

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 31/03/2022 10:14 (SGT)
Date of Accident 26/03/2022 11:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information GAMBAS AVE L/P 81
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD3827G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HANAKO CONSTRUCTION PTE LTD
Company Reg No 2XXXXX516K
Email Address admin@hanakoconstruction.com.sg
Mobile Phone No (Phone) +65-84367463
Alternative Phone No +65-84444710

VEHICLE PARTICULARS

Manufacturer Hino
Model Fs1etka
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 12913

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z22VC05010100
Cover Note Number -

DRIVER

Name of Driver CHANDRAN TAMIZHARASU
Passport No/FIN GXXXX055T

Date Of Birth	01/03/1982
Occupation	Outdoor
Date Of Driving Pass	19/10/2015
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92217462
Alt. Phone Number	-
Email Address	admin@hanakoconstruction.com.sg
Address	BLK 665 CCK CRESCENT
Address complement	#20-275
Postcode	680665
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 - Head to Rear
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEAGUE
Gender	Male

PASSENGER 2

Name	COLLEAGUE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220326/2050

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	SMH2231R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA AH YONG
NRIC No	SXXXX281Z
Contact Number	(Phone) +65-97556909
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	SARASWATHY D/O KALIAPERMAL
Gender	Female
Phone No	(Phone) +65-98110265
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	GIDDINESS & NECK PAIN
Injured person in which vehicle?	SMH2231R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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 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. 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 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.

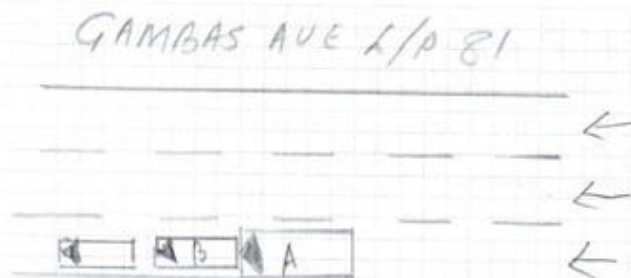


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A-XD3827G

B-SMH2231R

Describe Circumstances of the Accident

P/s refer to the police report: T/20220326/2050

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Carlym
30/3/22

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

Shym 31/03/22

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220326/2050

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20220326/2050

CONTINUATION OF REPORT

Brief Details.

On 26/03/2022 at 1130hrs, I was driving the company lorry (XD3827G) together with two of my colleague along Gambas Avenue. While driving, the car in front of me SMH2231R suddenly stop, I then applied my brakes but unable to stop on time which cause an accident with the car in front of me. My lorry then hit the car, i then checked with my passengers and they were ok.

I then alighted from my vehicle to make a check on the driver namely Chua Ah Yong (S1769281Z, hp:97556909)) and the passenger namely Saraswathy D/O Kaliapermal(HP:98110265). The driver was ok but the passenger was complaining of giddiness and neck pain. Subsequently the driver of the car called for police assistance.

While waiting i made a check on both vehicles, my lorry suffered dents on the front side while the car that i hit suffered dents on the rear. The ambulance came together with the traffic police. The police officer then advised me to lodge a report and gave me an incident number L/20220326/0073. The car passenger was then conveyed to the nearest hospital due to her injuries. I then came to Choa Chu Kang NPC to lodge a report. I would like to state that I have footage of the accident in my in vehicle camera.





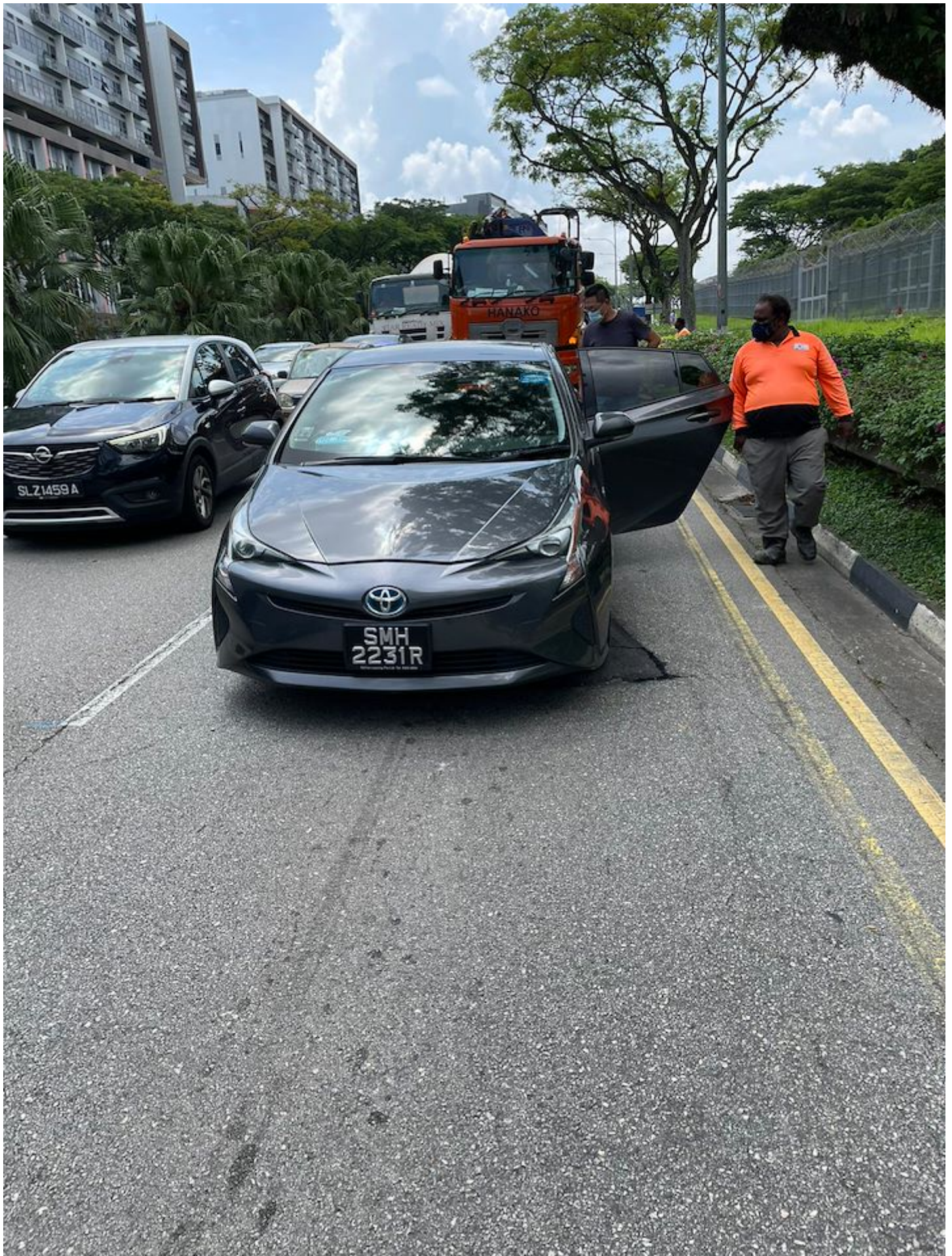


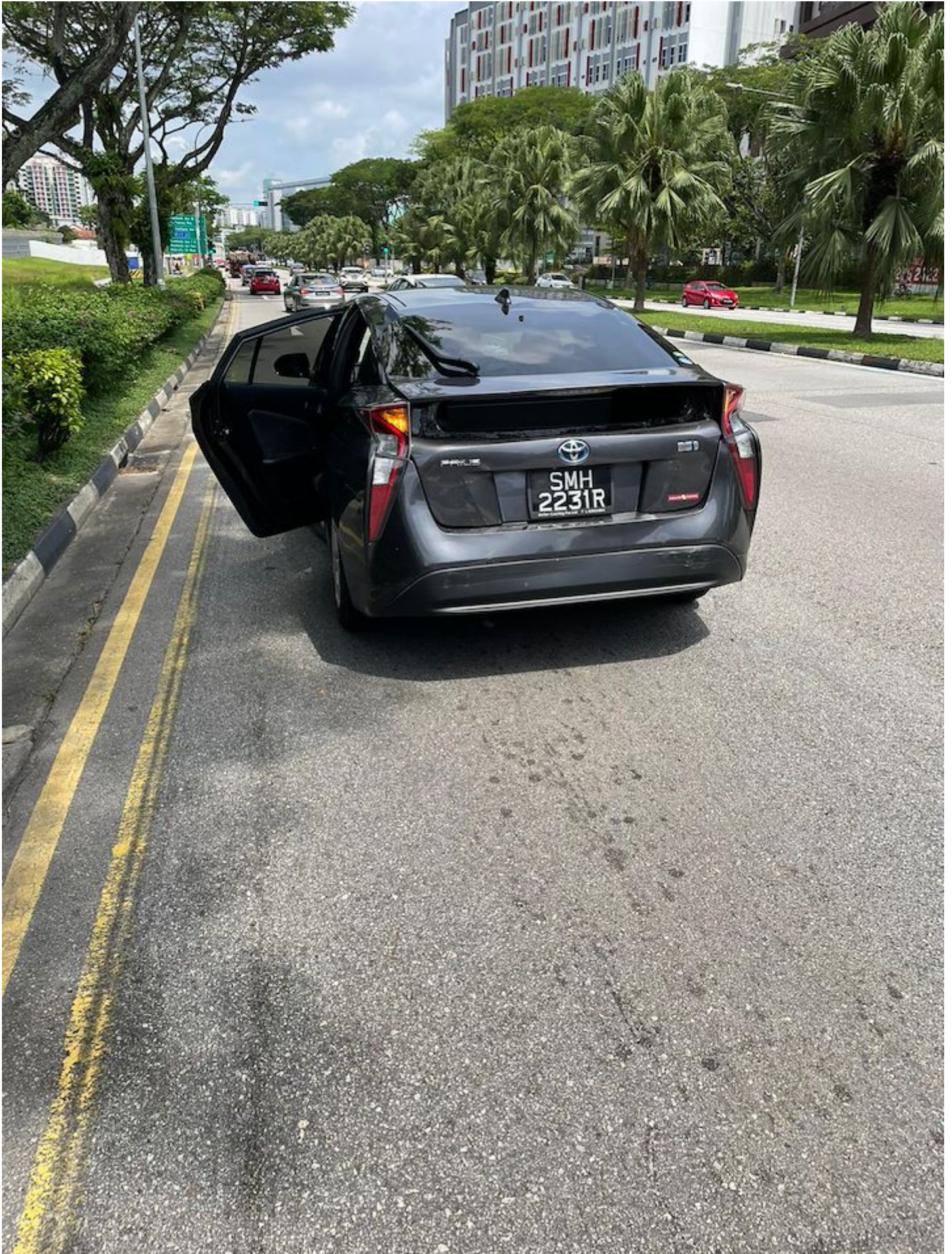








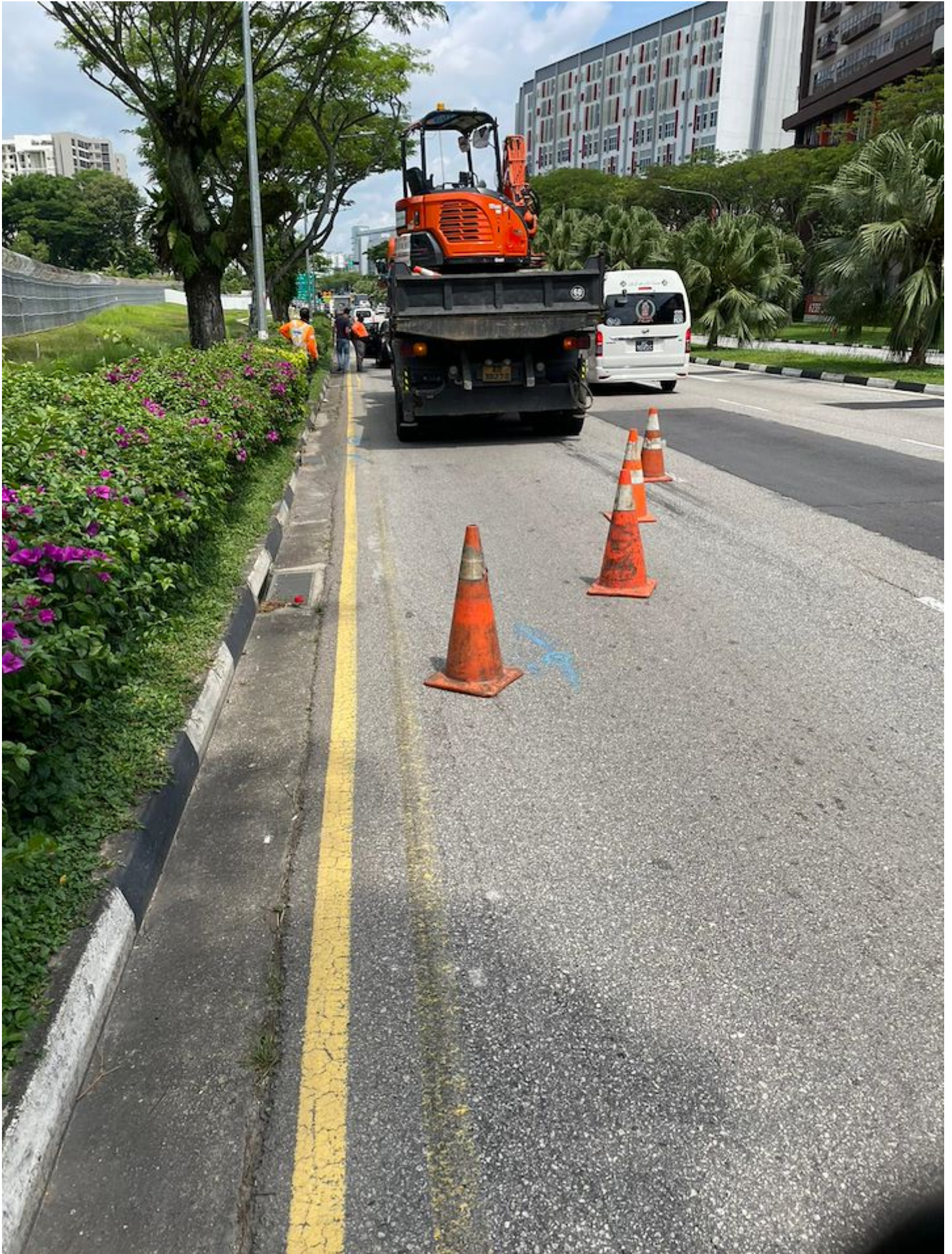



















**SINGAPORE
POLICE FORCE**


T/20220326/2050

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20220326/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2022 15:42		Vide Report No.: L/20220326/0073		Station Diary No.: 64
Informant's Particulars				
Name of Informant: CHANDRAN TAMIZHARASU		Address: APT BLK 665 CHOA CHU KANG CRESCENT #20-275 SINGAPORE 680665		
ID Type / ID No.: FIN NO / G8029055T		Contact No.: Home/Office: Mobile: 92217462		
Nationality: INDIAN		Email:		
Sex: Male	Age: 40	Date of Birth: 01/03/1982	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/03/2022 11:30	Type of Location: Bend
Location: GAMBAS AVENUE				
Lamp Post Number: 81				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH2231R	Car	TOYOTA	PRIUS HYBRID 1.8S CVT	Grey	Slightly Damaged	1
XD3827G	Lorry	HINO	FS1ETKA	Red	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20220326/2050

2 of 3

Report No. T/20220326/2050

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Brief Details.

On 26/03/2022 at 1130hrs, I was driving the company lorry (XD3827G) together with two of my colleague along Gambas Avenue. While driving, the car in front of me SMH2231R suddenly stop, I then applied my brakes but unable to stop on time which cause an accident with the car in front of me. My lorry then hit the car, i then checked with my passengers and they were ok.

I then alighted from my vehicle to make a check on the driver namely Chua Ah Yong (S1769281Z, hp:97556909)) and the passenger namely Saraswathy D/O Kallapermal(HP:98110265). The driver was ok but the passenger was complaining of giddiness and neck pain. Subsequently the driver of the car called for police assistance.

While waiting i made a check on both vehicles, my lorry suffered dents on the front side while the car that i hit suffered dents on the rear. The ambulance came together with the traffic police. The police officer then advised me to lodge a report and gave me an incident number L/20220326/0073. The car passenger was then conveyed to the nearest hospital due to her injuries. I then came to Choa Chu Kang NPC to lodge a report. I would like to state that I have footage of the accident in my in vehicle camera.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20220326/2050

3 of 3

Report No. T/20220326/2050

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.

SINGAPORE
POLICE FORCE

Signature of Officer Recording The Report:
J / SGT 2 MUHAMMAD 'AQIB
BIN SHUKOR

SIGNATURE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT QHAIRIL BIN ZULKEFLEE
Contact No.: 65476187

Signature Of Informant:

C. A. H. Y.
26/03/2022

Date/Time:
26/03/2022 15:42

Classification Of Case:

NP168