

# 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 .....	04/03/2022 18:39 (SGT)
Date of Accident .....	03/03/2022 21:36 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION OF WOODLANDS AVE 10/SEMBAWANG WAY/WOODLANDS AVE 7
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YN2551T
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	YEW HOCK SCAFFOLDING PTE LTD
Company Reg No .....	1XXXXX092H
Email Address .....	sharonlim@yewhock.com.sg
Mobile Phone No .....	(Phone) +65-96889698
Alternative Phone No .....	(Office) +65-68518188

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	FE83BE6SRDEA
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
CC .....	2977

### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	Z/21/VC00/112219
Cover Note Number .....	1/9/21-28/8/22

### DRIVER

Name of Driver .....	SOMA SUNDARAM PANCHATCHARAM
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Passport No/FIN .....	FXXXX702M
Date Of Birth .....	22/07/1961
Occupation .....	Outdoor
Date Of Driving Pass .....	12/02/1998
Driving experience .....	24 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-93866996
Alt. Phone Number .....	-
Email Address .....	sharonlim@yewhock.com.sg
Address .....	27 WOODLANDS SECTOR 1
Address complement .....	WOODLANDS DORMITORY
Postcode .....	738252
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 .....	3
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) .....	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 .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220304/2066

#### 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 .....	SLW7609K
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMR3763M
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 .....	DRIVER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLW7609K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN

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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' 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.

1. VEHICLE NO.: YN 2551 T  
2. INSURER CO.: Wnpac  
3. ACCIDENT DATE & TIME: 3/3/22  
21:36 hrs



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S. S. S. S.

4/3/22

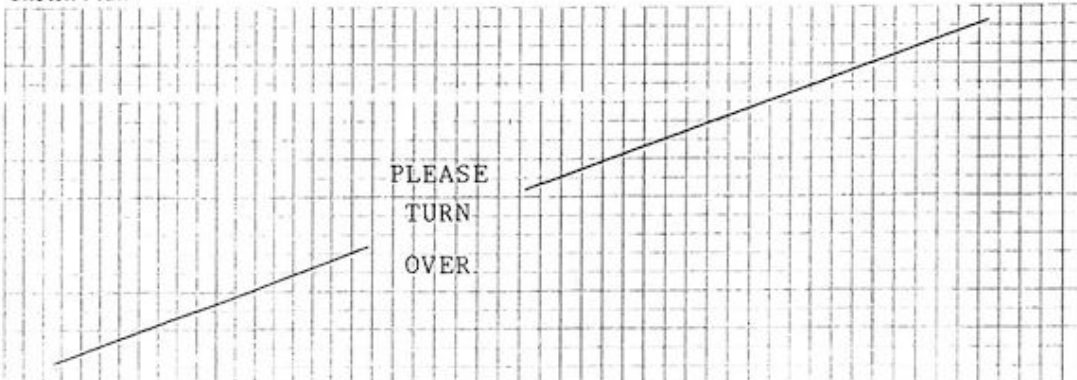
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

(YS)

Sketch Plan



PLEASE  
TURN  
OVER







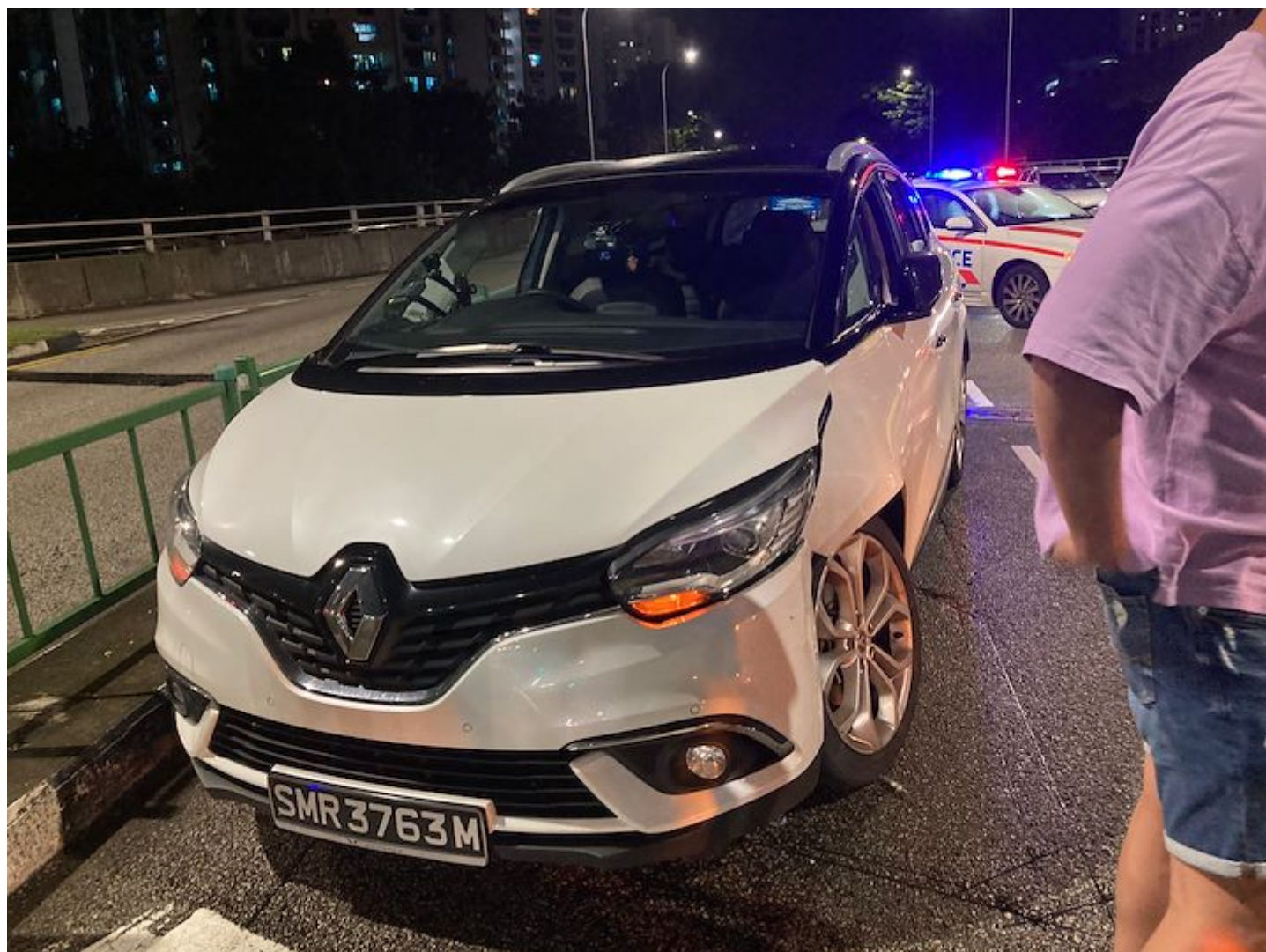














**SINGAPORE  
POLICE FORCE**



T/20220304/2066

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20220304/2066

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/03/2022 14:30		Vide Report No.: L/20220303/0126		Station Diary No.: 42
<b>Informant's Particulars</b>				
Name of Informant: SOMA SUNDARAM PANCHATCHARAM		Address: 27 WOODLANDS SECTOR 1 WOODLANDS DORMITORY SINGAPORE 738252		
ID Type / ID No.: FIN NO / F8139702M		Contact No.: Home/Office: Mobile: 93866996		
Nationality: INDIAN		Email:		
Sex: Male	Age: 60	Date of Birth: 22/07/1961	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: Other heavy truck and lorry drivers		Driving Licence Information: Class: 3 Date of Expiry: 21/05/2023		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/03/2022 21:35	Type of Location: X-Junction
Location:  WOODLANDS AVENUE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW7609K	Car				Seriously Damaged	0
SMR3763M	Car				Seriously Damaged	0
YN2551T	Lorry				Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220304/2066

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Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20220304/2066

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOMA SUNDARAM PANCHATCHARAM	ID No.	F8139702M
Related Vehicle	YN2551T (Lorry)	Contact No.	93866996
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 21/05/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 03/03/2022 at about 2136hrs, I was driving my company's lorry (YN2551T) along Woodlands Avenue 10 towards Woodlands Avenue 12. As I was driving straight and approached the cross junction, I noticed a car (SLW7609K) at the opposite junction attempting to turn right into Sembawang way from the pocket of the junction. I immediately attempt to brake my lorry however the speed of my lorry was too fast so I was not able to make the lorry come to a complete stop and hence I collided with the side of the car. The collision between our vehicles were to big and it causes the car to swerve and collided with another stationary car (SMR3763M) which was waiting at the junction at Sembawang Way.

I wish to state that the traffic light was on green when I was driving across the junction and I did attempt to stop the vehicle however did not stop it completely. I was not injured from the collision however the driver of vehicle SLW7609K was being conveyed to the hospital by the ambulance.





**SINGAPORE  
POLICE FORCE**



T/20220304/2066

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20220304/2066

**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:  
L / SGT 2 CHUA YU HANG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/03/2022 14:30

Officer In Charge Of Case:  
TP / GIT /  
SI VILTON HIA WEE SIANG  
Contact No.: 65476232

Classification Of Case:

NP168



Signature: \_\_\_\_\_

SN 085

Singapore Police Force



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SC1G22340008 Vehicle Registration No: YN2551T  
 Name (as shown in NRIC): Yew Hock Scaffolding Pte Ltd NRIC/FIN/Passport No: Roc 1994070924  
 (\* Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 32, Serangoon Road Singapore 758104  
 Contact (Tel): 68518188 Mobile No.: \_\_\_\_\_  
 Email Address: sharonlim@yewhock.com.sg  
 Date of Accident: 3/3/22 Time of Accident: 2136 hrs  
 Place of Accident: Woodlands Ave 10 / Ave 7 / Serangoon Way  
 Insurance Company: Lingac Insurance Bhd

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Third Party Insurer is currently investigate the case and  
to expedite on repairs, we wish to convert the  
claims to "OWN DAMAGE CLAIM".

Policyholder / Driver's Signature  
 Date: 10/3/22



Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: 10/3/22  
 Date: \_\_\_\_\_

