

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 24/03/2022 19:13 (SGT)
Date of Accident 03/03/2022 09:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE TOWARDS CITY (CLEMENCEAU EXIT)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ12E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PTC DELIVERY2HOME PTE. LTD.
Company Reg No 2XXXXX860M
Email Address melvin.ong@ptcd2home.com
Mobile Phone No (Phone) +65-96169353
Alternative Phone No +65-96169353

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU710R
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 4009

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-21097949MFCV/1
Cover Note Number -

DRIVER

Name of Driver GANESAN MUTHUSAMY
Passport No/FIN GXXXX773X

Date Of Birth	28/04/1978
Occupation	Outdoor
Date Of Driving Pass	15/12/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87434213
Alt. Phone Number	-
Email Address	melvin.ong@ptcd2home.com
Address	TUAS SOUTH DORMITORY BLK-05
Address complement	#07-31
Postcode	636946
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RAMAVEL MANIKANDAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT ATTACHED : T/20220303/2017.

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	SKV6907Z
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MARIA JUNIE ONG YUET RU
NRIC No	SXXXX843E
Contact Number	(Phone) +65-96954204
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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' 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 & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = YQ 12 E

B = SKV 6907 Z

CTE towards City
Clemenceau Exit.



Describe Circumstances of the Accident

— As per police report attached: T/20220303/2017. —

Declaration

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



























SINGAPORE POLICE FORCE



T/20220303/2017

1 of 3

Report No. T/20220303/2017

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2022 11:50	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars

Name of Informant: GANESAN MUTHUSAMY		Address: 11 JALAN MOLEK SINGAPORE 399521	
ID Type / ID No.: FIN NO / G8441773X		Contact No.: Home/Office:	Mobile: 87434213
Nationality: INDIAN		Email:	
Sex: Male	Age: 43	Date of Birth: 28/04/1978	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2022 09:40	Type of Location: Straight Road
Location: CLEMENCEAU AVENUE NORTH			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
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	Condition	No of Passenger
SKV6907Z	Car				Slightly Damaged	0
YQ12E	Lorry				Slightly Damaged	0

Details of Person Involved

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

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**SINGAPORE
POLICE FORCE**



T/20220303/2017

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Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20220303/2017

CONTINUATION OF REPORT

Driver			
Name	MARIA JUNIE ONE YUET RU	ID No.	S7716843E
Related Vehicle	SKV6907Z (Car)	Contact No.	96954204
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GANESAN MUTHUSAMY	ID No.	G8441773X
Related Vehicle	YQ12E (Lorry)	Contact No.	87434213
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
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 0940, I was driving along CTE towards City. I came from AYE. I wanted to exit at Clemenceau exit. I was driving at the left outer most lane. Suddenly the cars in front came to a sudden stop, hence I stopped as well but I managed to stop on time. I made a check to my right to see if there was no car and I decided to change lane to the lane on the right side. I put my indicator and turned, suddenly a car came from behind very quickly and hit the side of my lorry. We came down to make a check on the lorry and the other driver. The other driver was not injured. My lorry suffered a big tear at the rear right cab and the other vehicle suffered damages to the left side of the car. We all exchanged our particulars and left the scene to lodge a police report.

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**SINGAPORE
POLICE FORCE**



T/20220303/2017

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Report No. T/20220303/2017

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

2022/3/24 18:48

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:
A / SGT 3 SHAWN ANG YI
XIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/03/2022 11:50

Officer In Charge Of Case:
TP / GIA /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476201

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE