

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 16:20 (SGT)
Date of Accident 22/01/2022 21:55 (SGT)
Exact Location of Accident ECP, Singapore
Additional Location Information ECP (Changi) before 11
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP591E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner VHL Engineering Pte Ltd
Company Reg No 200807357E
Email Address arun@vhlee.com.sg
Mobile Phone No (Phone) +65-90274404
Alternative Phone No (Home) +65-90274404

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 Auto
CC 2998

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VC05009456
Cover Note Number -

DRIVER

Name of Driver Krishnan Kumaresan
Work Permit No G2401234X

| | |
|--|-----------------------------|
| Date Of Birth | 17/04/1981 |
| Occupation | Outdoor |
| Date Of Driving Pass | 01/03/2021 |
| Driving experience | 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98120897 |
| Alt. Phone Number | - |
| Email Address | arun@vhlee.com.sg |
| Address | 167B Mackenzie Road #03-165 |
| Address complement | - |
| Postcode | 228126 |
| 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 | 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 | 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 attached 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 | SJU9875Z |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|--------------------|
| Vehicle Registration Number | XD9559R |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 3

| | |
|---|-------------|
| Vehicle Registration Number | SNC470U |
| 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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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



Rear

(A) SJU 9K52 (C) XO 9559R
(B) YP.5915 (D) SNC 4704

Describe Circumstances of the Accident

As Police Attached

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Handwritten signature

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

Handwritten signature

Witnessed by Reporting Centre Personnel















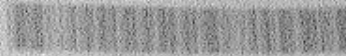











**SINGAPORE
POLICE FORCE**


L000012345678

Police Station Of Origin
Rochor N.P.C.
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-3948999

Report No: SS0222100005

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|---|-----------|---|-----------------------------|---------------------------|
| Date/Time Report Made 23/01/2022 22:00 | | Vide Report No | | Station Diary No 136 |
| Informant's Particulars | | | | |
| Name of Informant KRISHNAN KUMARESAN | | Address 167B Mackenzie Rd #03-185 SINGAPORE 228726 | | |
| ID Type / ID No FIN NO: G2401234X | | Contact No Home/Office Mobile: 98120597 | | |
| Nationality INDIAN | | Email | | |
| Sex Male | Age 40 | Date of Birth 17/04/1981 | Type of Informant Driver | |
| Race Indian | | Language | | Institution / School Name |
| Occupation Lorry driver | | Driving Licence Information Class: 2B.3 | | Date of Expiry |

General Information of the Accident

| | | | | |
|---|-----------------------------------|------------------------------------|---|-----------------------------------|
| Type of Accident | No. Injury Attended by Police | Drink Drive No | Date/Time of Accident 23/01/2022 22:00 | Type of Location Straight Road |
| Location EAST COAST PARKWAY | | | | |
| Weather Clear | Road Surface Dry | Road Speed Limit | | |
| Traffic Flow One Way | Traffic Control Not Controlled | Traffic Volume Heavy | | |
| 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 |
|------------|-------|------------|-------|-------|-------------------|------------------|
| YP591E | Lorry | MITSUBISHI | | White | Seriously Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



REPORT NO. 2022000000

Police Station Of Origin:
Rocher N.P.C.
11 Kampong Kapor Road SINGAPORE
308518
Tel No: 1800-2940000

CONTINUATION OF REPORT


| | | | |
|-----------------------------------|--------------------|--|-----------------------------------|
| Driver Name | KRISHNAN KUMARESAN | ID No | 02401234X |
| Related Vehicle | NIL | Contact No | 98120897 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class 2B 1 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

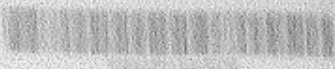
On 22/1/2022 at about 2200hrs, I was driving my lorry at about 55 kph, bearing the vehicle plate number (YP691E), along East Coast Park Expressway (near Exit 11) towards Changi. As I was driving, the car (SJV 9875 2) in front of me suddenly jam brake. I managed to stop in time and I did not hit the car in front of me. Subsequently, I felt a strong push from the back as such my vehicle hit the car in front of me. The vehicle behind me was a towing lorry bearing the vehicle plate number (XD 9559 R).

I then went out of the lorry and made a check. I discovered that my front and rear parts were seriously damaged. Both vehicles, XD 9559 R and SJV 9875 2, were seriously damaged too. I did not sustained any injuries from the accident. The other parties also informed that they did not sustained any injuries from the accident. I did not exchange any contact numbers with any of the parties.

The traffic police then arrived and advised me to lodge a police report.

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin
 Anchor N.P.C.
 11 Kallang Road SINGAPORE
 200011
 Tel No: 1800-2540100



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 have had the certificate with you now, please fax a copy to 65474525 stating the report number as reference.

| | |
|---|------------------------|
| Signature of Officer Recording The Report | Signature Of Informant |
| Officer MALIN SYRIFULLAZAH BIN SASTO | |
| Signature Of Interpreter | Date/Time |
| Not applicable | 23/01/2013 22:00 |
| Officer In Charge Of Case | Classification Of Case |
| TS - GUT Sgt & DAVID YAP Contact No: 85476126 | |
| Authentication Stamp | |
| | |