

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	26/05/2022 14:38 (SGT)
Date of Accident	25/05/2022 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS CHANGI B4 UPP JURONG ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3557B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	APOLLO M&E ENGINEERING PTE. LTD.
Company Reg No	2XXXXX519D
Email Address	applaengineering2017@gmail.com
Mobile Phone No	(Phone) +65-93596590
Alternative Phone No	+65-93596590

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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00156652100
Cover Note Number	-

DRIVER

Name of Driver	RAJAMANICKAM SETHURAMAN
Passport No/FIN	GXXXX316L

Date Of Birth	01/06/1981
Occupation	Outdoor
Date Of Driving Pass	03/03/2010
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98817098
Alt. Phone Number	-
Email Address	apllaengineering2017@gmail.com
Address	BLK 265 BUKIT BATOK EAST AVE 4
Address complement	#09-403
Postcode	650265
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PATHMANATHAN RAMESHKUMAR
Gender	Male

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/20220526/7007

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	GBH7824C
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	RAJAMANICKAM SETHURAMAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBC3557B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PATHMANATHAN RAMESHKUMAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBC3557B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

Refer To Police Report.

T/20220526/7007

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

R. Bothuram

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

Slyu 26/05/22

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220526/7007

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

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Report No. T/20220526/7007

CONTINUATION OF REPORT

Driver			
Name	RAJAMANICKAM SETHURAMAN		ID No. G7028316L
Related Vehicle	GBC3557B (Lorry)		Contact No. 98817098
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was travelling along pie towards Changi before upp jurong Rd exit at the second lane. Vehicle in front of me slow down and stop, i follow in suit in a safety manner. Suddenly I felt a huge impact. I got down and realise vehicle B (GBH7824C) collided onto the rear of vehicle.

















**SINGAPORE
POLICE FORCE**



T/20220526/7007

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

Report No. T/20220526/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2022 11:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: RAJAMANICKAM SETHURAMAN			Address: 280 BUKIT BATOK EAST AVENUE 3 #02-313 SINGAPORE 650280		
ID Type / ID No.: FIN NO / G7028316L			Contact No.: Home/Office:		Mobile: 98817098
Nationality: INDIAN			Email: SETHUSUNDARI1981@GMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 01/06/1981	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/04/2022 13:30	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit: 80 Km/h	
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	Conditio	No of
GBC3557B	Lorry					0

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



**SINGAPORE
POLICE FORCE**



T/20220526/7007

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10 Ubi Avenue 3 SINGAPORE 408865
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2 of 3

Report No. T/20220526/7007

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T/20220526/7007

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Report No: T/20220526/7007

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 / TPIB /
TAN JUN YAN
Contact No.: 65476311

NP168

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

Date/Time:
26/05/2022 11:15

Classification Of Case: