

# 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 ..... 23/06/2022 16:25 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 23/06/2022 08:35 (SGT)  
Exact Location of Accident ..... Tampines Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YM6935Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... YMK BUILDERS  
Company Reg No ..... 5XXXX689D  
Email Address ..... phbms@yahoo.com  
Mobile Phone No ..... (Phone) +65-89434152  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... NHR85EU3ES  
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 ..... 2999

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCVSNW00008032204

### DRIVER

Name of Driver ..... SAMYDURAI SANTHOSH  
Passport No/FIN ..... GXXXX259M  
Date Of Birth ..... 15/05/1999  
Occupation ..... Outdoor

Date Of Driving Pass .....	21/01/2021
Driving experience .....	1 YEAR AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-89434152
Alt. Phone Number .....	-
Email Address .....	phbms@yahoo.com
Address .....	BLK 822 TAMPINES ST 81
Address complement .....	#02-186 TAMPINES GROVE
Postcode .....	520822
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 .....	Side Swipe
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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002448999
Alt. Police Station Phone No .....	(Fax) +65-62446558
Police Station Address .....	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMZ1512S
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ONG THIAM CHUAN ANDY
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 .....	SAMYDURAI SANTHOSH
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	YM6935Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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' 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.



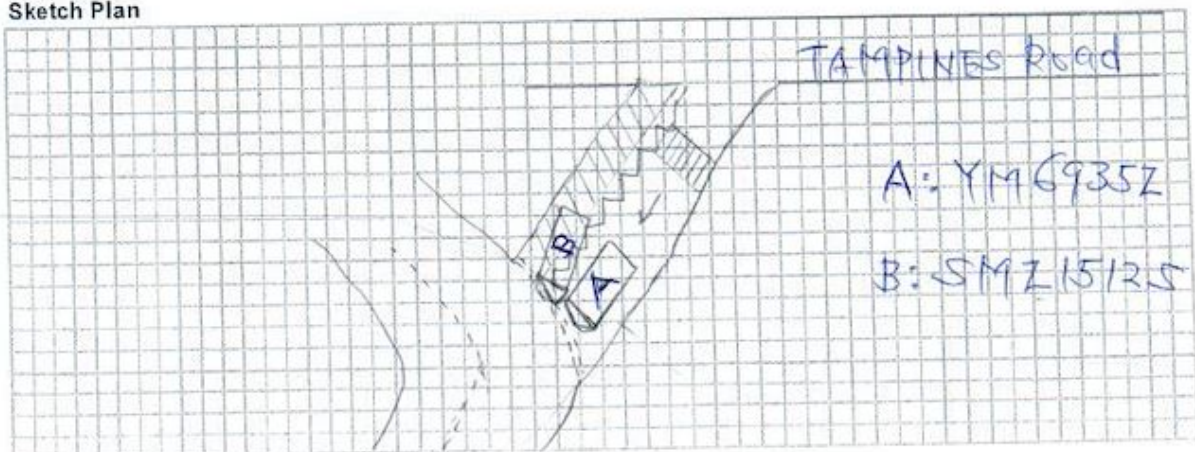
Policyholder's Signature / Date & Time

*S. S. S. S.*

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

*ROSALINDA BINTE A-WAHIA*

Witnessed by Reporting Centre Personnel 23/06/22

**Sketch Plan**



Describe Circumstances of the Accident

please refer to the police report No: T/20220623/2043

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*S. S. S.*

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

ROSLINDA BINTE A-WAHAB

Witnessed by Reporting Control Personnel 22/06/22



**SINGAPORE  
POLICE FORCE**



T/20220623/2043

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

2 of 3

Report No. T/20220623/2043

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ONG THIAN CHUAN ANDY		ID No. S7813597B
Related Vehicle	SMZ1512S (Car)		Contact No. NIL
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
<b>Driver</b>			
Name	SAMYDURAI SANTHOSH		ID No. G3936259M
Related Vehicle	YM6935Z (Lorry)		Contact No. 89434152
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: 08/10/2025
Date Treatment	23/06/2022	Date Discharge	23/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 23/06/2022 at about 0835hrs, I was driving vehicle (YM6935Z) at the turning lane of Tampines Road heading towards KPE and my vehicle was stationary during the point of time when another vehicle (SMZ1512S) from behind drove past my vehicle and resulted in side-swept onto my vehicle. This caused the right side of YM6935Z sustaining some damages to the headlight and bumper. I wish to state that it is a one lane road and the road is wide. I also wish to state that I do have in-car camera footage of the said incident. After the incident, I then went to Mount Alvernia Hospital to see doctor and was given a total of 3.0 days of Outpatient Sick Leave from 23/06/2022 to 25/06/2022 by Doctor Ho Li Chin (MCR: 06147F), M22000090084.































# SINGAPORE POLICE FORCE



T/20220623/2043

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

1 of 3

Report No. T/20220623/2043

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2022 12:21	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars				
Name of Informant: SAMYDURAI SANTHOSH		Address: 822 TAMPINES STREET 81 #02-186 TAMPINES GROVE SINGAPORE 520822		
ID Type / ID No.: FIN NO / G3936259M		Contact No.: Home/Office: Mobile: 89434152		
Nationality: INDIAN		Email:		
Sex: Male	Age: 23	Date of Birth: 15/05/1999	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: 2B,3 Date of Expiry: 08/10/2025		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2022 08:40	Type of Location: Bend
Location:  TAMPINES ROAD				
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
SMZ1512S	Car				Slightly Damaged	0
YM6935Z	Lorry				Slightly Damaged	0

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



**SINGAPORE  
POLICE FORCE**



T/20220623/2043

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

2 of 3

Report No. T/20220623/2043

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ONG THIAN CHUAN ANDY	ID No.	S7813597B
Related Vehicle	SMZ1512S (Car)	Contact No.	NIL
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
<b>Driver</b>			
Name	SAMYDURAI SANTHOSH	ID No.	G3936259M
Related Vehicle	YM6935Z (Lorry)	Contact No.	89434152
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 08/10/2025
Date Treatment	23/06/2022	Date Discharge	23/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 23/06/2022 at about 0835hrs, I was driving vehicle (YM6935Z) at the turning lane of Tampines Road heading towards KPE and my vehicle was stationary during the point of time when another vehicle (SMZ1512S) from behind drove past my vehicle and resulted in side-swept onto my vehicle. This caused the right side of YM6935Z sustaining some damages to the headlight and bumper. I wish to state that it is a one lane road and the road is wide. I also wish to state that I do have in-car camera footage of the said incident. After the incident, I then went to Mount Alvernia Hospital to see doctor and was given a total of 3.0 days of Outpatient Sick Leave from 23/06/2022 to 25/06/2022 by Doctor Ho Li Chin (MCR: 06147F), M22000090084.





**SINGAPORE  
POLICE FORCE**



T/20220623/2043

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

3 of 3

Report No. T/20220623/2043

**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:  
G /  
SGT 2 WONG SZE SIANG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
23/06/2022 12:21

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

NP168



Serve all with Love

# Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and  
Emergency Department

No: M22000090084

This is to certify that SAMYDURAI SANTHOSH, G3936259M, is granted Outpatient Sick Leave for 3 day(s) from 23-Jun-2022 to 25-Jun-2022.

Remark :

A & E / 24-HOUR WALK-IN CLINIC  
Mount Alvernia Hospital  
820 Thomson Road  
Singapore 574623  
Tel: 63476210

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Ho Li Chin  
MCR: 06147F

23/06/2022

Date



820 THOMSON ROAD, SINGAPORE 574623  
MAIN LINE: 6347 6688 WEBSITE: www.mtalvernia.sg  
GST REGN NO. M4-0003321-8

Patient Name : SAMYDURAI SANTHOSH  
ID No. : G3936259M  
Account No. : 0220716486

Receipt No. : 220063288  
Date : 23/06/2022  
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ANTACID TAB	10	EA	3.60
DICLOFENAC TAB 50MG	10	EA	3.60
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMO CONSULTATION FEE	1	EA	39.00
Total Charges			69.20
GST @ 7%			4.84
			74.04
Rounding Adjustments			-0.04
Paid:			
CASH BY SAMYDURAI SANTHOSH			74.00
Mode of Payment : CASH			
Reference No. :			

This is a computer generated official receipt, no signature is required.