# **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 witholding 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

### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner APOLLO M&E ENGINEERING PTE. LTD. Company Reg No 2XXXXX519D **Email Address** appllaengineering2017@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 Employment accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? 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 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 Mobile Number (Phone) +65-98817098 Alt. Phone Number Email Address appllaengineering2017@gmail.com Address BLK 265 BUKIT BATOK EAST AVE 4 Address complement #09-403 Postcode 650265 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name PATHMANATHAN RAMESHKUMAR Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? 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? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** 

**GBH7824C** 

Vehicle Registration Number

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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	RAJAMANICKAM SETHURAMAN Male SLIGHT GBC3557B Yes No
INJURED 2	110
Name of injured person	PATHMANATHAN RAMESHKUMA

Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code	PATHMANATHAN RAMESHKUMAR Male - - -
Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- SLIGHT GBC3557B Yes No

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### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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)

l 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")

OTE LTO

- (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 dri & Time	ver is not th	e policyhol	der) / Date	Witnessed Personnel	by Reporting Ce	ntre
Sketch Plan		1	4	T .	7		
	Sast					A: GBC	3557
	hang: the act			B		B: GBH	7824
	o one						
	La day						

	umstances of the Accident
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	Report To Police foroit.
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	T 20220526/7007

# Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



T/202205267007

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20220526/7007

### CONTINUATION OF REPORT

Driver		Salara A			
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	200032	Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Slig	ht

# Brief Details.

I was travelling along pie towards Changi before upp jurong Rd exit at the second lane. Vehicle infront 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.



















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

	ne Report M 22 11:15	lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
	Informant: ANICKAM S	ETHURAMAN	Address: 280 BUKIT BATOK EA 650280	AST AVENUE 3 #02-313 SINGAPORE	
ID Type / ID No.: FIN NO / G7028316L			Contact No.: Home/Office:	Mobile: 98817098	
National INDIAN	ity:		Email: SETHUSUNDARI1981@GMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 01/06/1981	Type of Informant: Driver		
Race: Indian		Language: Institution / School Na English			
Occupat	ion:		Driving Licence Inform Class:	Date of Expiry:	

Seneral Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police			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 Collis Between Mo		Anyone conveyed by ambulance:			

D'Ottomo Otto	ehicle Invo		CONTRACTOR OF THE PARTY OF THE	NAME OF TAXABLE PARTY.	STATE OF THE PERSON NAMED IN	THE REAL PROPERTY.
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC3557B	Lorry	2 1000 00 20 100 1111 127 1	A. III.			0

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



T/20220526/7007

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20220526/7007

CONTINUATION OF REPORT

Driver		4 16 1		CHUN ALL	
Name	RAJAMANICKAM SETHURAMAN			ID No.	G7028316L
Related Vehicle	GBC3557B (Lorry)			Contact N	o. 98817098
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	200032	Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Slic	aht

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

3 of 3 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 Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/05/2022 11:15
Officer In Charge Of Case: TP / TPIB / TAN JUN YAN Contact No.: 65476311	Classification Of Case:
NP168	