

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	27/06/2022 11:00 (SGT)
Reported by	Driver
Date of Accident	24/06/2022 07:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE -BKE (TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK7172J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CM METAL PTE LTD
Company Reg No	201015547D
Email Address	RAJU@CMMETAL.COM.SG
Mobile Phone No	(Phone) +65-85055099
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3000

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG21013264

DRIVER

Name of Driver	ARULANANDHU AROCKIA SELVARAJ
Passport No/FIN	G7282893W
Date Of Birth	04/06/1979
Occupation	Outdoor

Date Of Driving Pass	06/12/2004
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85055099
Alt. Phone Number	-
Email Address	RAJU@CMMETAL.COM.SG
Address	64 WOODLANDS IND PARK E9 S757833
Address complement	-
Postcode	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	-

PASSENGER 1

Name	MOE OO
Gender	Male

PASSENGER 2

Name	MURUGAN RAJA
Gender	Male

PASSENGER 3

Name	KARUPPIAH KARTHIKEYAN
Gender	Male

PASSENGER 4

Name	SILVAISAMY JOSEPH ARULSAMY
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

REFER TO ATTACHED POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB5468S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver MASUM
 Passport No/FIN G2957533P
 Contact Number (Phone) +65-87759347
 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 MOE OO
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBK7172J
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person MURUGAN RAJA
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBK7172J
 Were seat belts worn? No
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person KARUPPIAH KARTHIKEYAN
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -

Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK7172J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	ARULANANDHU AROCKIA SELVARAJ
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK7172J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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 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.

X



Policyholder's Signature / Date & Time

X

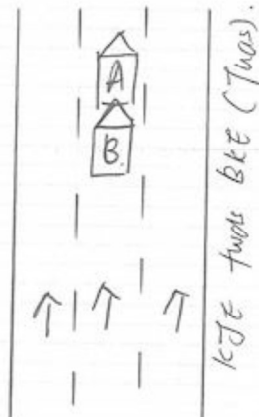
[Signature]

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: GBL 7172J.
Vehicle B: GBR 5468S.

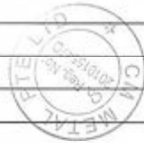
Describe Circumstances of the Accident

Refer to the Police Report.

Report No: T/20220625/2096.

Passengers Detail =

1. MOE OO (A2637364L). (3 Days MC)
2. MURUGAN RAJA (A2361848L). (3 Days MC)
3. KARUPPIAN KARTHIKEYAN (A8135972K). (3 Days MC).
4. Siluvaisamy Joseph Arulsamy



Declaration

We declare the foregoing particulars are true in every respect.

X



Policyholder's Signature / Date & Time

X

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



Witnessed by Reporting Centre Personnel


















**SINGAPORE
POLICE FORCE**


T/20220625/2096

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Report No. T/20220625/2096

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2022 23:05	Vide Report No.:	Station Diary No.: 92
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Informant's Particulars

Name of Informant: ARULANANDHU AROCKIA SELVARAJ		Address: 64 WOODLANDS INDUSTRIAL PARK E9 WOODLANDS INDUSTRIAL PARK E SINGAPORE 757833	
ID Type / ID No.: FIN NO / G7282893W		Contact No.: Home/Office: Mobile: 85055099	
Nationality: INDIAN		Email:	
Sex: Male	Age: 43	Date of Birth: 04/06/1979	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: CONSTRUCTION SUPERVISOR		Driving Licence Information: Class: 2B,3,4 Date of Expiry: 05/12/2024	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/06/2022 07:35	Type of Location: Expressway
Location: KRANJI EXPRESSWAY				
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 - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB5468S	Lorry					0
GBK7172J	Lorry					5

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220625/2096

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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20220625/2096

CONTINUATION OF REPORT

Driver			
Name	MASUM	ID No.	G2957533P
Related Vehicle	GBB5468S (Lorry)	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
Driver			
Name	ARULANANDHU AROCKIA SELVARAJ	ID No.	G7282893W
Related Vehicle	GBK7172J (Lorry)	Contact No.	85055099
Hospital/Clinic	Intermedical Potong Pasir	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: 05/12/2024
Date Treatment	25/06/2022	Date Discharge	25/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	MURUGAN RAJA	ID No.	G2361848L
Related Vehicle	GBK7172J (Lorry)	Contact No.	84330617
Hospital/Clinic	Intermedical Potong Pasir	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/06/2022	Date Discharge	25/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	KARUPPIAH KARTHIKEYAN	ID No.	G8135972K
Related Vehicle	GBK7172J (Lorry)	Contact No.	82896900
Hospital/Clinic	Intermedical Potong Pasir	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/06/2022	Date Discharge	25/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20220625/2096

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20220625/2096

CONTINUATION OF REPORT

Passenger			
Name	MOE OO	ID No.	G2637364L
Related Vehicle	GBK7172J (Lorry)	Contact No.	86493412
Hospital/Clinic	Intemedical Potong Pasir	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/06/2022	Date Discharge	25/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 24/06/2022 at about 7:37am, I was driving my company lorry, GBK7172J along KJE towards BKE(Tuas) at the 2nd lane of the 3 lane road. After driving past the exit of Woodlands Road, I slowed down the vehicle as there was a slow traffic ahead. Suddenly, there was an impact from the rear, and I saw another lorry, GBB5468S collided onto my company lorry. We came down and exchanged particulars and took photo of the accident. No traffic police and ambulance was at scene. After exchanging the particulars, we had left the location. I notified my boss about this accident and the discomfort felt by me and my workers who were the passenger.

On 25/06/2022, we went to seek medical treatment and was given 3 days MC. I am lodging this report as advised by my company.



SINGAPORE POLICE FORCE



T/20220625/2096

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Report No. T/20220625/2096

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

SR STAFF SGT TAN MENG
SENG

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
25/06/2022 23:05

Officer In Charge Of Case:

TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168