

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 13/05/2022 11:33 (SGT)
Date of Accident 11/05/2022 07:35 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG3141X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner VAN ZAI PTE LTD
Company Reg No AXXXXXX446H
Email Address phbms@yahoo.com
Mobile Phone No (Phone) +65-97732327
Alternative Phone No +65-97732327

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
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 Auto
CC 2488

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 21-MT104384-R03
Cover Note Number -

DRIVER

Name of Driver MATHAVAN S/O SUPPIAH
NRIC No SXXXX214I

Date Of Birth	22/06/1981
Occupation	Outdoor
Date Of Driving Pass	02/09/2010
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97732327
Alt. Phone Number	-
Email Address	phbms@yahoo.com
Address	BLK 573C WOODLANDS DRIVE 16
Address complement	#10-696
Postcode	733573
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	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	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

PLS REFER TO THE POLICE REPORT:T/20220512/7042

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	SME7429X
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MATHAVAN S/O SUPPIAH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBG3141X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

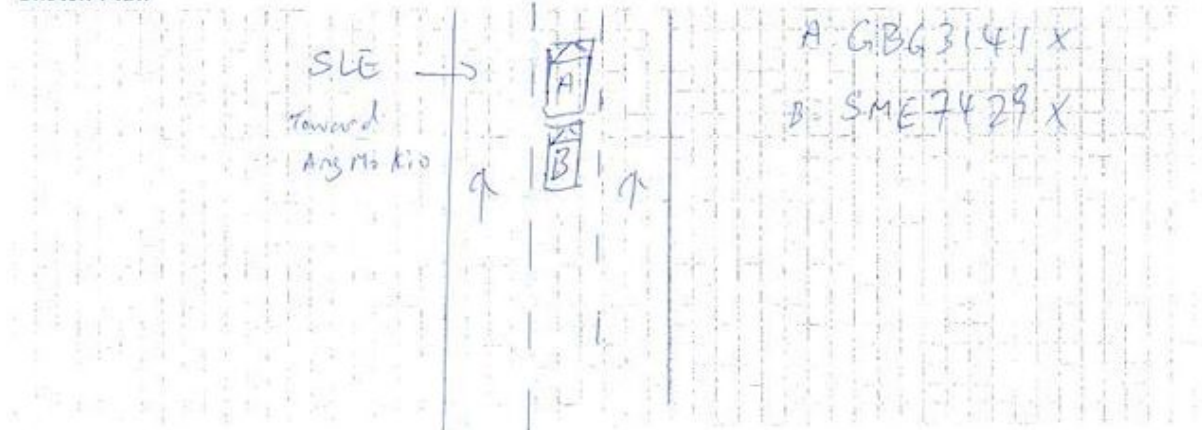
Van Zai Pte Ltd
Blk 866 Jurong West St. 81
#09-539
Singapore 640866

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to the police report No: T/20220512/7042

Declaration

We declare the foregoing particulars are true in every respect.

Van Zai Pte Ltd
Blk 866 Jurong West St. 81
#09-539
Singapore 640866

Policyholder's Signature / Date &
Time

[Signature]

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

[Signature] 13/05/22

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20220512/7042

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

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Report No. T/20220512/7042

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBG3141X	TOKIO MARINE INSURANCE SINGAPORE LTD.	21-MT104384-R03	18/07/2021	17/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MATHAVAN S/O SUPPIAH	ID No.	S8103214I
Related Vehicle	GBG3141X (Van)	Contact No.	97732327
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/05/2022	Date	12/05/2022
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

ON 11 MAY 2022 @7.35AM I WAS DRIVING MY VAN (GBG3141X)ALONE SLE NEAR UPPER THOMSON ROAD EXIT TOWARD ANG MO KIO, THE TRAFFIC WAS HEAVY A VEHICLE IN FRONT SUDDEN SLOW DOWN I FOLLOW SLOW DOWN THAN I FELT AN IMPACT FROM BEHIND AND I REALISED A VEHICLE B (SME7429X) HIT ONTO MY REAR PART.





















**SINGAPORE
POLICE FORCE**

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



T/20220512/7042

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Report No. T/20220512/7042

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 / TPB /
BOON YEN KIAN
Contact No.: 65476172

NP168

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

Date/Time:
12/05/2022 19:20

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220512/7042

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

1 of 3

Report No. T/20220512/7042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2022 19:20		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MATHAVAN S/O SUPPIAH			Address: 573C WOODLANDS DRIVE 16 #10-696 SINGAPORE 733573		
ID Type / ID No.: NRIC NO / S81032141			Contact No.: Home/Office: Mobile: 97732327		
Nationality: SINGAPORE CITIZEN			Email: shirleysukuna@yahoo.com.sg		
Sex: Male	Age: 40	Date of Birth: 22/06/1981	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/05/2022 07:35	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG3141X	Van	NISSAN	NV350	Silver	Seriously Damaged	0
SME7429X	Car			Yellow	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220512/7042

Police Station Of Origin:
Traffic Police
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Tel No: 65470000

2 of 3

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GBG3141X	TOKIO MARINE INSURANCE SINGAPORE LTD.	21-MT104384-R03	18/07/2021	17/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MATHAVAN S/O SUPPIAH	ID No.	S8103214I
Related Vehicle	GBG3141X (Van)	Contact No.	97732327
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
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