

# 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 ..... 18/02/2022 15:45 (SGT)  
Date of Accident ..... 15/02/2022 14:30 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... TOWARDS CITY AND HEADING TO JURONG TOWN HALL EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA9701Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ANTARA KOH PTE LTD  
Company Reg No ..... 1XXXXX474W  
Email Address ..... yangping@antarakoh.com.sg  
Mobile Phone No ..... (Phone) +65-83108655  
Alternative Phone No ..... +65-83017427

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Cabstar  
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 ..... 2953

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 21-MS003932-R02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MATHIYAZHAKAN NIVASAN PRAKASH  
Passport No/FIN ..... GXXXX804W

Date Of Birth .....	03/06/1989
Occupation .....	Outdoor
Date Of Driving Pass .....	10/01/2018
Driving experience .....	4 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98955183
Alt. Phone Number .....	-
Email Address .....	jakpl@antarakoh.com.sg
Address .....	27 PIONEER ROAD TUAS VIEW DORMITORY
Address complement .....	-
Postcode .....	628500
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 .....	4
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 .....	Jurong Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002659999
Alt. Police Station Phone No .....	(Fax) +65-62664987
Police Station Address .....	Blk 158 Yung Loh Road #01-58 Singapore 610158
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220216/2066

#### 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 .....	XD5179E
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 2

Vehicle Registration Number .....	XD2212L
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 .....	YM5314Y
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MATHIYAZHAKAN NIVASAN PRAKASH
Gender .....	Male
Phone No .....	(Phone) +65-98955183
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	LEG AND HEAD (SLIGHT)
Injured person in which vehicle? .....	GBA9701Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No





— Refer to the police report (T/20220216/2066). —

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre  
Personnel

















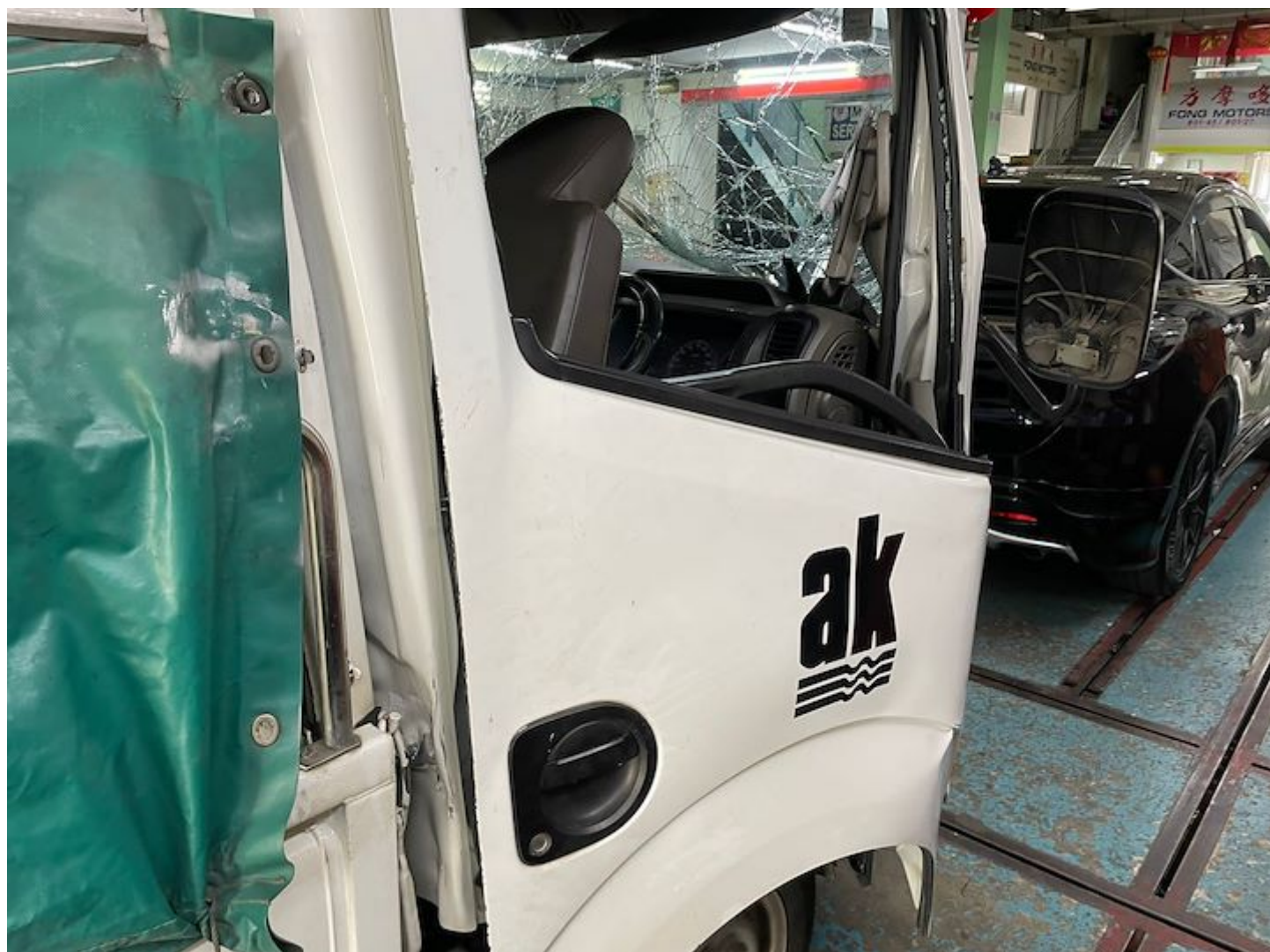




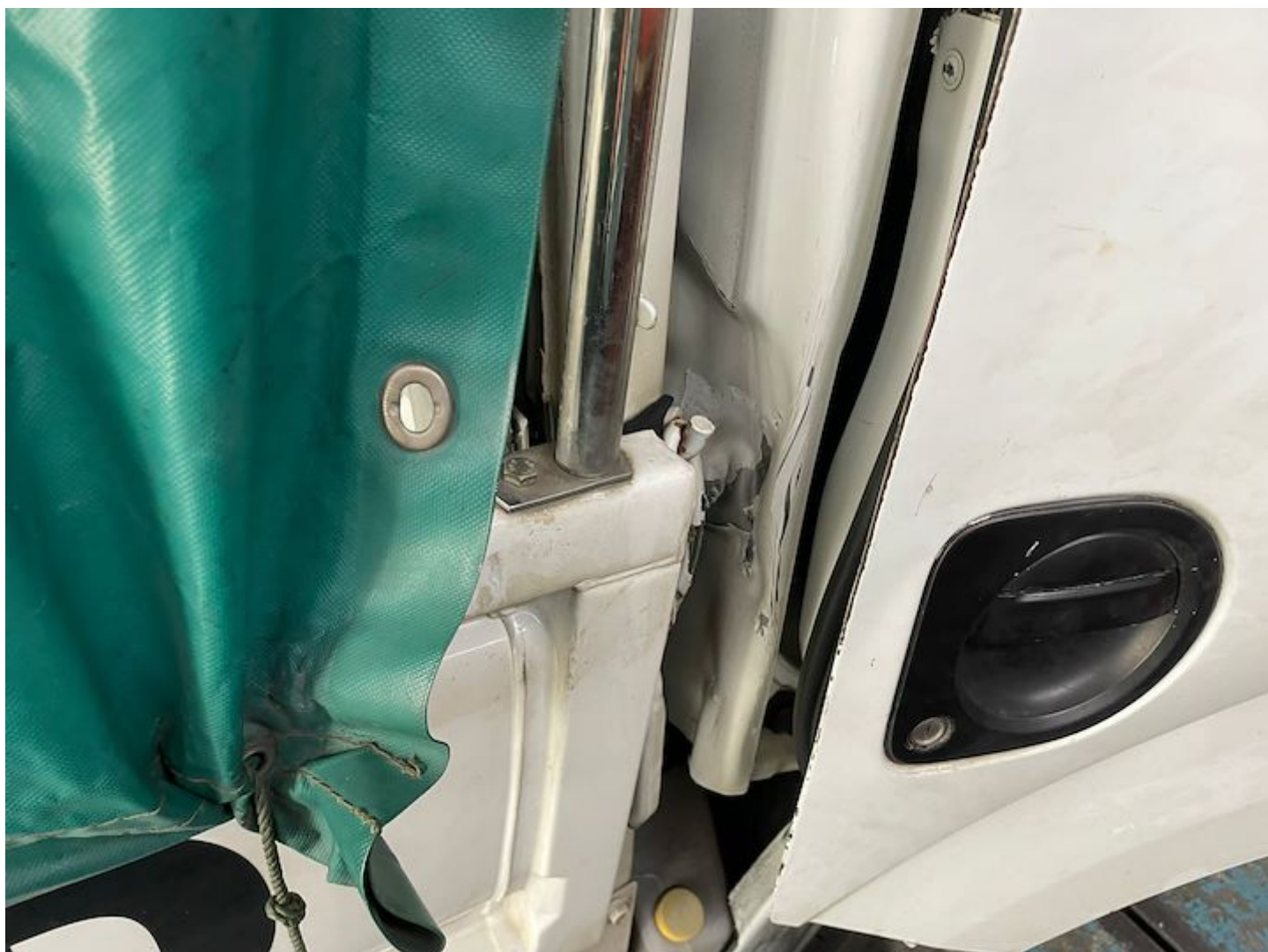






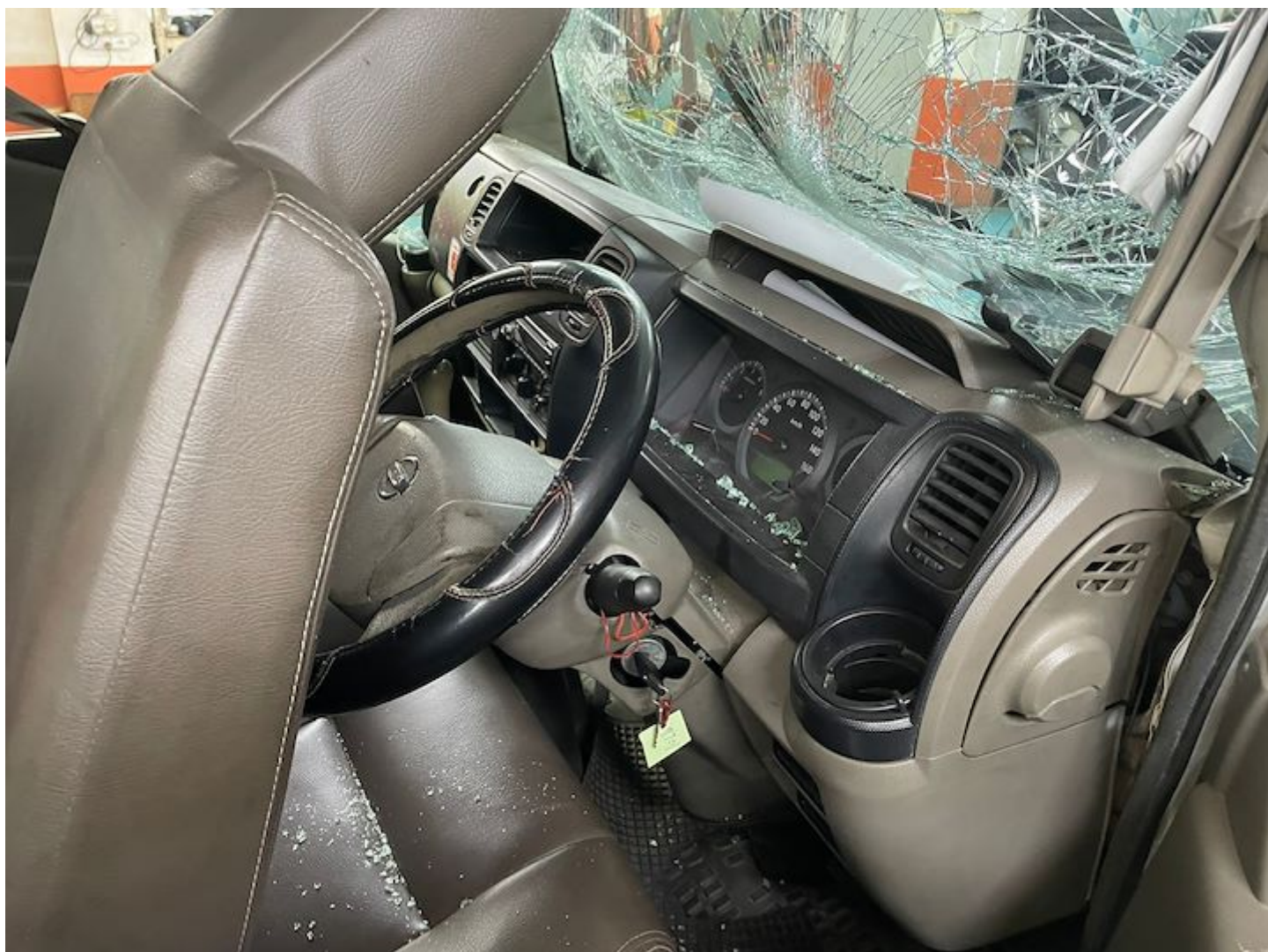




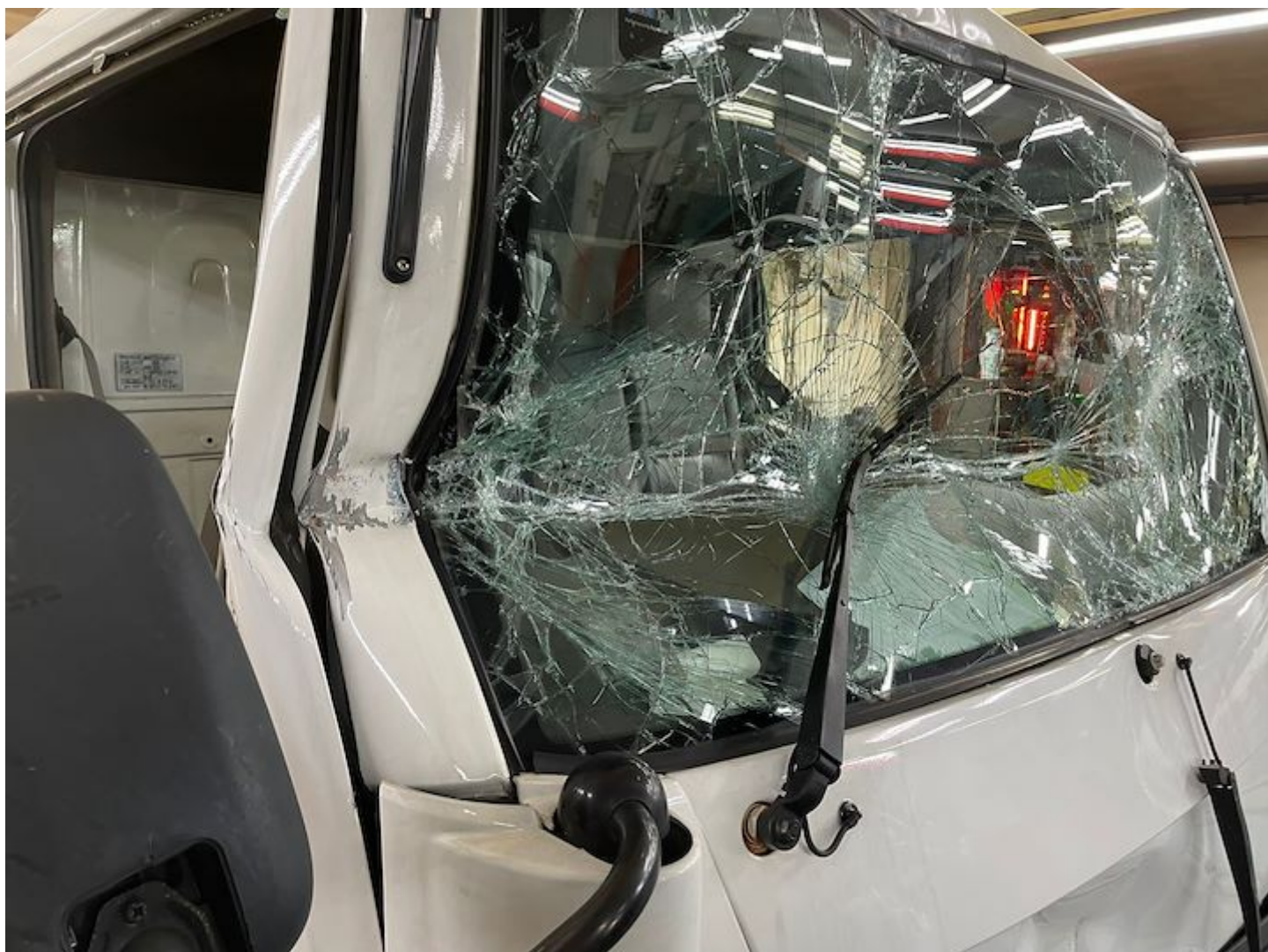










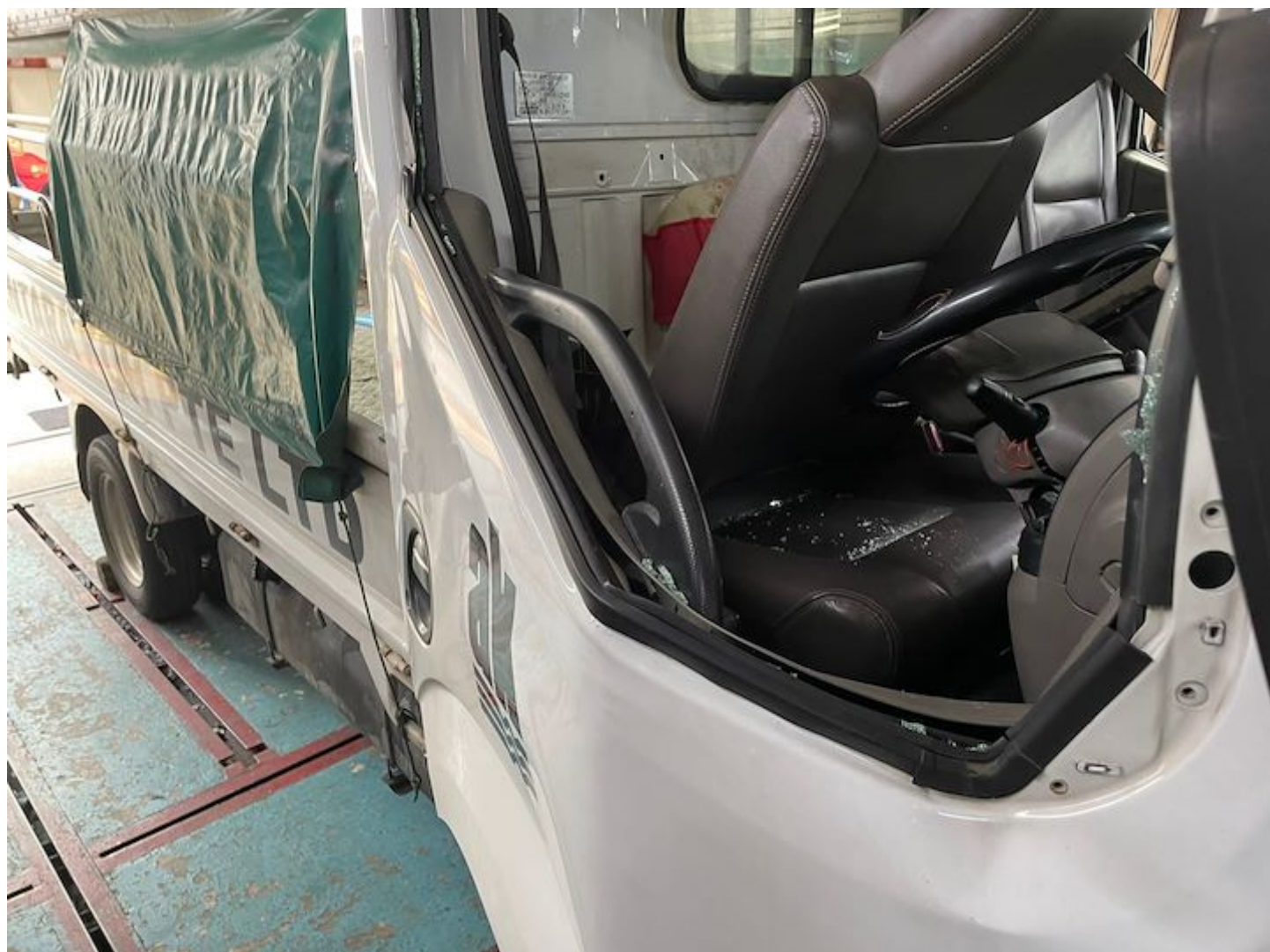


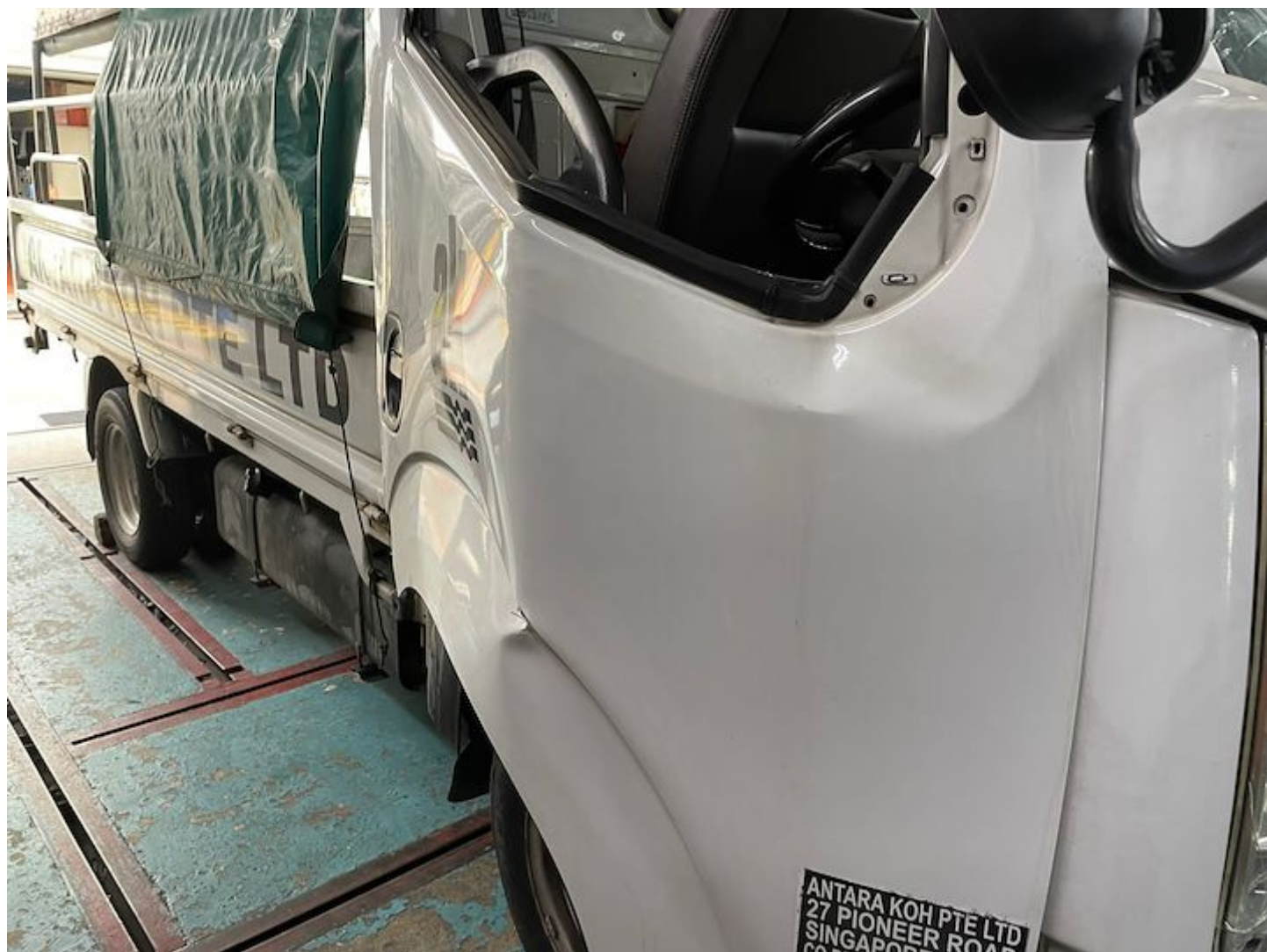






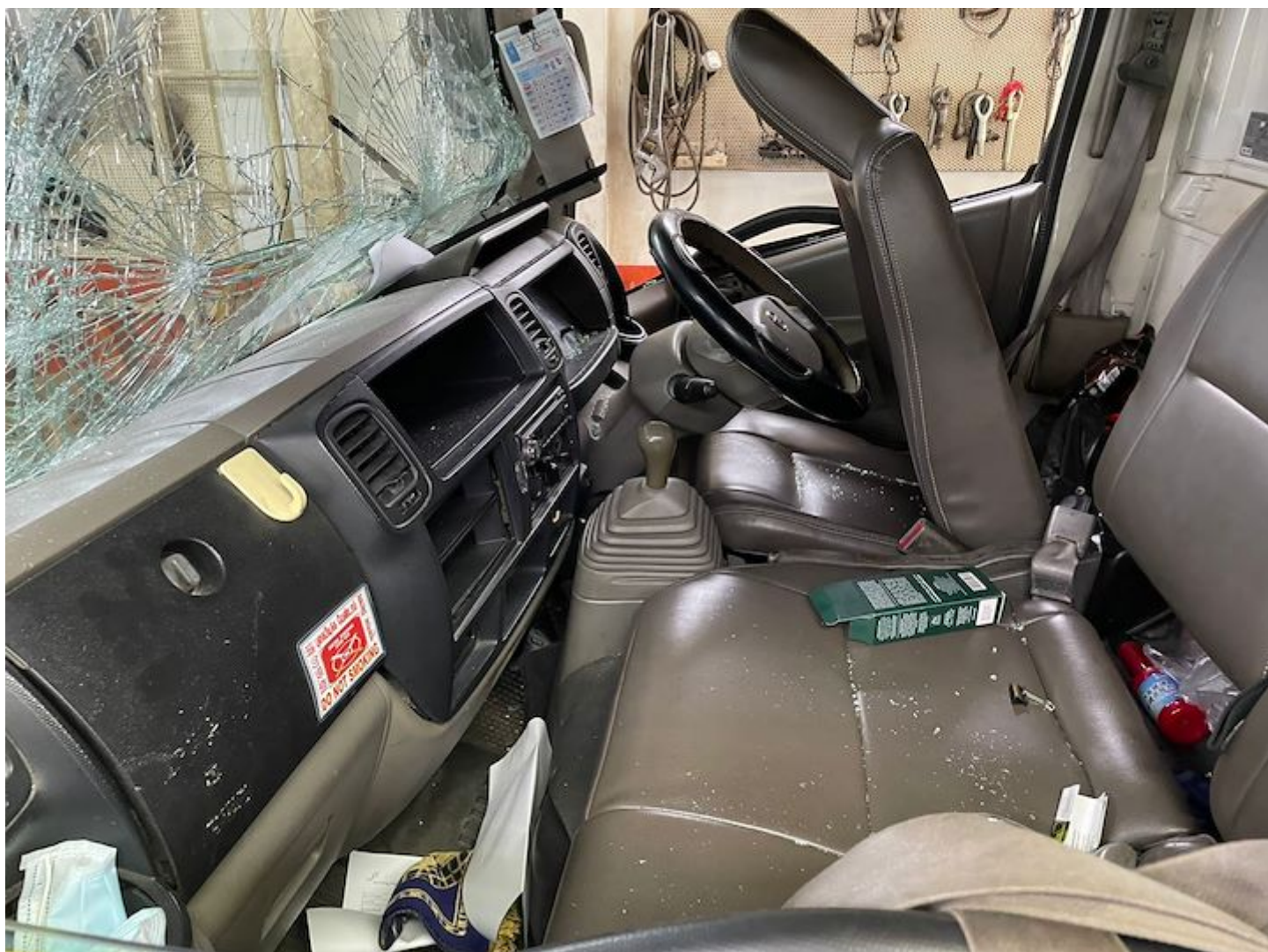




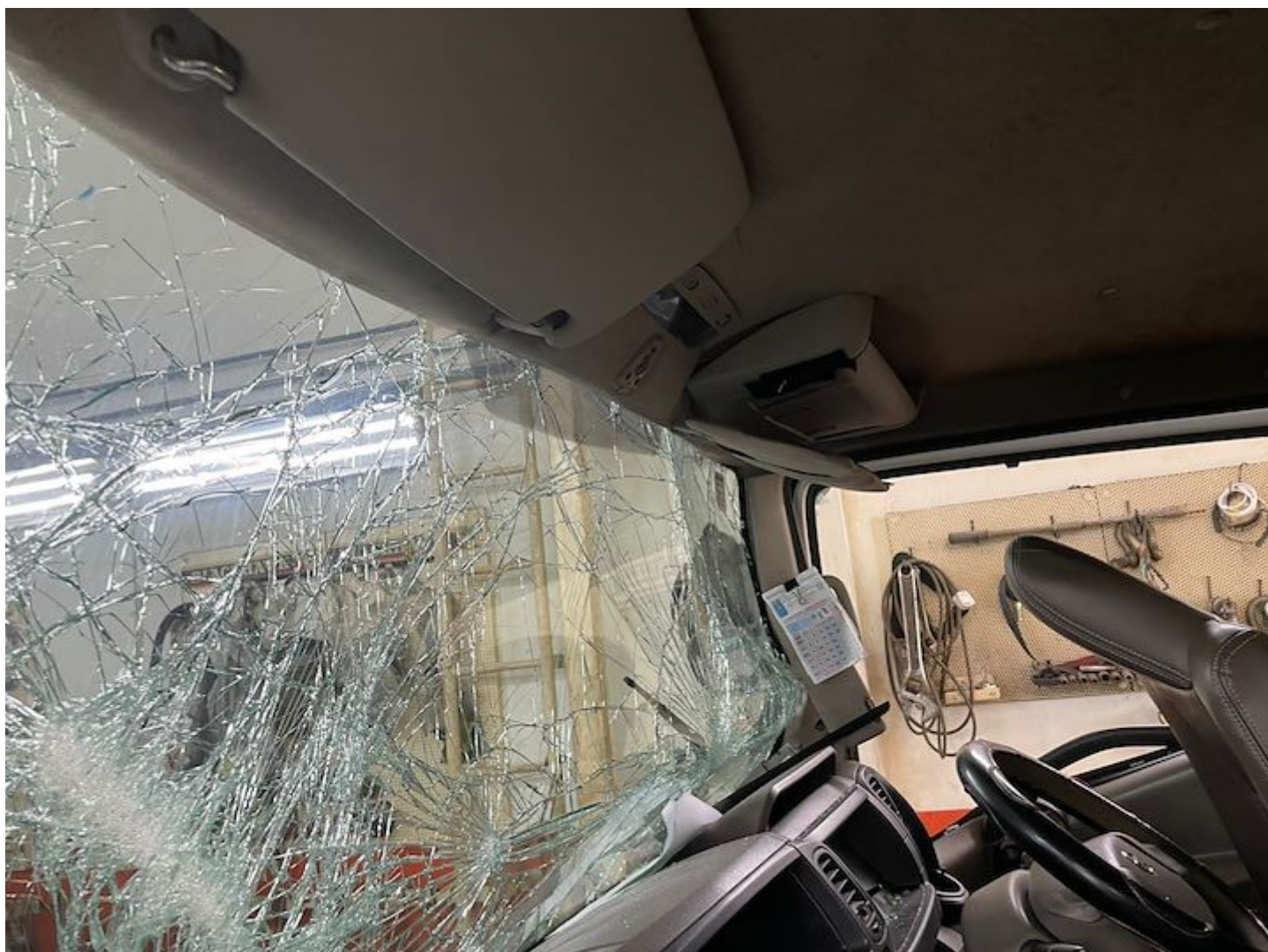








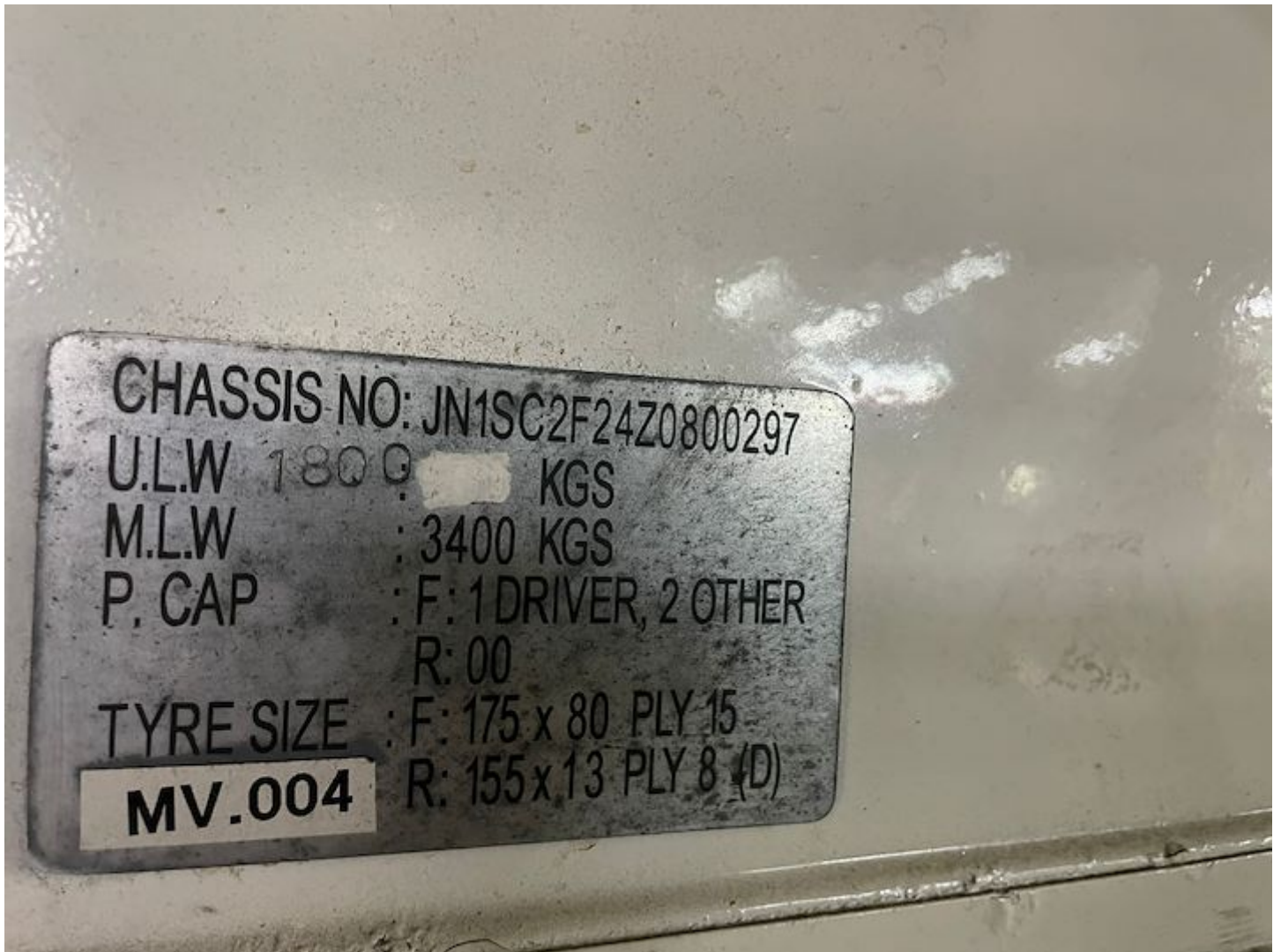
















# SINGAPORE POLICE FORCE



T/20220216/2066

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

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Report No. T/20220216/2066

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2022 16:12	Vide Report No.:	Station Diary No.: 31
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### Informant's Particulars

Name of Informant: MATHIYAZHAKAN NIVASAN PRAKASH			Address: 27 PIONEER ROAD TUAS VIEW DORMITORY SINGAPORE 628500		
ID Type / ID No.: FIN NO / G2473804W			Contact No.: Home/Office: Mobile: 98955183		
Nationality: INDIAN			Email:		
Sex: Male	Age: 32	Date of Birth: 03/06/1989	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry: 01/12/2025		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2022 14:30	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBA9701Y	Lorry				Seriously Damaged	0
XD2212L	Lorry				Seriously Damaged	0
XD5179E	Lorry				Slightly Damaged	0
YM5314Y	Lorry				Slightly Damaged	0



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Report No. T/20220216/2066

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MATHIYAZHAKAN NIVASAN PRAKASH	ID No.	G2473804W
Related Vehicle	GBA9701Y (Lorry)	Contact No.	98955183
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: 01/12/2025
Date Treatment	15/02/2022	Date Discharge	15/02/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date, time and location, I was driving on Lane 4 of the four lane expressway along AYE towards the direction of City and heading to Jurong Town Hall Exit. As the traffic towards Jurong Town Hall Exit was not moving, I stopped behind a lorry YM5314Y. While waiting to move off, I felt an impact from behind and my vehicle suddenly moved forward. The impact had hit the rear of the lorry YM5314Y which was in front of me. The impact had cause the front portion of my vehicle to be crushed and I managed to exit the vehicle by the driver's door window as the glass had smashed. I was unable to move around for a few minutes due pain on my leg and had informed my supervisor of the accident who had came down to the accident location to assist me by taking photos of the damaged to all vehicles involved. In total, four vehicles were involved in the chain collision and the last vehicle is XD2212L which had collided with the 3rd vehicle XD5179E. LTA Enforcement and EMAS recovery were also at accident location after the accident. I am not sure if the rest of the drivers are injured. My lorry GBA9701Y front portion were smashed was towed after the accident and I had went to Ng Teng Fong General Hospital to seek treatment as I had pain on my leg and head. There is no in-car camera installed in my lorry and I am not sure if the other vehicles involved had any in-car camera installed in their vehicle.





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Report No. T/20220216/2066

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 MUHAMMAD FAIS BIN ABDUL WAHAB	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/02/2022 16:12
Officer In Charge Of Case: TP / AEIT / INSP (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
NP168 	