# **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 witholding 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**

Nissan

Cahetar

Vehicle Registration Number		GBA9701Y	
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#### 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

Model

WIOGO	Cabstal
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
	2300

#### **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 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? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο 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? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number XD5179F Vehicle Manufacturer Vehicle Model

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

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 Vehicle Manufacturer Vehicle Model Vehicle Variant	XD2212L - -
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 December (Including Driver)	_
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 Gender Phone No Address	MATHIYAZHAKAN NIVASAN PRAKASH Male (Phone) +65-98955183
Address Complement Post Code	- -
Approximate Age Years Old Injuries Sustained	-
Injured person in which vehicle?	LEG AND HEAD (SLIGHT) GBA9701Y
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Yes No

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 S

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

Witnessed by Reporting Centre

Sketch Plan

Time

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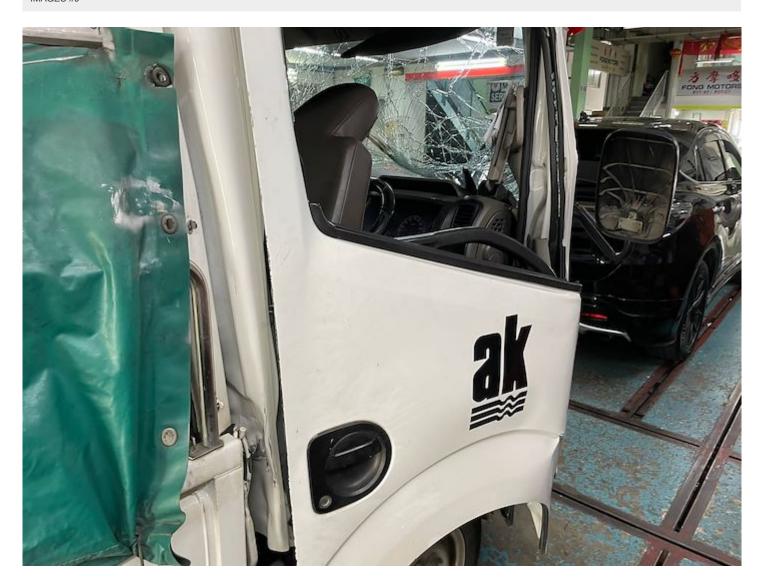


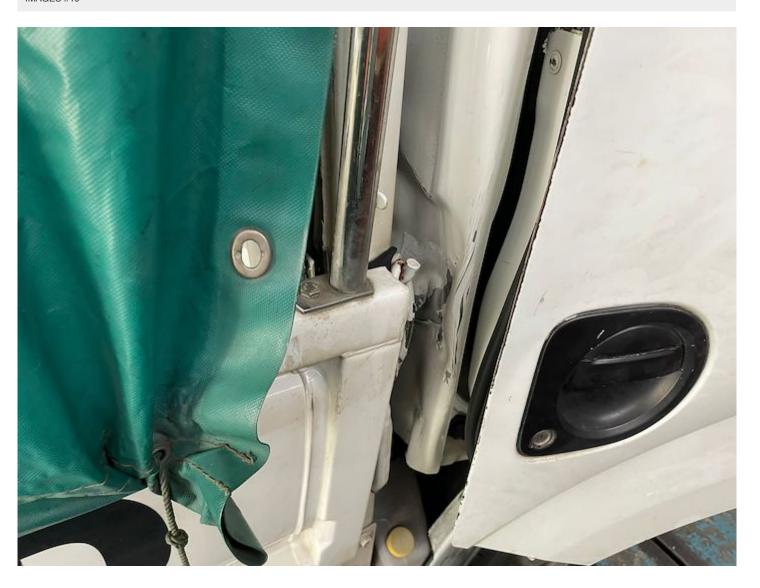


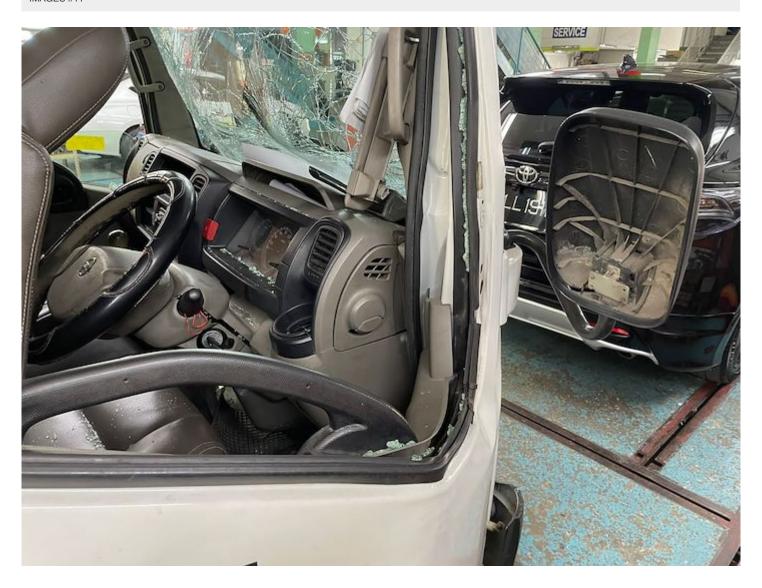


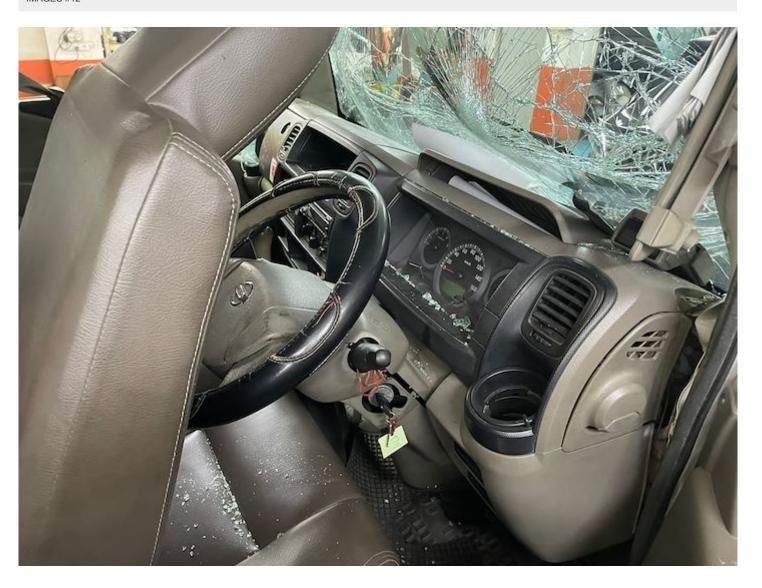


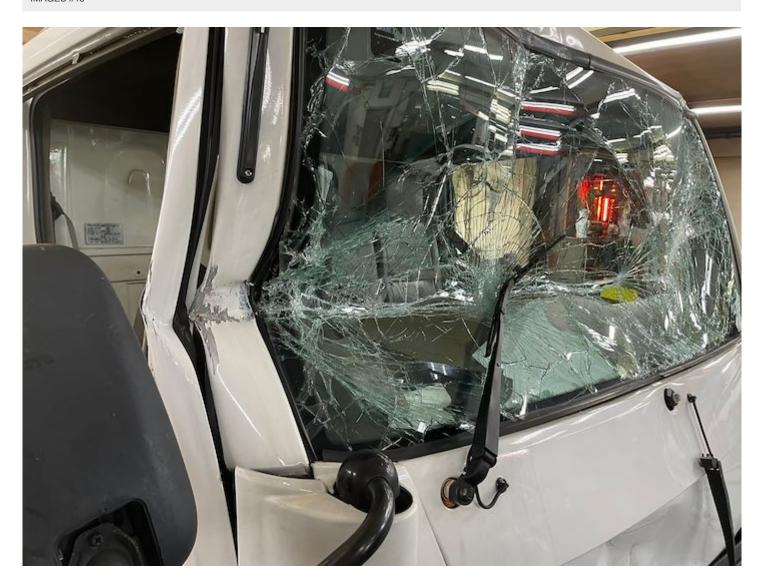






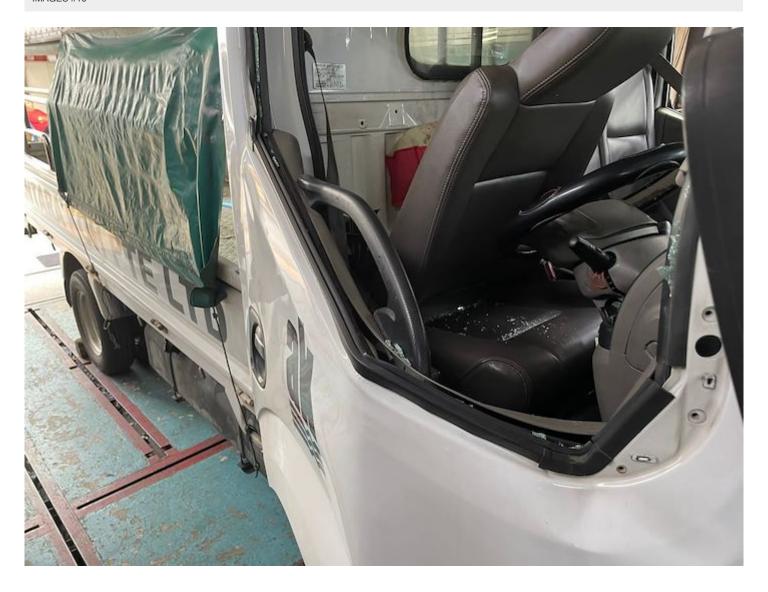


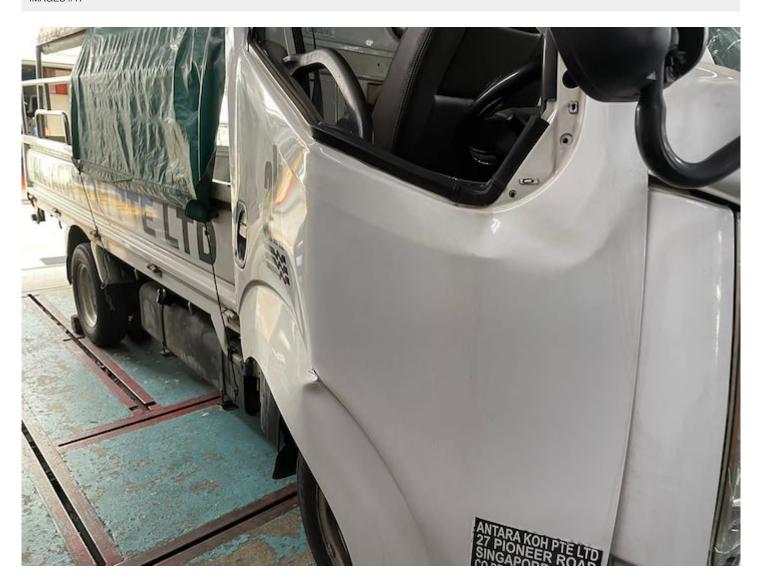


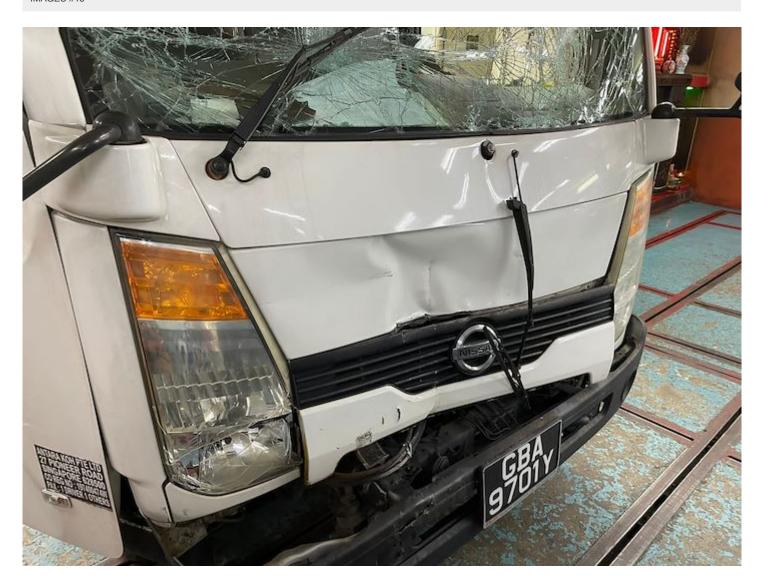


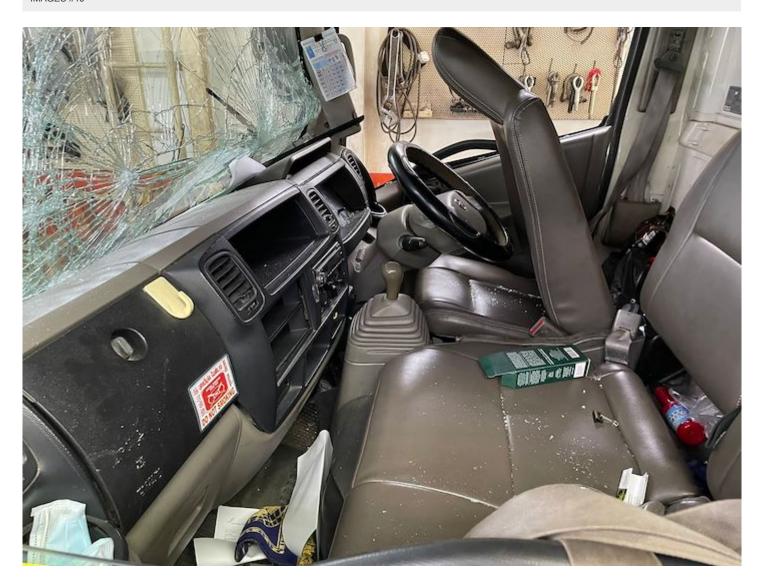


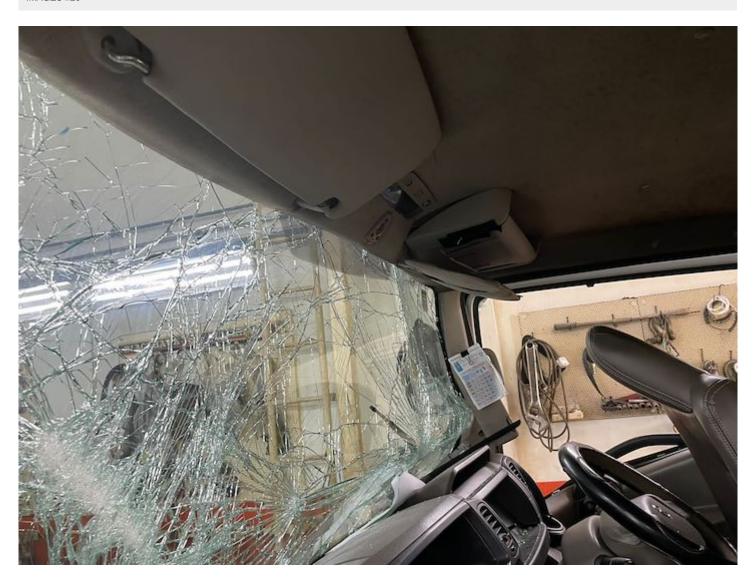


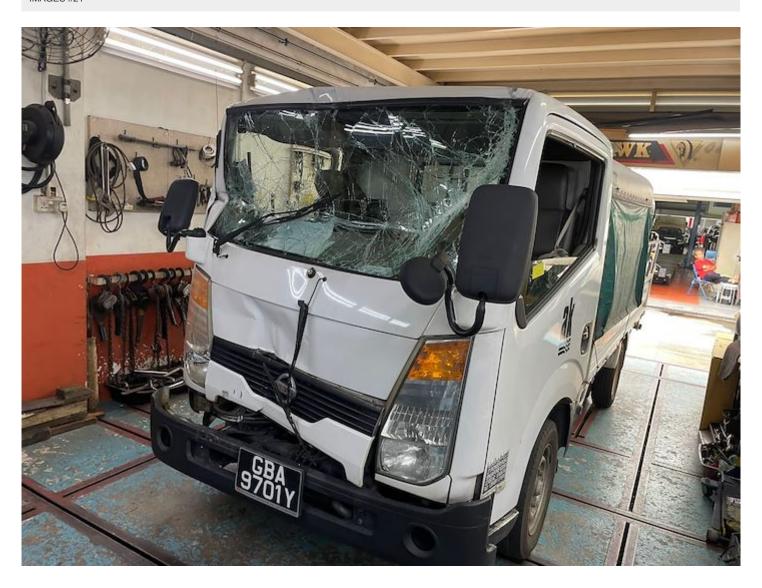




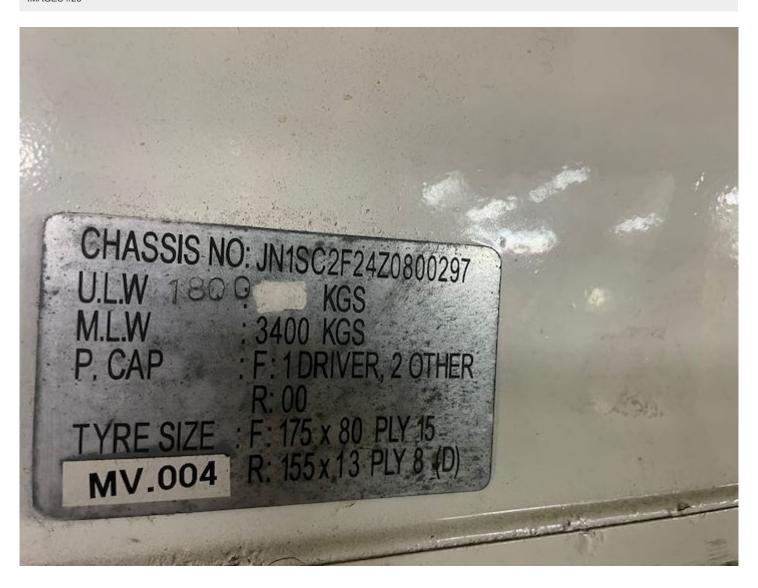
















Report No. T/20220216/2086

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158

Tel No: 1800-2659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2022 16:12	Vide Report No.:	Station Diary No.: 31
		131

10/02/2022 10.12			31			
Informa	nt's Partic	ulars	The same of the sa			
Name of Informant: MATHIYAZHAKAN NIVASAN PRAKASH			Address: 27 PIONEER ROAD TUA 628500	S VIEW DORMITORY SINGAPORE		
A 100 CO. S.	/ ID No.: / G2473804	IW.	Contact No.: Home/Office: Mobile: 98955183			
Nationality: INDIAN			Email:			
Sex: Male	Age: 32	Date of Birth: 03/06/1989	Type of Informant:			
Race: Indian			Language:	Institution / School Name:		
Occupation: Lorry driver			Driving Licence Information Class: 2B,3,4	on: Date of Expiry: 01/12/2025		

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  Weather: Clear	EXPRESSWAY	Road Surface:	Ro	ad Speed Limit:	
Traffic Flow: One Way		Dry		Traffic Volume: Moderate	
Traffic Flow:		Traffic Control: Not Controlled	1.000		

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBA9701Y	Lorry				Seriously Damaged	
XD2212L	Lorry				Seriously Damaged	0
XD5179E	Lorry				Slightly Damaged	0
YM5314Y	Lorry				Slightly Damaged	0





Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 2 of 3 Report No. T/20220216/2066

Tel No: 1800-2659999

CONTINUATION OF REPORT

Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	Use of Pedestrian Crossing: NA			ing: NA		
Driver				1000		
Name	MATHIYAZHAKAN	NIVASAN	PRAKASH	ID No		G2473804W
Related Vehicle	GBA9701Y (Lorry)	Conta	ct No.	98955183		
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licens Expiry	g	Class: 2B,3,4 Date of Expiry: 01/12/2025
Date Treatment	15/02/2022 Date Dis			The second second	-	/2022
No. of Days gran	ted Medical Leave	03	Degree o	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 infront 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.





Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999 3 of 3 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.

J / SGT 3 MUHAMMAD FAIS 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:	
SINGAPORE POLICE FORCE			
NP168	NATURE		