

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 16/06/2022 15:20 (SGT)
Date of Accident 15/06/2022 14:00 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information AFTER STEVENS EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF3276X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KUANG MOOI ENTERPRISES PTE LTD
Company Reg No 2XXXXX049W
Email Address xdetox32@gmail.com
Mobile Phone No (Phone) +65-96319237
Alternative Phone No +65-98376566

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cabstar
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 2953

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00084572105
Cover Note Number -

DRIVER

Name of Driver RAJANIAN SREE KRISHNAN
Passport No/FIN GXXXX645T

Date Of Birth	30/04/1980
Occupation	Outdoor
Date Of Driving Pass	24/02/2014
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98376566
Alt. Phone Number	-
Email Address	xdetox32@gmail.com
Address	48 TOH GUAN ROAD EAST #08-115
Address complement	ENTERPRISE HUB
Postcode	608586
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	3
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)	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	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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20220615/7041

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY8091Z
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 2

Vehicle Registration Number	SLH2754K
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAJANIAN SREE KRISHNAN
Gender	Male
Phone No	(Phone) +65-98376566
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF3276X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

On the above date & time, i was travelling along
PTE Changi After Screen Exit.

The front Vehicle Slow down and ^I follow Sudd.

Out of Suddenly, I felt a Impact from my rear. I alighted
from my vehicle and realised i was involved in a 3
car chain Accident.

I Would like to state that Vehicle B Collided on
to my Vehicle Rear portion then Vehicle C Collided on
to the Vehicle B.

Declaration

We declare the foregoing particulars are true in every respect.

X
X

Policyholder's Signature / Date & Time



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


16/06/2022
Witnessed by Reporting Centre Personnel







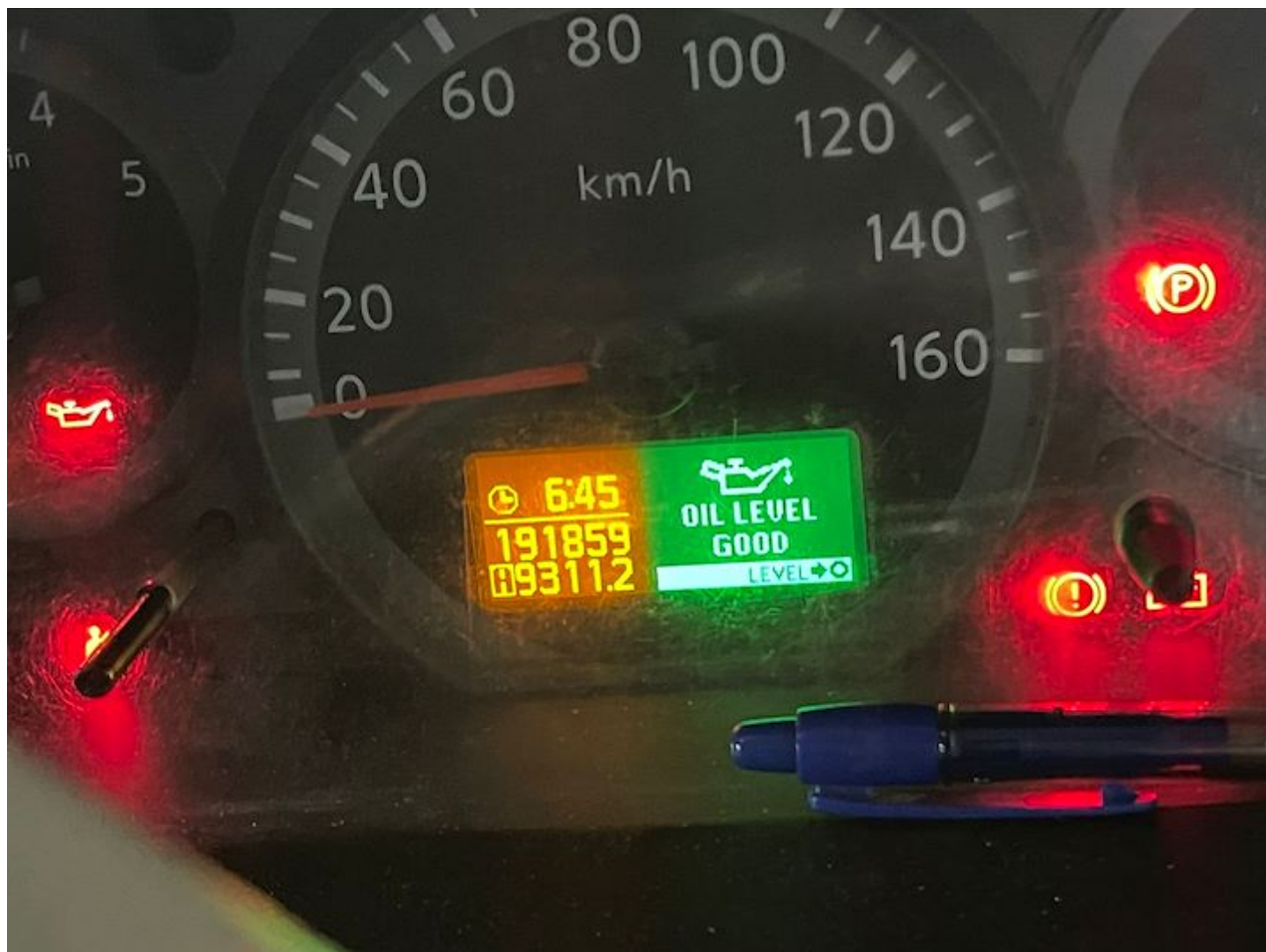


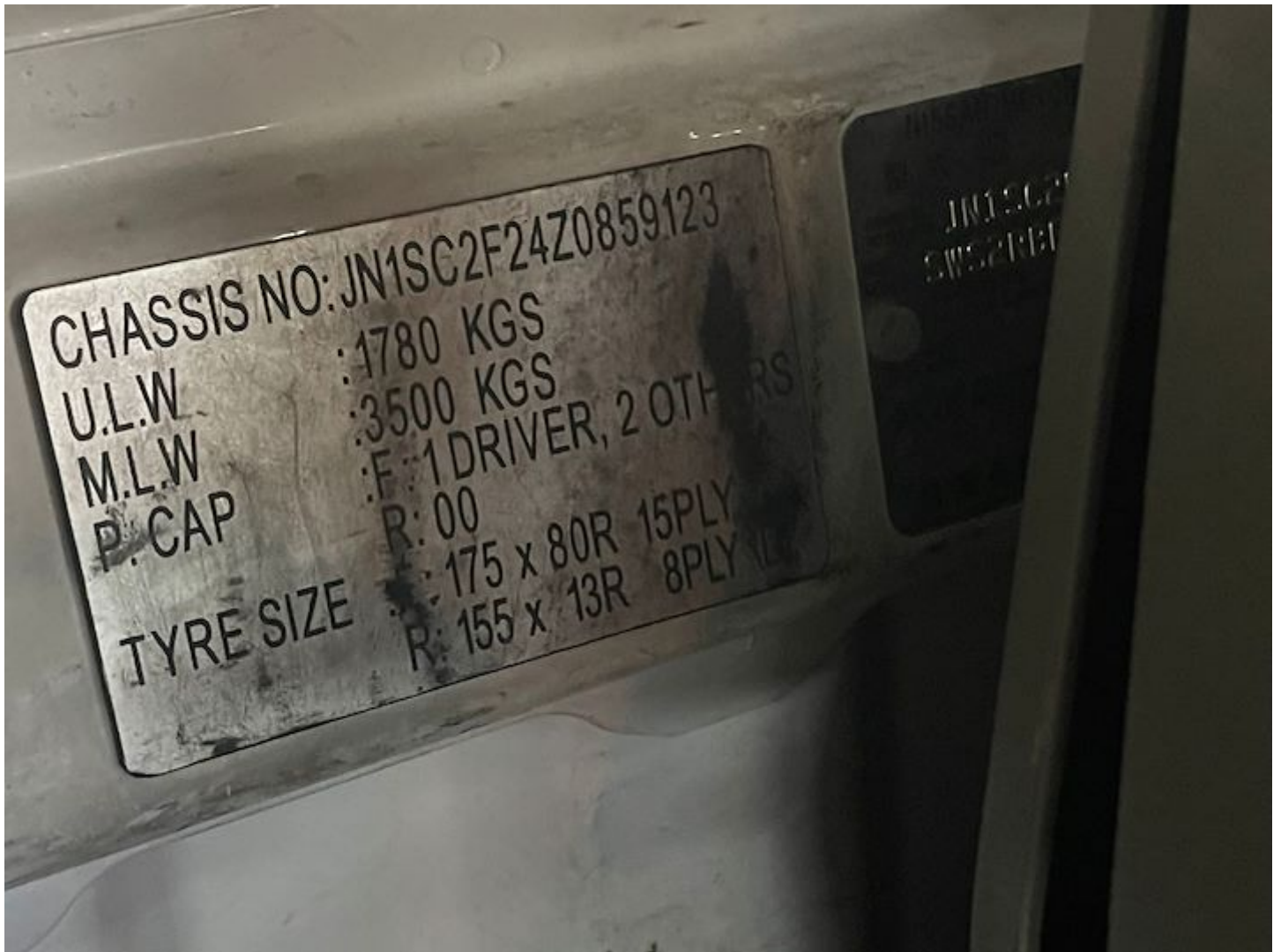













**SINGAPORE
POLICE FORCE**


T/20220615/7041

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

1 of 3

Report No. T/20220615/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2022 20:35		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: RAJAIAN SREE KRISHNAN			Address:		
ID Type / ID No.: FIN NO / G8450645T			Contact No.: Home/Office: Mobile: 83896017		
Nationality: INDIAN			Email: sreekrish80@gmail.com		
Sex: Male	Age: 42	Date of Birth: 30/04/1980	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Construction Worker			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: 15/06/2022 14:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
GBF3276X	Lorry	NISSAN	Cabstar		Slightly Damaged	0
SLH2754K	Car	HYUNDAI	Elantra		Slightly Damaged	0
SMY8091Z	Car	KIA	Carens		Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220615/7041

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

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Report No. T/20220615/7041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAJAIAN SREE KRISHNAN	ID No.	G8450645T
Related Vehicle	GBF3276X (Lorry)	Contact No.	83896017
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/06/2022	Date	15/06/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was traveling along PIE Changi after Stevens exit in the centre lane when the car in front of me applied brakes. I followed suit and was rear ended by two vehicles. The order of the collision is as such

1st vehicle : GBF3276X

2nd vehicle : SMY8091Z

3rd vehicle : SLH2754K

I retrieved my camera footage for insurance claims purpose and was advised to lodge an accident report on this said matter after seeking medical attention.



**SINGAPORE
POLICE FORCE**

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



T/20220615/7041

3 of 3

Report No. T/20220615/7041

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 /
VILTON HIA WEE SIANG
Contact No.: 65476232

NP168

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

Date/Time:
15/06/2022 20:35

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

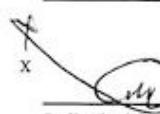
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN08226G0001 Vehicle Registration No: GBF 32762
Name (as shown in NRIC) : Kuang Moo Enterprises Pte Ltd NRIC/FIN/Passport No : 2007 04049W
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 48 Toh Guan Road East, #08-115, Enterprise Hub Singapore (608586)
Contact (Tel) : 9631 9237 Mobile No. : -
Email Address : xdetox32@gmail.com
Date of Accident : 15/06/2022 Time of Accident : 1400 HRS
Place of Accident : PIE (Chang.) after Stevens Exit.
Insurance Company : China Taiping

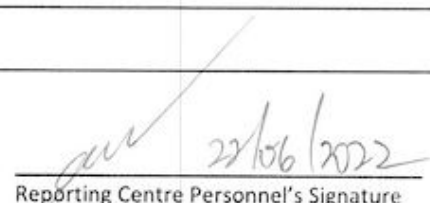
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amendment add in Police Report T/20220615/7041 and
Details of Person Injured :
Name = Rajarajan Sree Krishnan
ID No = G18450645T
Contact No = 83896017


Policyholder / Driver's Signature
Date:




Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: