

## 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 ..... 13/04/2022 11:59 (SGT)  
Date of Accident ..... 11/04/2022 14:25 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... HOUGANG AVE 3  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ2714J

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TARKUS INTERIORS PTE LTD  
Company Reg No ..... 199004710D  
Email Address ..... TARKUS@SINGNET.COM.SG  
Mobile Phone No ..... (Phone) +65-62856142  
Alternative Phone No ..... (Office) +65-62856142

#### 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? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 3000

#### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z22VC05010131  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... THANGARASU SANKAR  
Passport No/FIN ..... G7630431P

Date Of Birth .....	10/01/1983
Occupation .....	Outdoor
Date Of Driving Pass .....	10/07/2007
Driving experience .....	14 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82867359
Alt. Phone Number .....	-
Email Address .....	TARKUS@SINGNET.COM.SG
Address .....	NA
Address complement .....	-
Postcode .....	-
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 - Change/cross lane
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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? .....	No
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 .....	Paya Lebar Neighbourhood Police Post
Police Station Address .....	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER POLICE REPORT

#### REPAIR AT OWNER'S WORKSHOP

#### 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 .....	XD1652G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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 .....	THANGARASU SANKAR
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	HAND INJURY
Injured person in which vehicle? .....	GBJ2714J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

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 willful 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' 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

Sketch Plan

*Sankar*

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



Witnessed by Reporting Centre Personnel



(A) GBJ 2714J  
(B) XD1652G

Describe Circumstances of the Accident

Refer Police Report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

T. Santar

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



Witnessed by Reporting Centre Personnel

























**SINGAPORE  
POLICE FORCE**



T/20220412/2051

1 of 3

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Report No. T/20220412/2051

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/04/2022 13:57	Vide Report No.:	Station Diary No.: 16
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: THANGARASU SANKAR	Address: APT BLK 1 HOUGANG AVENUE 3 #03-318 SINGAPORE 530001		
ID Type / ID No.: FIN NO / G7630431P	Contact No.: Home/Office: Mobile: 82867359		
Nationality: INDIAN	Email:		
Sex: Male	Age: 39	Date of Birth: 10/01/1983	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 Others	Drink Drive: No	Date/Time of Accident: 11/04/2022 14:25	Type of Location: Straight Road
Location:  HOUGANG AVENUE 3				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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	Condition	No of Passenger
GBJ2714J	Lorry				Slightly Damaged	0
XD1652G	Lorry				No Damage	0





**SINGAPORE  
POLICE FORCE**



T/20220412/2051

2 of 3

Report No. T/20220412/2051

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

**CONTINUATION OF REPORT**

**Brief Details.**

On 11/04/2022 at about 1425hrs, I was driving my company lorry GBJ2714J along Hougang Avenue 3 at the most lane lane. There was another lorry(XD1652G) on the middle lane.

Subsequently, the other lorry(Rengasamy Alagu, F8070751R, HP:91013599) signaled and came into my lane without checking and collided on to the RIGHT side of my lorry. My lorry sustained shattered driver side window and dents on the driver side door. The other party lorry did not sustain any damages.

I sustained some scratches on my right arms due to the shattered glass and also some tightness on my neck area and went to see the doctor after. The other party was not injured.

I was given medical certificate from 12/04/2022 to 13/04/2022. I was also advised to take the x-ray in the coming appointment.

We exchanged particulars and left scene.

I wish to inform that my lorry has an in-car CCTV and it captured the incident. No government property damages. No police nor ambulance at scene.

The purpose of this report is for insurance claim purposes.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999



T/20220412/2051

3 of 3

Report No. T/20220412/2051

**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 /  
SGT 2 ROYCE YEW TIAN POH

Signature Of Informant:

T. Sankar

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/04/2022 13:57

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

NP168





**TARKUS INTERIORS PTE LTD**

/// ITOKI GROUP

Date: 12<sup>th</sup> April 2022

To: Whom It May Concern

**Subject: Authorisation Letter**

We hereby authorise Mr. Thangarasu Sankar of Fin No. G7630431P to file an accident report to claim third-party.

He is the driver of this vehicle no.: GBJ2714J.

Thank you.

**TARKUS INTERIORS PTE LTD**

Jolene Lim  
Finance Director

Main: 46, Defu Lane 9, Singapore 539286 Tel: +65 6285 6142 Fax: +65 6286 5695

Email: tarkus@singnet.com.sg Website: www.tarkus.com.sg

Co. Reg. No. 199004710D GST Reg No: M2-0095654-X

Branch: 3A-21 Eco Sky No. 972 Batu 6½ Jalan Ipoh 68100 Kuala Lumpur Wilayah Persekutuan

Tel: 03-6730 9026 Business Reg: 995696-D