

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 22/02/2022 13:41 (SGT)
Date of Accident 22/02/2022 08:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE SLE before Clemenceau Exit
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC233E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EXCEL VANS PTE. LTD.
Company Reg No 202020216M
Email Address CROWNEJOBS@GMAIL.COM
Mobile Phone No (Phone) +65-96747620
Alternative Phone No +65-96747620

VEHICLE PARTICULARS

Manufacturer Fiat
Model DOBLO CARGO
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 870

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number 5122182357-000006
Cover Note Number -

DRIVER

Name of Driver PUSHPARAJI SIVASANKAR
Passport No/FIN G7368093Q

Date Of Birth	03/06/1981
Occupation	Outdoor
Date Of Driving Pass	22/02/2010
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-84125527
Alt. Phone Number	-
Email Address	CROWNEJOBS@GMAIL.COM
Address	11 LEITH PARK
Address complement	-
Postcode	547936
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?	Yes
Number of vehicles involved in the accident	4
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JTS1914
Vehicle Category	Motorcycle

PASSENGER 1

Name	Passenger
Gender	Male

PASSENGER 2

Name	Passenger
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN / POLICE 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	JTS1914
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	THIAGU
Contact Number	(Phone) +65-83506025
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SH9155K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	JIMMY
Contact Number	(Phone) +65-96235804
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKT8816A
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JONARTHAN
Contact Number	(Phone) +65-82993155
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 22/02/2022 / 11:30

Report No: MT/

D.O.A: 22/02/2022
Time: 08:50 hrs

Vehicle No: GBC233E

Reporting Type:

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



22/02/22 / 11:30

Policyholder's Signature / Date & Time

22/02/22 / 11:30

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN

Vehicle A: GBC233E

Vehicle B: JTS1914

Vehicle C: SH9155K

Vehicle D: SKT8816A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Declaration

I/We declare the foregoing particulars are true in every respect.



22/02/22 / 11:30

Policyholder's Signature / Date & Time

[Signature]

22/02/22 / 11:30

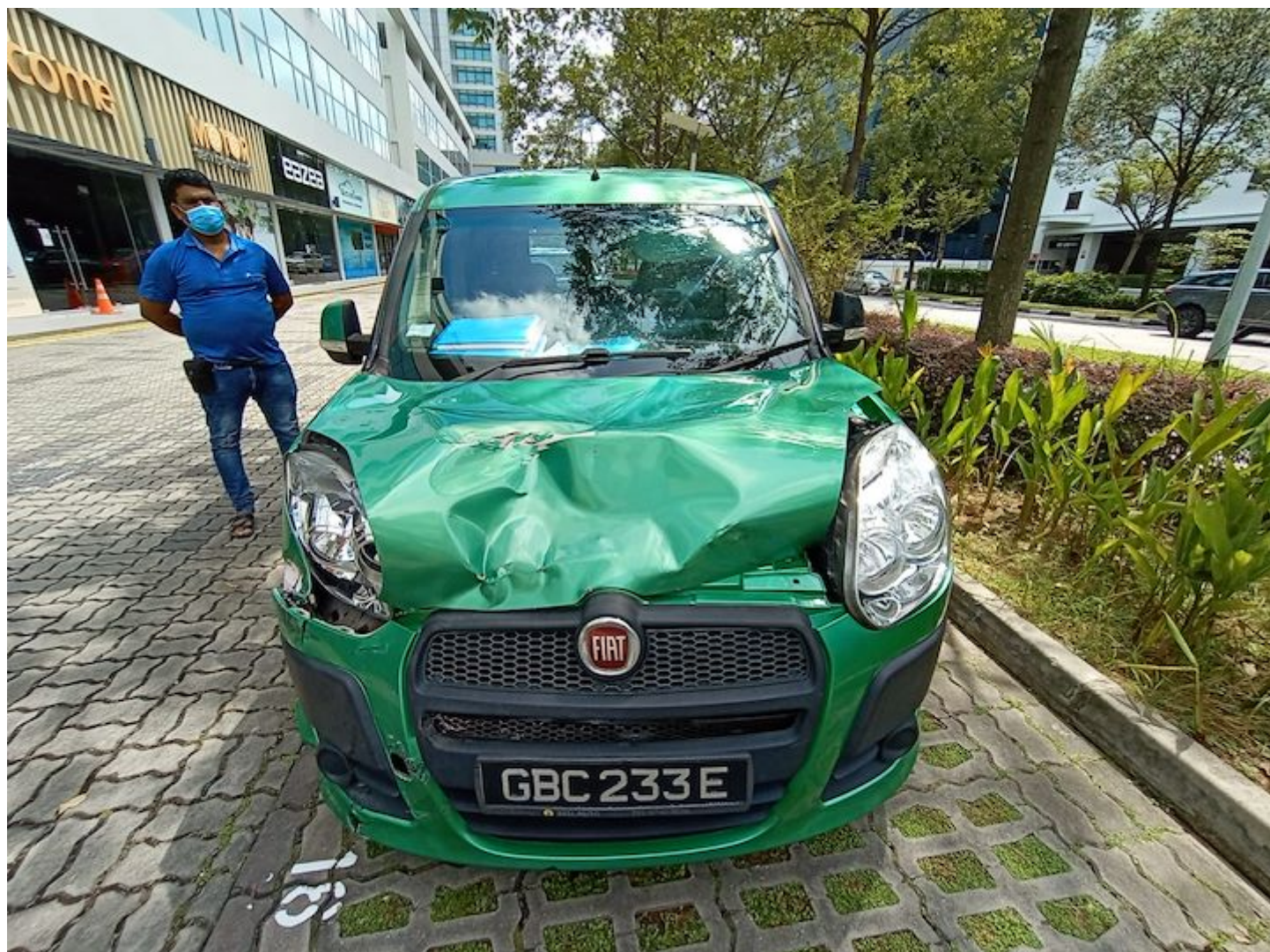
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

[Signature]

Witnessed by Reporting Centre Personnel














**SINGAPORE
POLICE FORCE**


T/20220222/2034

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20220222/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2022 13:12	Vide Report No.: E/20220222/0052	Station Diary No.: 17
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Informant's Particulars

Name of Informant: PUSHPARAJI SIVASANKAR			Address: 11 LEITH PARK LEITH PARK SINGAPORE 547936		
ID Type / ID No.: FIN NO / G7368093Q			Contact No.: Home/Office: Mobile: 84125527		
Nationality: INDIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 03/06/1981	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3 Date of Expiry: 20/02/2025		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/02/2022 08:50	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
GBC233E	Van	FIAT	DOBLO CARGO 1.6MJ	Green	Slightly Damaged	2
JTS1914	Motorcycle	YAMAHA		Blue	Slightly Damaged	0
SH9155K	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220222/2034

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20220222/2034

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT8816A	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	White	Slightly Damaged	0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	PUSHPARAJI SIVASANKAR		ID No.	G7368093Q	
Related Vehicle	GBC233E (Van)		Contact No.	84125527	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 20/02/2025	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL	
Driver					
Name	THIAGU		ID No.	NIL	
Related Vehicle	JTS1914 (Motorcycle)		Contact No.	83506025	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL	
Driver					
Name	JIMMY		ID No.	NIL	
Related Vehicle	SH9155K (Car)		Contact No.	96235804	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL	



**SINGAPORE
POLICE FORCE**



T/20220222/2034

Police Station Of Origin:
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370054
Tel No: 1800-7449999

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Report No. T/20220222/2034

CONTINUATION OF REPORT

Driver			
Name	JONATHAN	ID No.	NIL
Related Vehicle	SKT8816A (Car)	Contact No.	82993155
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/02/2022 at around 0850hrs, I was driving my company van (GBC233E) along CTE towards SLE before Chin Swee Tunnel and Clemenceau Ave exit. I was driving along Lane 2 of the three-lane road. I then saw that a Yamaha motorcycle (JTS1914) that was in front of me suddenly jammed his brakes and came to a sudden and complete stop very near to the taxi (SH9155K) that was in front of him on Lane 2. I then jammed on my brakes to try and avoid a collision however was not able to stop in time as such the front portion of my van hit onto the rear of the motorcycle. The motorcycle then hit onto the taxi. I went out of my vehicle to check on the damages and to exchange information with the rider and driver, as well as to call for police assistance. I then discovered that the taxi had also hit onto a Mazda car (SKT8816A) that was in front of the taxi. Traffic police then came down to the scene to attend to us and I was given a case card (E/20220222/0052), no ambulance was at scene. My van sustained damages to the front portion as a result of the accident. I do not have an in-vehicle camera installed in the van.



**SINGAPORE
POLICE FORCE**



T/20220222/2034

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Report No. T/20220222/2034

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 MUHAMMAD ZUHAIR BIN
MIOR ABDUL AZIZ

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/02/2022 13:12

Officer In Charge Of Case:
TP / GIT /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

NP168



SINGAPORE
POLICE FORCE

SIGNATURE