

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 10/02/2022 08:57 (SGT)
Date of Accident 18/01/2022 17:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information TANAH MERAH COAST ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP480S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LEONG FAT CONSTRUCTION PTE LTD
Company Reg No 1XXXXX398E
Email Address tslandscape.contracts@gmail.com
Mobile Phone No (Phone) +65-83038899
Alternative Phone No +65-86864016

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NNR85UH4A
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2999

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00145012101
Cover Note Number -

DRIVER

Name of Driver MUTHUSAMY UKKIRAPANDI
Passport No/FIN GXXXX017R

Date Of Birth	05/05/1984
Occupation	Outdoor
Date Of Driving Pass	20/08/2010
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86864016
Alt. Phone Number	-
Email Address	ukkirapandi.m@gmail.com
Address	BLK 15 CHANGI NORTH STREET 1
Address complement	#01-33 I-LOFTS @CHANGI
Postcode	498765
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 - Head to Rear
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220118/2097

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	BICYCLE
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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

LEONG PATRICK CONSTRUCTION PTE LTD

NO.35 ABINGDON ROAD

SINGAPORE 499941

TEL: 65430281 FAX: 65430520

Policyholder's Signature / Date & Time

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

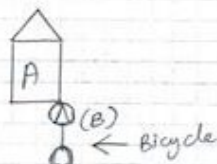
Witnessed by Reporting Centre Personnel

Sketch Plan

A = YP480S

B = Bicycle

Tanah Merah Coast Road.



Describe Circumstances of the Accident

— Please refer to the police report: T/20220118/2097. —

Declaration

We declare the foregoing particulars are true in every respect.
LEONG FAT CONSTRUCTION PTE LTD

NO.35 ABINGDON ROAD

SINGAPORE 499941

TEL: 65430281 FAX: 65430520

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/20220118/2097

1 of 3

Report No. T/20220118/2097

Police Station of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
18/01/2022 20:36

Vide Report No.:
G/20220118/0159

Station Diary No.:
89

Informant's Particulars

Name of Informant:
MUTHUSAMY UKKIRAPANDI

Address:
APT BLK 15 CHANGI NORTH STREET 1 #01-33 I-LOFTS @
CHANGI SINGAPORE 498765

ID Type / ID No.:
FIN NO / G6459017R

Contact No.:
Home/Office: Mobile: 86864016

Nationality:
INDIAN

Email:

Sex: Age: Date of Birth:
Male 37 05/05/1984

Type of Informant:
Driver

Race:
Indian

Language:

Institution / School Name:

Occupation:
PROJECT SUPERVISOR

Driving Licence Information:
Class: 2B,3,4 Date of Expiry:

General Information of the Accident

Type of Accident: Injury
Pedestrian / Cyclist

Drink
Drive:
No

Date/Time of
Accident:
18/01/2022 17:20

Type of Location:

Location:

TANAH MERAH COAST ROAD

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:
Light

Type of Collision:
Stationary vehicle and cyclist

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP480S	Lorry					0



SINGAPORE
POLICE FORCE



T/20220118/2097

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20220118/2097

CONTINUATION OF REPORT

Brief Details.

On 18/01/2022 at about 1722hrs, I stop my 14 foot lorry(YP480S) at the bicycle lane along Tanah Merah Coast Rd as my worker wanted to collect petrol for their equipment's. My hazard light and yellow blinker was on when my vehicle was stationary. While I was waiting for the workers to collect the petrol, I felt an impact to the rear of my lorry. I alighted from my lorry and saw one cyclist lying down on the road. I then called for the ambulance as the cyclist asked me to. The cyclist was conveyed to the hospital by the ambulance.

Traffic Police also came down to the incident and gave me a case card vide G/20220118/0159 and advic me to lodge a report. That is all.



POLICE FORCE



T/20220118/2097

3 of 3

Report No. T/20220118/2097

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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 SIM FAWWAZ BIN SIM

HASHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/01/2022 20:36

Officer In Charge Of Case:

TP / AEIT /

Insp (1) BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE