

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 22/03/2022 11:28 (SGT)
Date of Accident 13/03/2022 15:55 (SGT)
Exact Location of Accident Changi South Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC6887M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ST LEE TRANSPORT PTE LTD
Company Reg No 2XXXXX388Z
Email Address stlee.transport@gmail.com
Mobile Phone No (Phone) +65-93395993
Alternative Phone No (Office) +65-62586188

VEHICLE PARTICULARS

Manufacturer Golden Dragon
Model XML6126J18
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 Bus
Transmission Manual
CC 8849

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMB1SNW00012892100
Cover Note Number -

DRIVER

Name of Driver RAJENDRAN SENTHILKUMAR
Passport No/FIN GXXXX145P

Date Of Birth	07/01/1974
Occupation	Outdoor
Date Of Driving Pass	09/04/2008
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93395993
Alt. Phone Number	-
Email Address	stlee.transport@gmail.com
Address	94 LORONG 4 TOA PAYOH #01-34
Address complement	TOA PAYOH PALM SPRING
Postcode	310094
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220322/7005

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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)	-

SKETCH PLAN

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 ~~Authorized Officer~~.
3. Information provided must be as ~~truthful and accurate as possible~~. Any wilful misrepresentation or withholding of material facts may allow insurance companies to ~~invalidate 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. 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 lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and its 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 be 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 be 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.

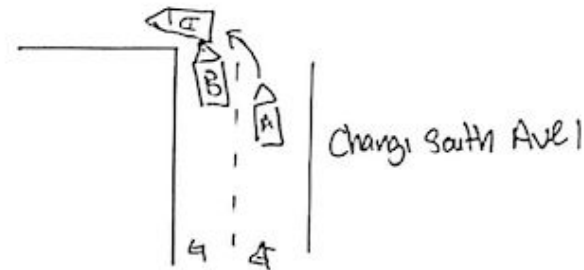


Policyholder's Signature
Date & Time

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

Reporting Officer/Personnel's Signature
Name
NRIC/IN No.

SKETCH PLAN



A - PL 6887m.

B - unknown.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report T/20220322/1005

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:

Reporting Centre Personnel's Signature
Name:
NRCC/FM No:

























**SINGAPORE
POLICE FORCE**



T/20220322/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220322/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2022 10:18	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: RAJENDRAN SENTHILKUMAR			Address: 94 LORONG 4 TOA PAYOH #01-34 TOA PAYOH PALM SPRING SINGAPORE 310094		
ID Type / ID No.: FIN NO / G7385145P			Contact No.: Home/Office: Mobile: 93395993		
Nationality: INDIAN			Email: RSKVJI@GMAIL.COM		
Sex: Male	Age: 48	Date of Birth: 07/01/1974	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Bus driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/03/2022 15:55	Type of Location: Straight Road
Location: CHANGI SOUTH AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC6887M	Van					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220322/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220322/7005

CONTINUATION OF REPORT

Driver			
Name	RAJENDRAN SENTHILKUMAR		ID No. G7385145P
Related Vehicle	PC6887M (Van)		Contact No. 93395993
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

Brief Details.

ON 13/03/2022 AROUND 1558HRS, I WAS DRIVING MY BUS PC6887M ALONG CHANGI SOUTH AVE 1. I WAS UNAWARE OF THE ACCIDENT TILL MY COMPANY RECEIVED THE TRAFFIC POLICE LETTER. I WAS TRAVELLING STRAIGHT ALONG CHANGI SOUTH AVE 1 WHEN REACH THE JUNCTION I WANTED TO MAKE A LEFT. I DID NOT FEEL ANY IMPACT WHEN I MAKING A LEFT TURN.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220322/7005

3 of 3

Report No. T/20220322/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/03/2022 10:18

Classification Of Case:

NP168

ST LEE

TRANSPORT PTE LTD

Block 1002 Toa Payoh Industrial Park #07-1447 Singapore 319074 (T) 62581688 (F) 62581677

Website: www.stlee.com.sg Email: stlee.transport@gmail.com

22 March 2022

TO WHOM IT MAY CONCERN

Dear Sir

REF : PC6887M

I hereby confirmed aware of this incident and authorised Mr Rajendran Senthilkumar, G7385145P to lodge a report to your kind department. Our vehicle insured under China Taiping

I thank you in advance for your kind consideration and understanding and hope to hear from your kind department as soon as possible.

Regards,


Annie

Administrator


**SINGAPORE
POLICE FORCE**

Our Ref : TP/IP/05755/2022
Date : 15/03/2022

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 6171
Fax +65 6547 4883
www.police.gov.sg

ST Leo Transport Pte Ltd
1002 Toa Payoh Industrial Park
#07-1447
Singapore 319074

Dear Sir / Madam

ROAD TRAFFIC ACCIDENT INVOLVING MOTOR BUS PC6887M ALONG JUNCTION OF CHANGI SOUTH AVENUE 1 BY CHANGI SOUTH AVENUE 2 ON 13/03/2022 AT ABOUT 1558HRS

Our investigations showed that you are the registered owner / driver of PC6887M, which investigations show was to be involved in a road traffic accident.

2 You are required to provide the particulars of the driver on the above date and time within 14 days of receipt of this letter. Under the provisions of the Road Traffic Act, it is an offence not to provide the driver's particulars, and the owner can be liable to a fine of up to \$1,000/- or 6 months' imprisonment.

3 In addition, please inform the driver to lodge an online Police Report of a Traffic Accident (NP168) using SingPass via the SPF Electronic Police Centre¹ (<http://www.police.gov.sg/epc>). Alternatively, the report may be lodged at any Police Post or Neighbourhood Police Centre. Do note that failure to lodge a report may have an adverse effect against the involved party.

4 The information given by the driver in the report will be carefully considered. The driver may not be called upon an interview if the information provided is sufficient for our investigation. If you have video evidence, you can send it to the Investigation Officer (IO) via email to Muhammad_Afiq_Rahmat@spf.gov.sg. If the file size is too big, you can make arrangements with the IO at his/her office number 65476171 for a convenient method of retrieval.

Yours faithfully,

**MUHAMMAD AFIQ BIN RAHMAT (SGT 3)
INVESTIGATION OFFICER
TRAFFIC POLICE**

This is a computer-generated letter. No signature is required.

Particulars of the driver of PC6887M on 13/03/2022 at about 1558hrs

Name: <i>Rajendran Senthil Kumar</i>	NRIC / FIN / PP No. <i>G7325145P</i>	Address: <i>Blk 47 #09-130 1006 Toa Payoh S(310047)</i>
Contact No: <i>93395713</i>		

I affirm that the information I gave above is true and correct.

Lee Sin Hong 96867027
Name / Contact No of Registered Owner

[Signature]
Signature of Registered vehicle owner

21/3/2022
Date

*Please mail, fax or email a soft copy of the completed form, addressed to the Investigation Officer.

¹ For the purpose of lodging this report, please select 'Yes' for 'Was anyone injured?' under 'Step 2: Accident Info', even if you are not injured because another involved party was injured. For similar reason, please select 'Slight' for 'Degree of Injury' under 'Step 4: Person Involved'.

A FORCE FOR THE NATION