

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 18/05/2022 12:36 (SGT)
Date of Accident 17/05/2022 19:00 (SGT)
Exact Location of Accident Jln Buroh, Singapore
Additional Location Information BEFORE PENJURU ROAD EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP8054L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MEISEI INTERNATIONAL PRIVATE LIMITED
Company Reg No 1XXXXX827W
Email Address rezal@meisei.com.sg
Mobile Phone No (Phone) +65-96192474
Alternative Phone No +65-87508235

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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 4009

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VC05009388
Cover Note Number -

DRIVER

Name of Driver SUHAIMI BIN SALLEH
NRIC No SXXXX531I

Date Of Birth	26/05/1976
Occupation	Outdoor
Date Of Driving Pass	03/01/2012
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87508235
Alt. Phone Number	-
Email Address	rezal@meisei.com.sg
Address	BLK 428 CHOA CHU KANG AVENUE 4 #03-200
Address complement	-
Postcode	680428
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	22
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AUNG KOKO
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
Gender	Male

PASSENGER 7

Name	WORKER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220518/2008

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	YM7318Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	VILVANATHAN JEYARAJ
Passport No/FIN	GXXXX176M
Contact Number	(Phone) +65-83699282
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 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' 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.

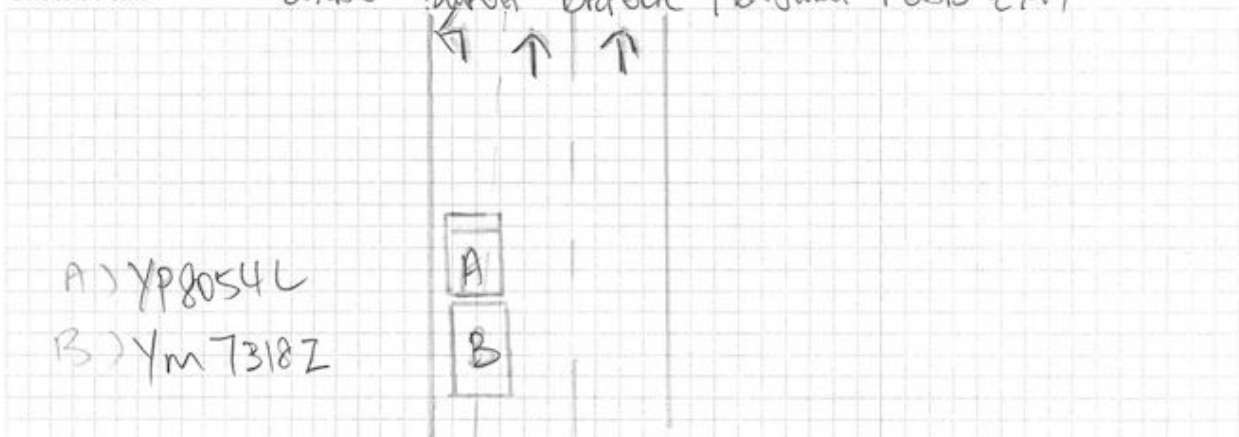


Policyholder's Signature / Date & Time

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 POLICE REPORT 7/20220518/2008

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

18/05/22 10:55 AM

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

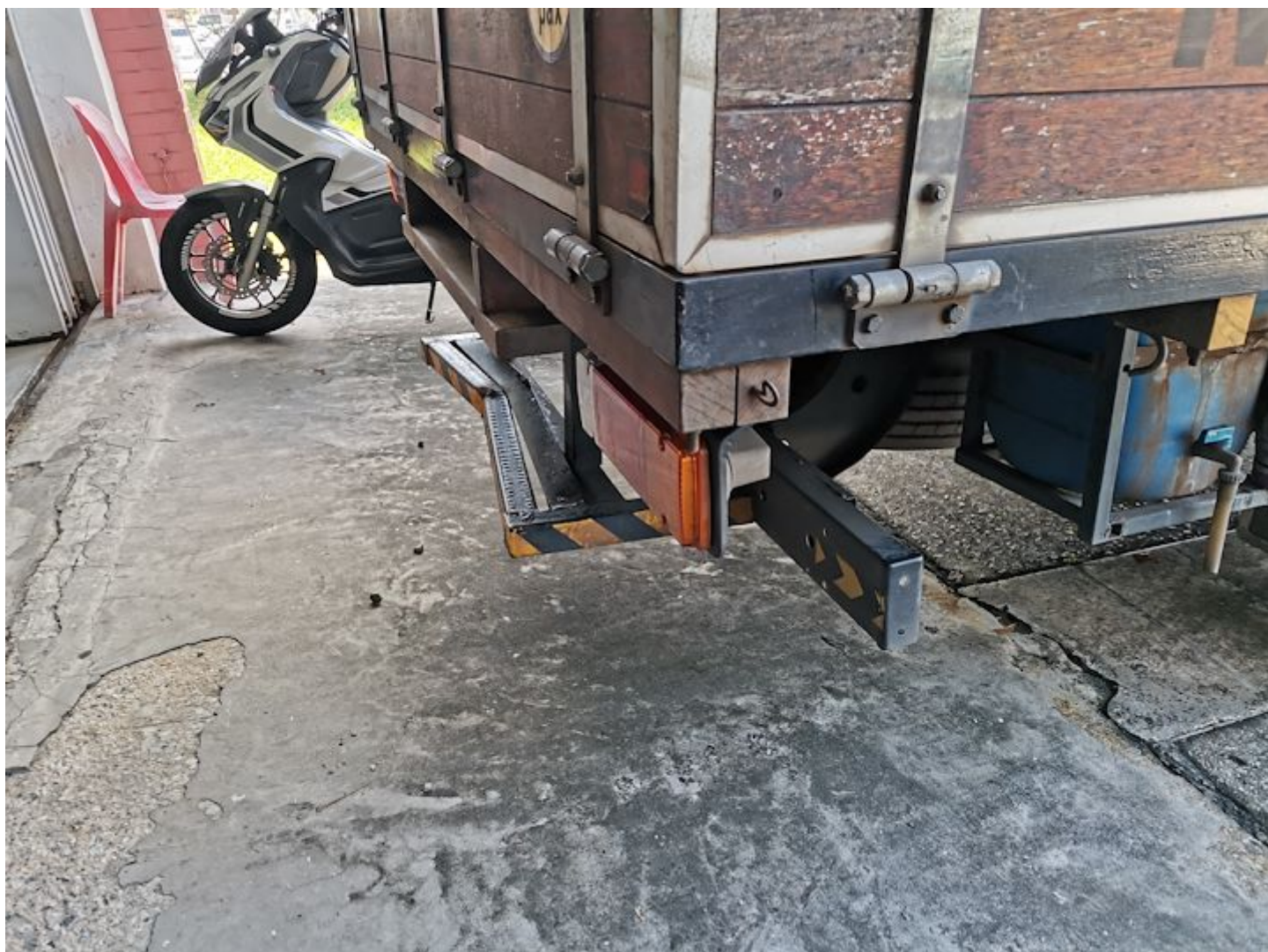
[Signature] 18/05/2022

Witnessed by Reporting Centre Personnel



























SINGAPORE POLICE FORCE



T/20220518/2008

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20220518/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2022 09:15		Vide Report No.:		Station Diary No.: 23
Informant's Particulars				
Name of Informant: SUHAIMI BIN SALLEH		Address: APT BLK 428 CHOA CHU KANG AVENUE 4 #03-200 SINGAPORE 680428		
ID Type / ID No.: NRIC NO / S76165311		Contact No.: Home/Office: Mobile: 87508235		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 45	Date of Birth: 26/05/1976	Type of Informant: Driver	
Race: Boyanesse		Language: English	Institution / School Name:	
Occupation: Lorry driver		Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/05/2022 19:00	Type of Location: Straight Road
Location: JALAN BURUH			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
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	Condition	No of Passenger
YM7318Z	Lorry				Slightly Damaged	15
YP8054L	Lorry				Slightly Damaged	21

Details of Person Involved

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



SINGAPORE POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20220518/2008

2 of 3

Report No. T/20220518/2008

CONTINUATION OF REPORT

Driver			
Name	SUHAIMI BIN SALLEH		ID No. S7616531I
Related Vehicle	NIL		Contact No. 87508235
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Vilvanathan Jeyaraj		ID No. G8113176M
Related Vehicle	NIL		Contact No. 83699282
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/05/2022 at about 7pm, I was driving my lorry (YP8054L) along Jalan Buroh towards Penjuru road. I noticed that there was traffic Jam in front and came to a stop slowly. Subsequently about 1 minute later, I felt an impact from the rear of my lorry. I then got out of my lorry to make a check and discovered that a lorry (YM7318Z) had collided to the rear of my lorry. I exchanged particulars with the driver. I also made a check and no one was injured.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20220518/2008

3 of 3

Report No. T/20220518/2008

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:
J /
Other LOO LE HAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

NP168

Signature Of Informant:

Date/Time:
18/05/2022 09:15

Classification Of Case: