

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	30/05/2022 19:09 (SGT)
Date of Accident	29/05/2022 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TWDS ECP JUNC OF UPP CHANGI RD NORTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1508E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GENERAL WATERPROOFING & SERVICES PTE LTD
Company Reg No	2XXXXX170M
Email Address	sales@general.com.sg
Mobile Phone No	(Phone) +65-91832112
Alternative Phone No	(Office) +65-67544648

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	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00010752204
Cover Note Number	-

DRIVER

Name of Driver	GOVINDASAMY MUTHUKRISHNAN
Passport No/FIN	FXXXX552R

Date Of Birth	10/05/1977
Occupation	Outdoor
Date Of Driving Pass	01/07/2014
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83598728
Alt. Phone Number	-
Email Address	nighton_fire@hotmail.com
Address	36 MANDAI ESTATE
Address complement	WESTLITE ACCOMODATION
Postcode	729941
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SIVAPERUMAL SIVAPRAGASAM
Gender	Male

PASSENGER 2

Name	PERIYASAMY SUBRAMANIAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220530/2011

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA9648C
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ8269M
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SNE6796E
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	PC8973J
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 GOVINDASAMY MUTHUKRISHNAN
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBH1508E
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person SIVAPERUMAL SIVAPRAGASAM
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBH1508E
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person PERIYASAMY SUBRAMANIAN
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBH1508E
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

IMPORTANT NOTICE

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

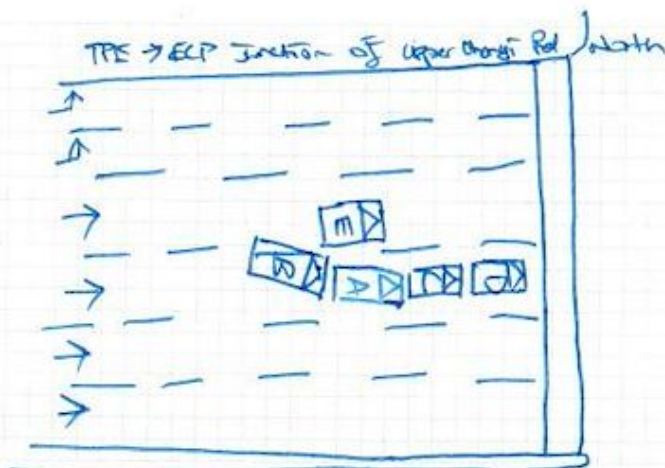
Policyholders Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

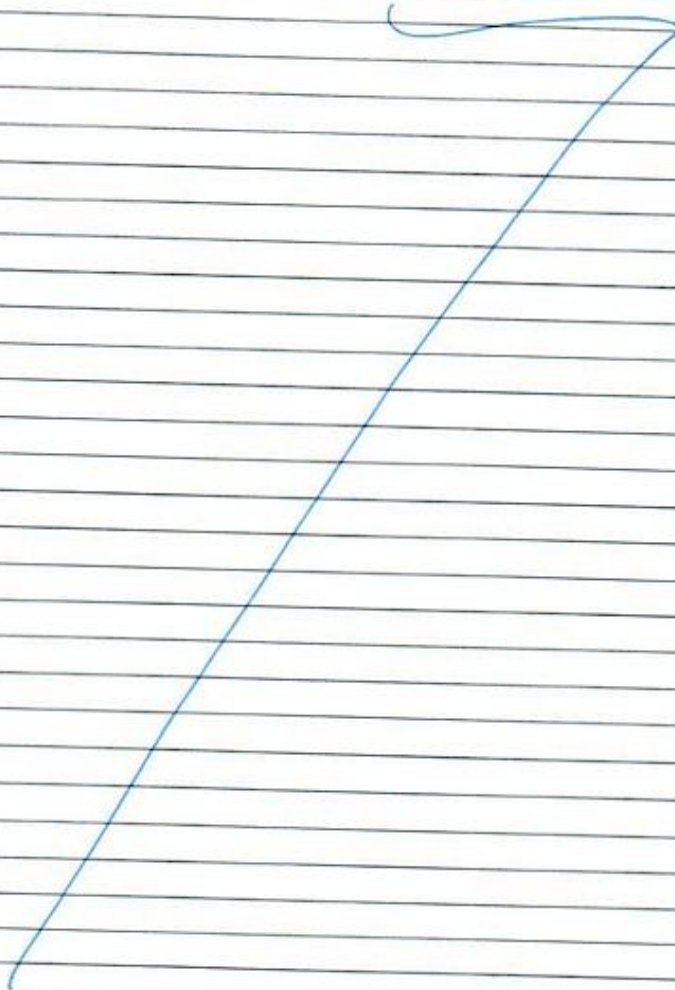
A - GBH 1508 E
B - PA 9649 C
C - GBT 8269 M
D - SNE 6796 M
E - E 8473 J



Describe Circumstances of the Accident

As per police report no: T/2022.0530/2011

Upon the impact from veh (B), my vehicle surged forward and hit onto veh (C). The guards (waterproofing paint) on my lorry broke off and squashed. The waterproofing paint spilled towards vehicle).



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 & Time

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220530/2011

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20220530/2011

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC8973J	Van	TOYOTA	HIACE COMMUTER GL 2.8 AT 2WD 4DR LWB	White		0
SNE6796E	Car	BYD	E6 (ME-2)	White	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOVINDASAMY MUTHUKRISHNAN	ID No.	F8286552R
Related Vehicle	GBH1508E (Lorry)	Contact No.	83598728
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/05/2022	Date Discharge	29/05/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 29/05/2022 at around 0900hrs, I was driving the above mentioned vehicle bearing GBH1508E with 2 passenger onboard along upper Changi Road North. The traffic light at the incident location had turned red and there were two vehicles in front of my vehicle bearing SNE6796E and GBJ8269M. Both the vehicles had stopped and was stationery due to the traffic light. A van bearing registration number PA9648C had collided on the rear of my vehicle which cause a chain collision. PA9648C collided to the rear of my vehicle which caused my vehicle to collide to the rear of GBJ8269M which then collided to the rear of SNE6796E. A vehicle on the left lane bearing registration number PC8973J that was stationery beside my vehicle was also affected. I was not sure what's the speed the driver of PA9648C was driving. Me and my passengers had sustained injuries and all of us were conveyed to Changi general Hospital. I am lodging this report for record purposes and for insurance claim.

The address stated on the report is no longer available. I am currently residing at 36 Mandai Estate 729941, Westlite Accomodation







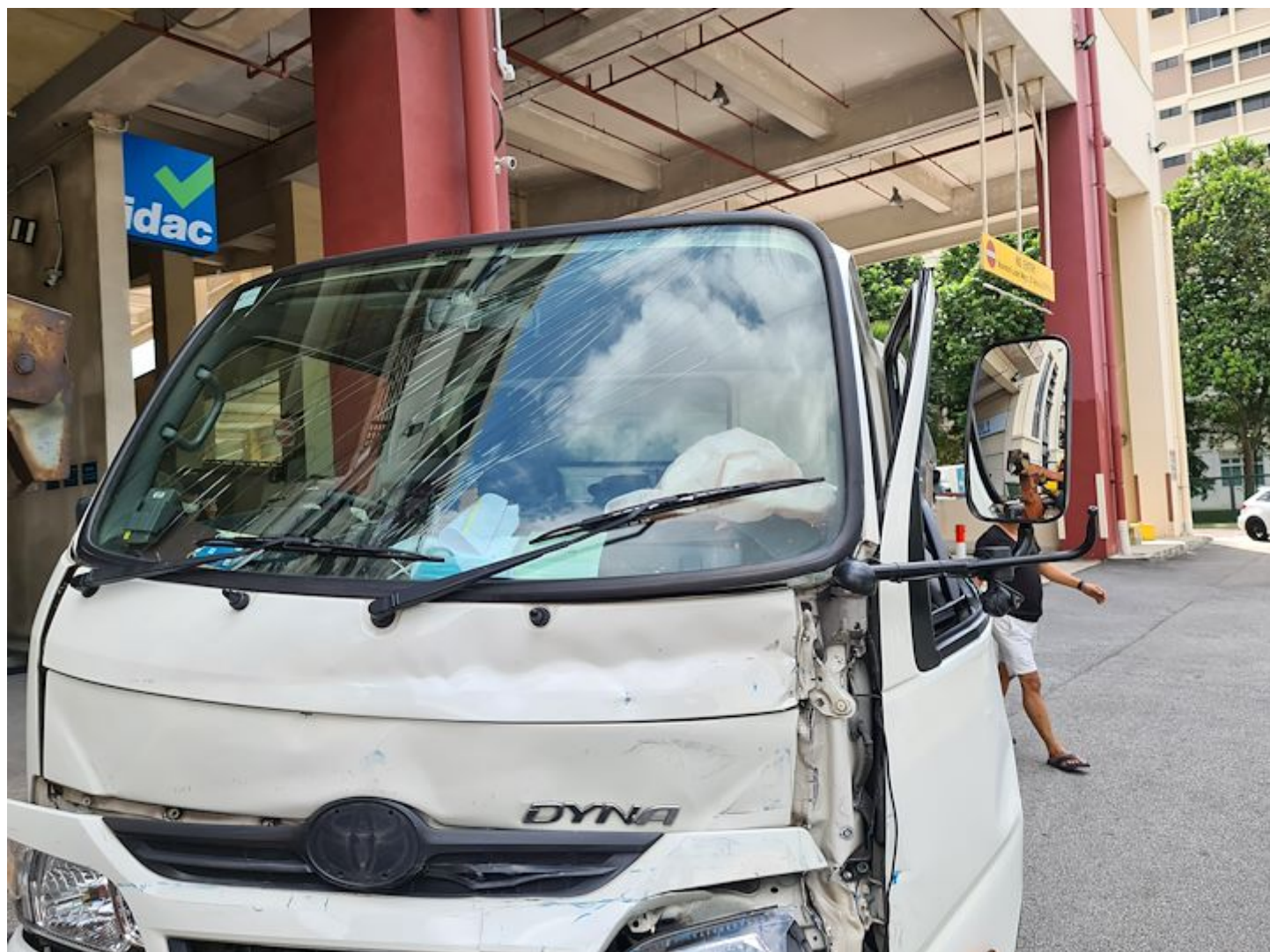




































**SINGAPORE
POLICE FORCE**



T/20220530/2011

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20220530/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2022 09:37		Vide Report No.: G/20220529/0095	Station Diary No.: 41
Informant's Particulars			
Name of Informant: GOVINDASAMY MUTHUKRISHNAN		Address: APT BLK 2B YISHUN AVENUE 7 #04-18 SIMPANG LODGE I SINGAPORE 768929	
ID Type / ID No.: FIN NO / F8286552R		Contact No.: Home/Office: Mobile: 83598728	
Nationality: INDIAN		Email:	
Sex: Male	Age: 45	Date of Birth: 10/05/1977	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/05/2022 09:00	Type of Location: Straight Road
Location: UPPER CHANGI ROAD NORTH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH1508E	Lorry	TOYOTA	DYNA 3.0 MANUAL	White	Slightly Damaged	2
GBJ8269M	Lorry	KIA	K2500 6MT	Blue	Slightly Damaged	0
PA9648C	Van	TOYOTA	HIACE COMMUTER MANUAL	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220530/2011

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2 of 3

Report No. T/20220530/2011

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC8973J	Van	TOYOTA	HIACE COMMUTER GL 2.8 AT 2WD 4DR LWB	White		0
SNE6796E	Car	BYD	E6 (ME-2)	White	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOVINDASAMY MUTHUKRISHNAN	ID No.	F8286552R
Related Vehicle	GBH1508E (Lorry)	Contact No.	83598728
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/05/2022	Date Discharge	29/05/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

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SINGAPORE POLICE FORCE



T/20220530/2011

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20220530/2011

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:
L /
SGT 2 MUHAMMAD SYAFIQ BIN
RAMLEE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/05/2022 09:37

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

NP168