VERSION: 1 (23/02/2022 12:45 (SGT))

# 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 23/02/2022 12:45 (SGT) Date of Accident 22/02/2022 14:00 (SGT) Exact Location of Accident Near PIE, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Mitsubishi

Vehicle Registration Number YP4011L

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SKYDE ENGINEERING PTE LTD Company Reg No 200405713C Email Address JIMMY@SEPL.COM.SG Mobile Phone No (Phone) +65-63366058 Alternative Phone No (Office) +65-63366058

# VEHICLE PARTICULARS

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? Yes Vehicle Category Commercial vehicle Transmission Manual 2998

Manufacturer

## INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00096472104 Cover Note Number

**DRIVER** 

Name of Driver KRISHNASAMY PADAIKATTHAN Passport No/FIN G2222012N

Date Of Birth 10/12/1990 Occupation Outdoor Date Of Driving Pass 07/11/2014 Driving experience 7 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-84514642 Alt. Phone Number Email Address JIMMY@SEPL.COM.SG Address 57 KAKI BUKIT PLACE Address complement **EUNOS TECHPARK** Postcode 416231 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes 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 PASSENGER 1 Name **UNKNOWN** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 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 T/20220222/2079. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Reasons for not uploading a video of the accident SD CARD RETRIEVED BY TP Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** 

SMM3050M

Vehicle Registration Number

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)	-

# **INJURED PERSONS DETAILS**

# INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-
INJURED 2	
1400NED 2	
Name of injured person	UNKNOWN
Gender	-
Phone No	
Address	
Address Complement	
Post Code	
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMM3050M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

## SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.
- 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)

Lunderstand, 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.



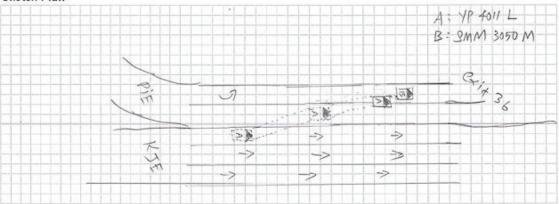
Policyholder's Signature / Date & Time K. Radai laster \* 00

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



Witnessed by Reporting Centre Personnel

# Sketch Plan



Describe	Circ	umstar	nces of	the Accident		
Re	for to	police	report	the Accident		

# Declaration

I/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



















Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 l of 3 Report No. T/20220222/2079

Tel No: 1800-7929999

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N 022 17:25	Made:	Vide Report No.: J/20220222/0078	Station Diary No.: 99
Informa	nt's Partic	ulars		
	f Informant: IASAMY PA	ADAIKATTHAN	Address: 57 KAKI BUKIT PLACE 416231	EUNOS TECHPARK SINGAPORE
	/ ID No.: / G2222012	2N	Contact No.: Home/Office:	Mobile: 84514642
INDIAN	ity.		Email:	
Sex: Male	Age: 31	Date of Birth: 10/12/1990	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupat Lorry dri			Driving Licence Informat Class: 2B,3	ion: Date of Expiry: 06/11/2024

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/02/2022 14:00	Type of Location: PIE (Tuas) 36.1km before Jalan Bahar exit
Location: PAN-ISLAND	EXPRESSWAY			
Weather: Clear		Road Surface: Dry		oad Speed Limit:
T		Traffic Control:	(0)	raffic Volume:
Traffic Flow: Dual Carriage	Way	Not Controlled	l M	oderate

Details of Vo	ehicle Invo	lved	THE ROUTE			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMM3050M	Car				Seriously Damaged	2
YP4011L	Lorry				Seriously Damaged	

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



T/20220222/2079

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

2 of 3 Report No. T/20220222/2079

CONTINUATION OF REPORT

Driver		SASSETT E		MINERAL PLAN	1	
Name	KRISHNASAMY PA	ADAIKATTI	HAN	ID No		G2222012N
Related Vehicle	YP4011L (Lorry)			Conta	ct No.	84514642
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: 06/11/2024
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

#### **Brief Details**

On 22/02/22 at around 1400hrs, I was driving my lorry bearing vehicle reg no. YP4011L along PIE(Tuas) on Lane 4. As I wanted to exit the expressway and proceed to Jalan Bahar, I decided to make a lane change to the left to Lane 5. I wish to state that there was already a car bearing reg no. SMM3050M that was in Lane 5 before I had made the lane change to the left. The distance between the car and my lorry was around 10 meters. I also wish to state that I had used the left turn signal when changing lanes and I was travelling below the speed limit at around 40km/h. After I had made the lane change to the left, the car that was in Lane 5 in front of my lorry suddenly braked. I then decided to brake as well however, I did not manage to react fast enough which caused my lorry to hit the car in front. Before my lorry had hit the car, I tried to swerve left to avoid the car, however I did not manage to avoid hitting the car and this resulted in the front right side of my lorry colliding into the left rear end of the car. The impact caused the car to move to the right.

As a result of the impact, my lorry suffered heavy damage to the front right side of the bumper, with some parts of the bumper falling off, as well as some dents on the bumper. The car on the other hand had heavy damage to the left rear bumper and left rear side, with the headlights coming off, a large dent due to the impact, as well as the entire rear window shattered.

I wish to state that my passenger and I did not suffer any injuries, however the car driver suffered some body tremors, and bruising on his arms, while his passenger suffered some bleeding on his arms due to cuts from the shattered glass. They were conveyed to the hospital by the ambulance.

The Traffic Police came down to the accident scene and I wish to state that I gave my full cooperation to the officers. I also wish to state that the officer namely SSS Suhazrin had seized the dashcam footage of my lorry for investigation purposes and has issued me an acknowledgement form for it.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 3 of 3 Report No. T/20220222/2079

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 / SCCR REQUENTABLE BIN RIDZUAN	Signature Of Informant:
Signature Of Interpreter SIZNATURE	Date/Time:
Not applicable	22/02/2022 17:25
Officer In Charge Of Case:	Classification Of Case:
SR STAFF SGT MARIAH BINTE ZAKARIA	
Contact No.: 65476433	
NP168	



# SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

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