

# 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 ..... 15/06/2022 11:06 (SGT)  
Date of Accident ..... 07/06/2022 16:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SLIP ROAD UPP SERENGOON (PIE TOWARDS CHANGI)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YJ9044R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... YISHUN TOWING PTE LTD  
Company Reg No ..... 2XXXXX908W  
Email Address ..... FELICATAN80@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-64588480  
Alternative Phone No ..... +65-64588480

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... TOW TRUCK  
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 ..... 4500

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00036812203  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... PERIYASAMY JOTHI  
NRIC No ..... GXXXX891W

Date Of Birth .....	11/02/1977
Occupation .....	Outdoor
Date Of Driving Pass .....	05/04/2013
Driving experience .....	9 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86485610
Alt. Phone Number .....	-
Email Address .....	FELICATAN80@HOTMAIL.COM
Address .....	BLK 683A CHOA CHU KANG CRESENT #08-416
Address complement .....	-
Postcode .....	681683
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 - Change/cross lane
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Dover Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007788999
Alt. Police Station Phone No .....	(Fax) +65-67762859
Police Station Address .....	Blk 3 Dover Road #01-368 Singapore 130003
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO REPORT

#### 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 .....	SBY5511D
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) .....	-

## SKETCH PLAN

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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' 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 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' 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.

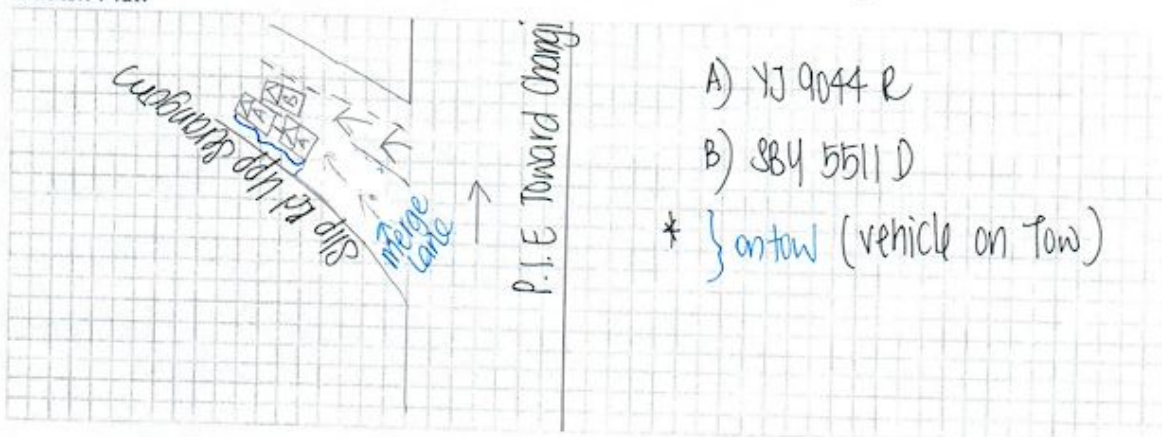


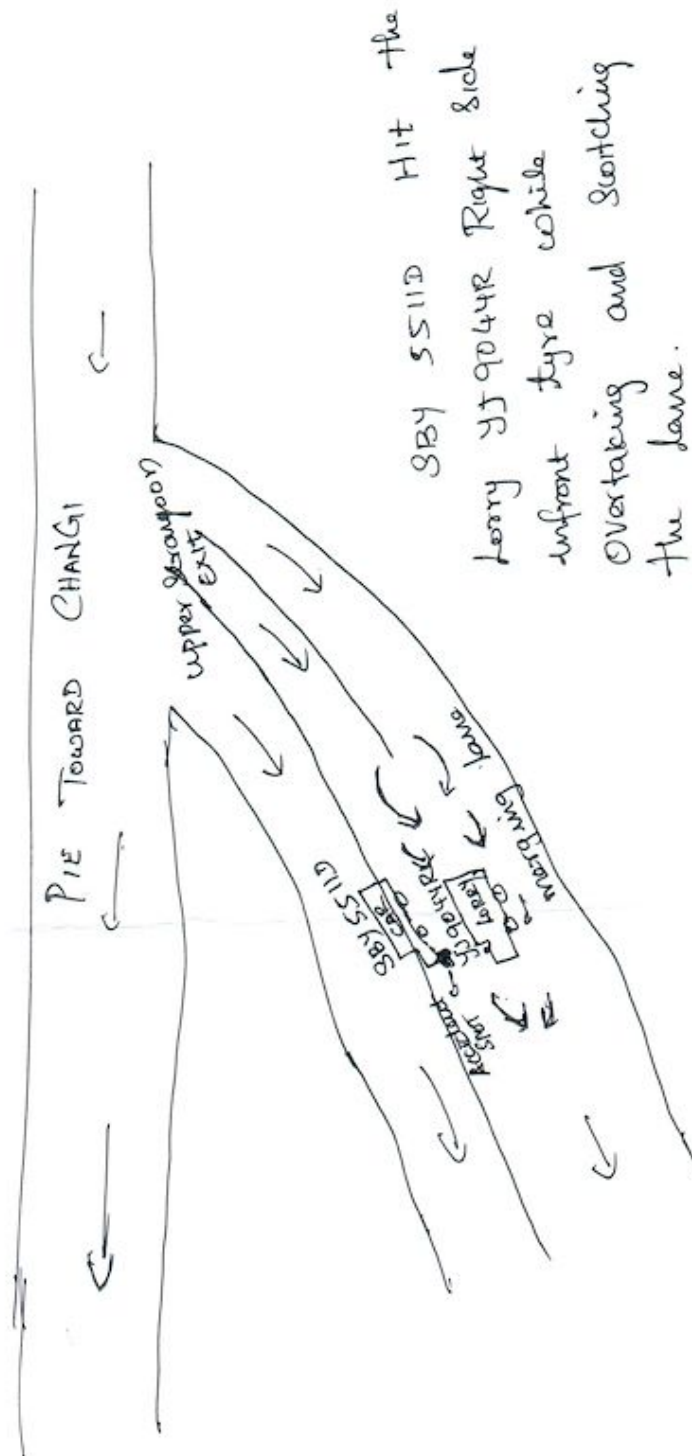
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan





5/15/06/22



## Describe Circumstances of the Accident

I was travelling on the extreme left lane of Slip Rd of Upper Serangoon Exit towards Potong Pasir with a pump lorry on tow behind my truck. Suddenly vehicle B on my right cut into my lane and collided onto the right of my truck. I wish to state that it was a merge lane and the front of my truck is already in the lane.

\* Wish to state vehicle B do have car cam, the car cam of vehicle do show that driver did not intend to give way to my tow truck at the merge lane.

## Declaration

We declare the foregoing particulars are true in every respect.

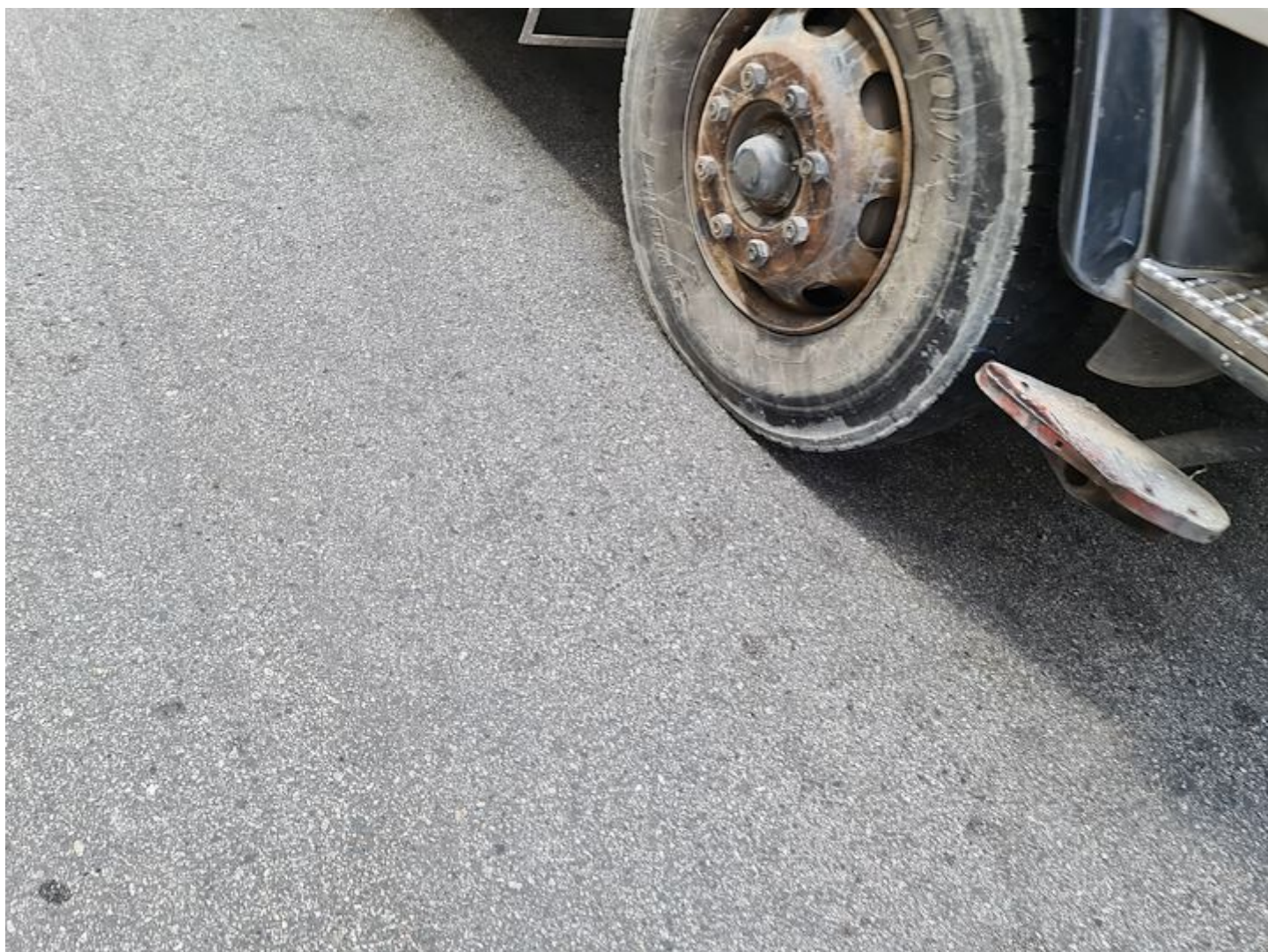
Policyholder's Signature / Date & Time

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

 19/06/22  
Witnessed by Reporting Centre Personnel



























**SINGAPORE  
POLICE FORCE**



T/20220607/2096

1 of 3

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

Report No. T/20220607/2096

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/06/2022 19:10		Vide Report No.:		Station Diary No.: 23	
<b>Informant's Particulars</b>					
Name of Informant: PERIYASAMY JOTHI			Address: 683A CHOA CHU KANG CRESCENT #08-416 SINGAPORE 681683		
ID Type / ID No.: FIN NO / G7594891W			Contact No.: Home/Office: Mobile: 86485610		
Nationality: INDIAN			Email:		
Sex: Male	Age: 45	Date of Birth: 11/02/1977	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/06/2022 16:50	Type of Location: Straight Road
Location:  SORBY ADAMS DRIVE				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBY5511D	Station Wagon With 10 Years Lifespan				Slightly Damaged	0
YJ9044R	TOW TRUCK				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20220607/2096

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

3 of 3

Report No. T/20220607/2096

**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:

D /

STAFF SGT YIP KUM HOONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/06/2022 19:10

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

NP168