

# 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 ..... 02/06/2022 18:19 (SGT)  
Date of Accident ..... 01/06/2022 15:05 (SGT)  
Exact Location of Accident ..... Bulim Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ4970M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... RAM SRI RAM GENERAL CONTRACTOR PTE LTD  
Company Reg No ..... 2XXXXX036N  
Email Address ..... akbbnb@gmail.com  
Mobile Phone No ..... (Phone) +65-93587200  
Alternative Phone No ..... +65-93587200

### 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 ..... United Overseas Insurance Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DHOM120063742100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NALLAPPAN ARUMUGAM  
Passport No/FIN ..... GXXXX860P

Date Of Birth .....	12/04/1980
Occupation .....	Outdoor
Date Of Driving Pass .....	27/04/2021
Driving experience .....	1 YEAR AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93587200
Alt. Phone Number .....	-
Email Address .....	akbbnb@gmail.com
Address .....	2D JALAN PAPAN AVERY LODGE
Address complement .....	-
Postcode .....	619415
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	COLLEQUE
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/20220601/2100

#### 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 .....	FBE4172K
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	MOHAMED SYAMEER BIN MOHAMED SHAMHUDI
NRIC No .....	TXXXX350Z
Contact Number .....	(Phone) +65-93848421
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

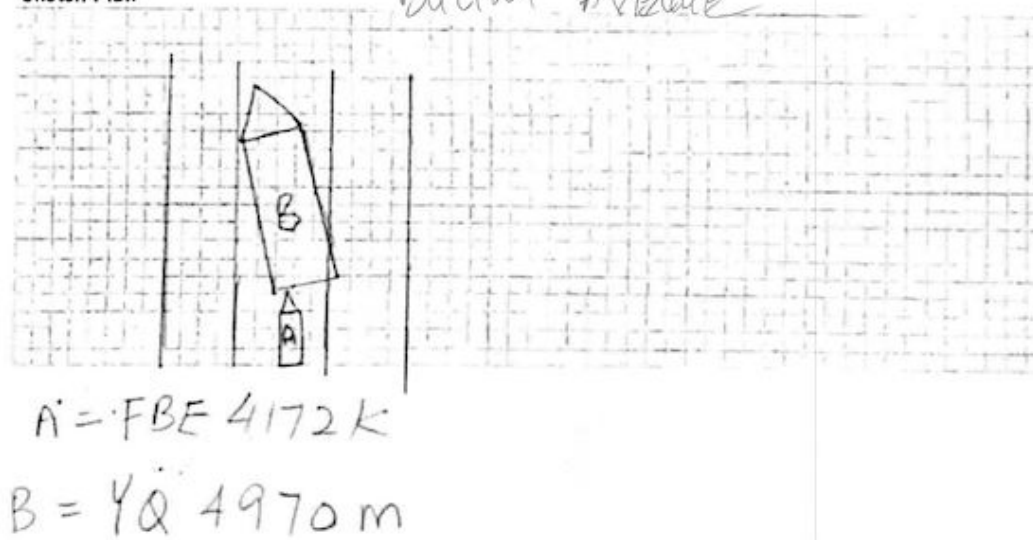
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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' 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 making 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

as per police report. 7/2220601/2100

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**

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



T/20220601/2100

1 of 3

Report No. T/20220601/2100

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/06/2022 17:53	Vide Report No.:	Station Diary No.: 110
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**Informant's Particulars**

Name of Informant: NALLAPPAN ARUMUGAM			Address: 2D JALAN PAPAN AVERY LODGE SINGAPORE 619415		
ID Type / ID No.: FIN NO / G7404860P			Contact No.: Home/Office: Mobile: 93587200		
Nationality: INDIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 12/04/1980	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3		Date of Expiry: 19/03/2025

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2022 15:05	Type of Location: Straight Road
Location:  BULIM AVENUE				
Weather: Sunny		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: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE4172K	Motorcycle	YAMAHA	YZF-R15	Yellow	Slightly Damaged	0
YQ4970M	Lorry	HINO	XZU710R 14FT WID CAB 5T MT	White	Slightly Damaged	0

**Details of Person Involved**

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





# SINGAPORE POLICE FORCE

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700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



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Report No. T/20220601/2100

## CONTINUATION OF REPORT

Rider			
Name	MOHAMED SYAMEER BIN MOHAMED SHAMHUDI		ID No. T0222350Z
Related Vehicle	FBE4172K (Motorcycle)		Contact No. 93849421
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
Driver			
Name	NALLAPPAN ARUMUGAM		ID No. G7404860P
Related Vehicle	YQ4970M (Lorry)		Contact No. 93587200
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: 19/03/2025
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 1/6/2022, I was driving my lorry (YQ4970M) on the first lane of the 3 lane road of Bulim Avenue. There was a road works on the first lane of the road, therefore I signalled and filtered to the middle lane. I then slowed down my lorry as there was some traffic at the front. As I was slowing down my lorry, I felt an impact on the rear of my lorry. I then realised that a motorcycle (FBE4172K) had hit into the rear of my lorry. I then stopped my lorry and made a check on him. We then exchanged particulars and left. I wanted to call an ambulance for him however, he declined. The rear hood and rear of my vehicle was damaged. I am unsure of the cost of damages incurred. I have a in-car camera. I am making this report for company and insurance purposes.



# SINGAPORE POLICE FORCE

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



T/20220601/2100

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Report No. T/20220601/2100

## 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 ASHRAF BIN ISHAK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/06/2022 17:53

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

NP168

Jurong West NPC  
700 Corporation Road  
Singapore 649818  
Tel: 1800-268 9999  
Fax: 6867 2438