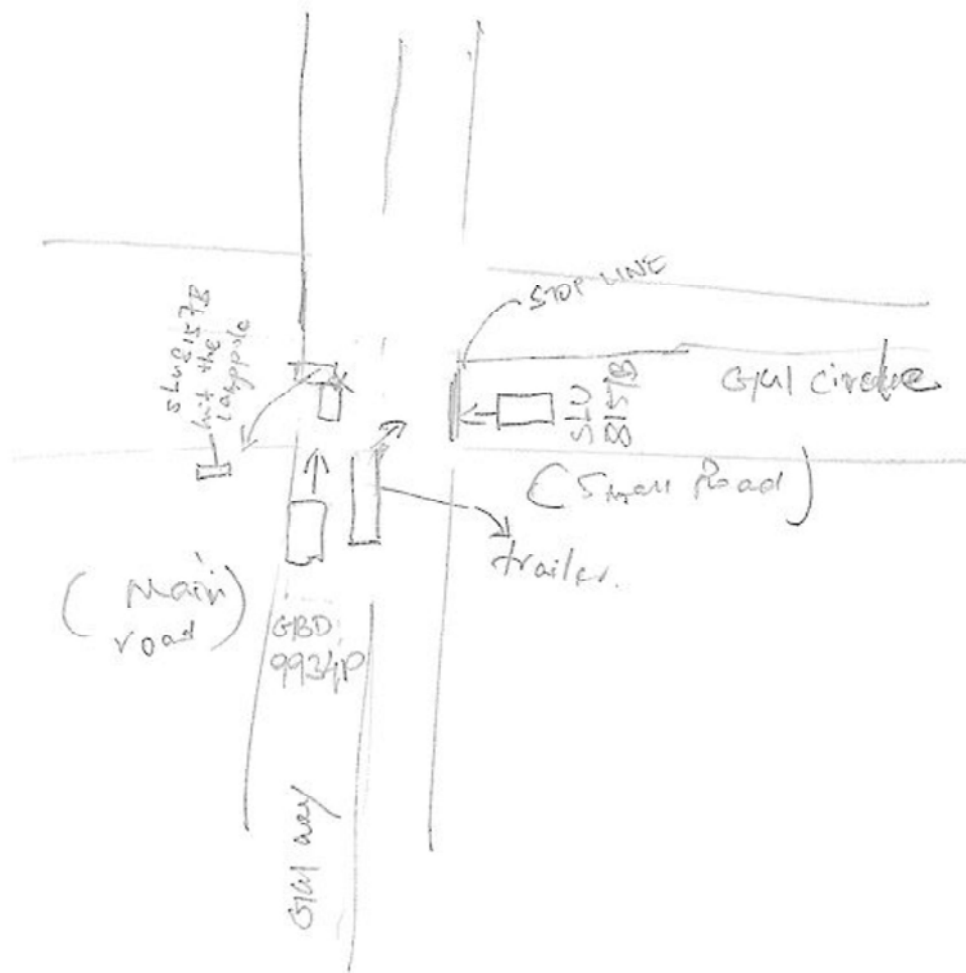


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

5/27/24















**SINGAPORE
POLICE FORCE**



J/20220124/7011

1 of 2

POLICE REPORT (NP299)

Report No. J/20220124/7011

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 24/01/2022 11:02	Vide Report No.	Station Diary No.
Name Of Informant KEE KIM HOOK	Address 451B BUKIT BATOK WEST AVENUE 6 #08-691 SINGAPORE 652451	
ID Type / ID No. NRIC NO / S2511683F	Contact No. Home/Office: Mobile: 97845309	
Nationality SINGAPORE CITIZEN	Email Address ROBERT@WELDTech.COM.SG	
Occupation Administration manager	Sex Male	Age 63
Institution/School Name	Date of Birth 15/01/1959	Race Chinese
Date/Time Of Incident 24/01/2022 07:45 - 24/01/2022 07:45	Location Of Incident GUL WAY	

Brief details.

this morning about 7.45am, our company driver, Rajendran Mahesh, Fin number : G2186478T, drove (12 footer lorry no : GBD 9934P) from Gul Way towards Pioneer Road at a speed of about 50 km/hr. When I reached the junction of Gul Circle, at that time there was a big trailer waiting at the junction to turn right to Gul Circle, so he could not see clearly the traffic flow from Gul Circle. There is no traffic light at this junction. Because Mahesh was from the main road and so he went straight and he did not need to stop at this junction, but this car (SLU 8157B) who travel from Gul Circle, he was from the small road but he did not stop at the junction and hence my lorry left front side collided with the car

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2022 11:02
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20220124/7011

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220124/7011

left side behind. After collision, SLU 8157B continue running and it hit the road side lamp pole.

Subjects Involved			
Victim			
Person Name	Rajendran Mahesh		
ID Type	FIN NO	ID No	G2186478T
Gender	Male	Age	29
Race	Indian	Language	English
Occupation	Lorry driver	Address	53 Tuas South Ave 1 #03-00 Tuas Cove Industrial Centre SINGAPORE 637606
Mobile No	90067454	Relation To Informant	our driver

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2022 11:02
Officer In-Charge Of Case:	Classification Of Case: