

# 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 .....	16/03/2022 16:34 (SGT)
Date of Accident .....	14/03/2022 07:00 (SGT)
Exact Location of Accident .....	Kaki Bukit Rd 3, Singapore
Additional Location Information .....	TURNING LEFT TO KAKI BUKIT AVENUE 2
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBJ7199M
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TERHENRY PTE LTD
Company Reg No .....	2XXXXX744M
Email Address .....	office@terhenry.com.sg
Mobile Phone No .....	(Phone) +65-91000899
Alternative Phone No .....	+65-82603125

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
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 .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	2070104253-01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	JOSEPH ARUN GIFFRI
Passport No/FIN .....	GXXXX134T

Date Of Birth .....	26/07/1987
Occupation .....	Outdoor
Date Of Driving Pass .....	18/12/2020
Driving experience .....	1 YEAR AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82603125
Alt. Phone Number .....	-
Email Address .....	office@terhenry.com.sg
Address .....	15-5 JALAN RIANG
Address complement .....	-
Postcode .....	358987
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 - Major/Minor Rd
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SELLAMUTHU PRABHAKARAN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Serangoon North Neighbourhood Police Post
Police Station Address .....	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220314/2053

#### 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 .....	SBS6688C
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	Citaro
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Bus
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 .....	JOSEPH ARUN GIFFRI
Gender .....	Male
Phone No .....	(Phone) +65-82603125
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURIES
Injured person in which vehicle? .....	GBJ7199M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	SELLAMUTHU PRABHAKARAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBJ7199M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

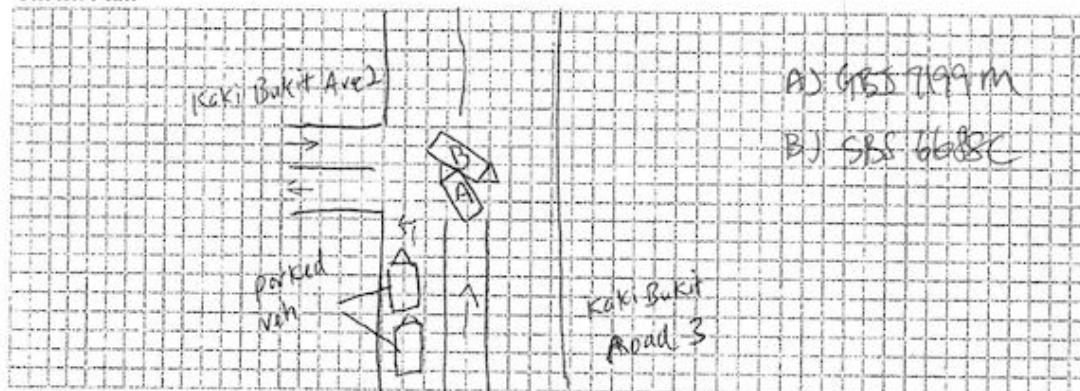
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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' 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.



Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

**Describe Circumstances of the Accident**

Refer to Police Report.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

2. 

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

Witnessed by Reporting Centre  
Personnel

Witnessed by Reporting Centre  
Personnel



























































**SINGAPORE  
POLICE FORCE**



T/20220314/2053

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

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Report No. T/20220314/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/03/2022 15:09		Vide Report No.:		Station Diary No.: 20	
<b>Informant's Particulars</b>					
Name of Informant: JOSEPH ARUN GIFFRI		Address: 15-2A JALAN RIANG SINGAPORE 358987			
ID Type / ID No.: FIN NO / G2199134T		Contact No.: Home/Office: Mobile: 82603125			
Nationality: INDIAN		Email:			
Sex: Male	Age: 34	Date of Birth: 26/07/1987	Type of Informant: Driver		
Race: Indian		Language:		Institution / School Name:	
Occupation: Building construction engineer		Driving Licence Information: Class: 2B,3 Date of Expiry:			

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/03/2022 07:00	Type of Location: T-Junction
Location:  KAKI BUKIT ROAD 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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
GBJ7199M	Lorry	TOYOTA	DYNA 150 5MT	White	Slightly Damaged	1
SBS6688C	Bus/Coach/Mi nibus	MERCEDES BENZ	CITARO O530	Multi-Colored	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBJ7199M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070104253-01	29/07/2021	28/07/2022





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Report No. T/20220314/2053

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	JOSEPH ARUN GIFFRI	ID No.	G2199134T
Related Vehicle	GBJ7199M (Lorry)	Contact No.	82603125
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	14/03/2022	Date Discharge	14/03/2022
No. of Days granted Medical Leave	14	Degree of Injury	Serious
<b>Passenger</b>			
Name	SEELAMUTHU PRABHAKARAN	ID No.	G2553806X
Related Vehicle	GBJ7199M (Lorry)	Contact No.	90897860
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/03/2022	Date Discharge	14/03/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 14/03/2022 at about 0700hrs when I was travelling in my company lorry bearing vehicle registration number GBJ7199M along Kaki Bukit Road 3 intending to turn left into Kaki Bukit Avenue 2, as there were 7-8 vehicles parked stationary on the left lane (double yellow line) I couldn't keep left to turn left and therefore, I signaled my intentions and the traffic light indicated left turn only which I proceeded to turn left from the right lane which is stated to go straight only due to the obstructions on the left lane.

During the turn, there was a SBS bus bearing registration number SBS6688C turning right from Kaki Bukit Avenue 2 towards Kaki Bukit Road 3, my vehicle front area bumper area collided into the right side of the bus and I was trapped in my vehicle and SCDF managed to break open my driver side door to remove me from the vehicle and conveyed me to Changi General Hospital.

At about 1400hrs, I was discharged from Changi General Hospital and given 14 days unfit for duty medical certificate number EMD202244444 for my fractured right ankle.

My passenger was brought to Tan Tock Seng Hospital by my colleagues to see a doctor and was given 3 days unfit for duty medical certificate number TTSH22050217 for his discomfort on his right knee area.

I wish to state that as I was rushed to the hospital, I could not recall any report number regarding the incident and have no particulars of the said bus driver.



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Report No. T/20220314/2053

CONTINUATION OF REPORT





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T/20220314/2053

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Report No. T/20220314/2053

**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:  
F / Other TONG KAI YONG,  
GODWIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/03/2022 15:09

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT LEE GUANG HUI  
Contact No.: 65476423

Classification Of Case:

NP168

