

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 01/07/2022 15:39 (SGT)
Reported by Driver
Date of Accident 25/06/2022 07:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information JALAN AHMAD IBRAHIM TWDS JURONG PIER RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE3343R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SIANG HOCK CAR RENTAL PTE LTD
Company Reg No 2XXXXX271R
Email Address car.rental@sianghock.com.sg
Mobile Phone No (Phone) +65-98792002
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Ssangyong
Model Actyon
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 1998

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Policy Number / Cover Note Number D-22099203MFCV/228

DRIVER

Name of Driver SRINIVASAN SRIRAM
Passport No/FIN GXXXX303X
Date Of Birth 05/06/1985
Occupation Outdoor

Date Of Driving Pass	06/02/2020
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91255008
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	17 TUAS AVE 20
Address complement	-
Postcode	638828
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	LEASING
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?	Yes
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	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

PLS REFER TO THE POLICE REPORT:T/20220625/2017

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	FBM6787G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	PUA ZAIZHEN KENNY
NRIC No	SXXXX394Z
Contact Number	(Phone) +65-98291891
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	PUA ZAIZHEN KENNY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBM6787G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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")

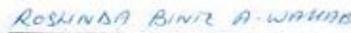
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

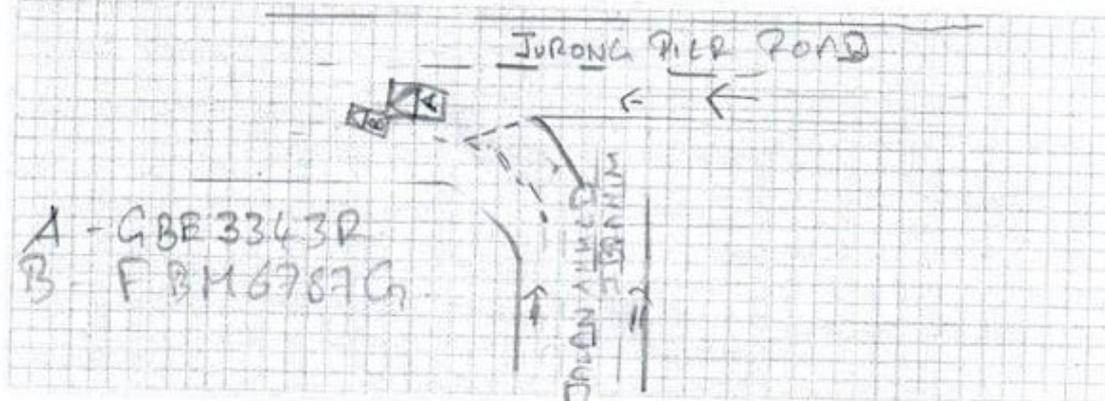


 Policyholder's Signature / Date & Time:


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


 Witnessed by Reporting Centre Personnel 01/07/22

Sketch Plan



Describe Circumstances of the Accident

AS ATTACHED

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

ROSINDA BINTE A. WAHAB
Witnessed by Reporting Centre Personnel 01/07/22

ON 29/06/22 @ 7:00 AM. I WAS DRIVING THE VEHICLE CBE 3343 R ALONG JALAN -
 AHMED IBRAHIM TOWARDS JURING AIR ROAD.

I TOOK THE RIGHT MOST LANE OF THE FIVE LANE AND THERE IS NO
 VEHICLE 10 FEET OF ME, ON THE GIVE WAY LANE I STOPPED
 AND LOOKING ON MY RIGHT FOR THE UP COMING TRAFFIC. I CONFIRMED
 THERE NO UP COMING TRAFFIC AND THE ROAD IS CLEAR.

I STARTED TO MOVE THEN SUDDENLY I FOUND A MOTOR BIKE (FROM 6787G)
 ON MY FRONT, IT IS TOO LATE TO STOP THE VEHICLE AND I HIT
 HIM THEN HE FELL DOWN.

THEN I STOPPED THE ~~VEHICLE~~ VEHICLE I CAME DOWN TO HELP HIM.


 SUNDIVIND SURIAM
 G7624 203 K

HP: 91285038

30/06/2022 2:30 PM



**SINGAPORE
POLICE FORCE**



T/20220625/2017

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

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Report No: T/20220625/2017

CONTINUATION OF REPORT

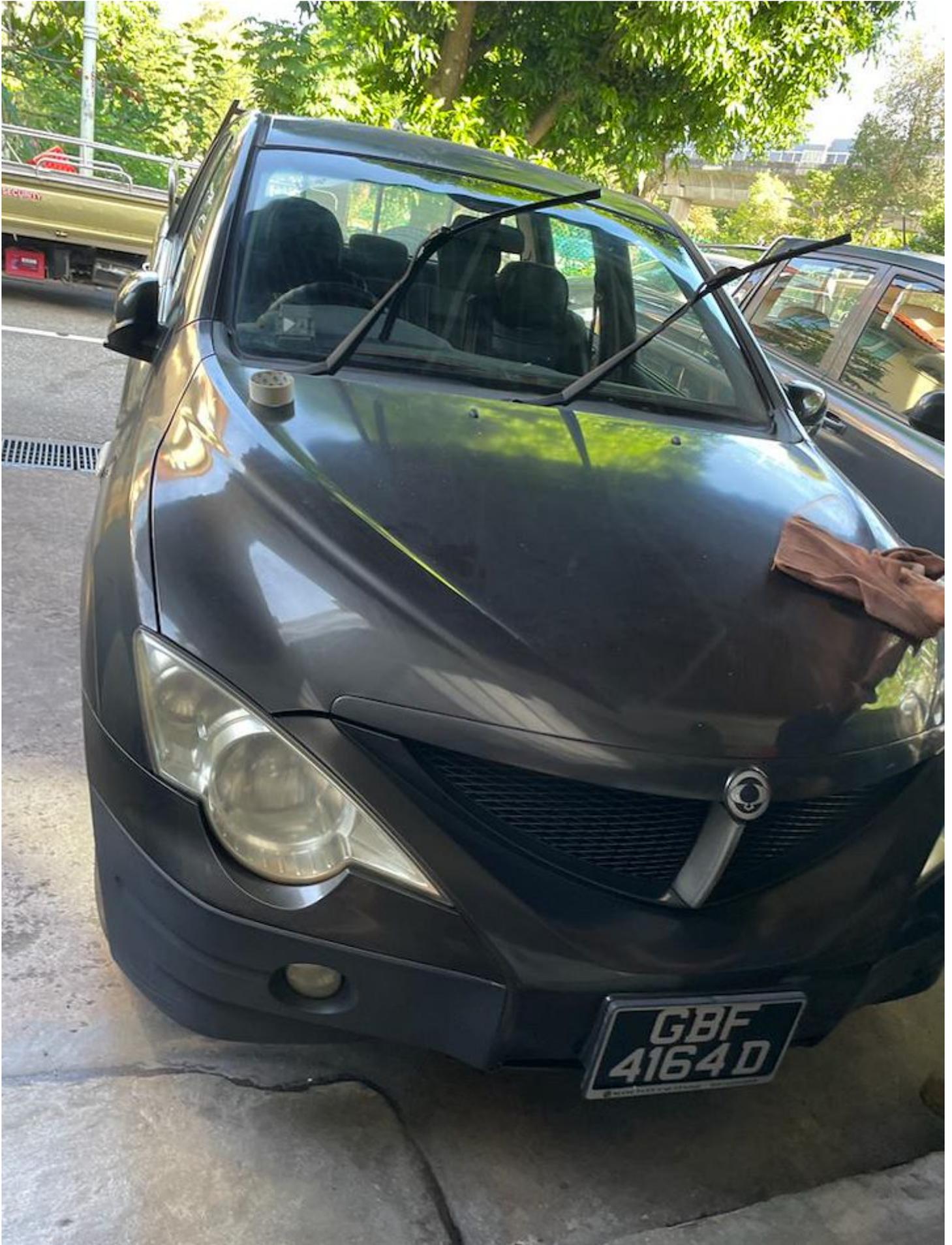
Rider			
Name	PUA ZAIZHEN KENNY	ID No.	S8702394Z
Related Vehicle	FBM6787G (Motorcycle)	Contact No.	98291891
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SRINIVASAN SRIRAM	ID No.	G7624303X
Related Vehicle	GBE3343R (PICKUP)	Contact No.	91255008
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 05/02/2025
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/08/2022 at about 0705hrs, I was driving V1) GBE3343R along AYE towards Tuas, I then exited the expressway and was making a left turn onto Jurong Pier Road. I then stopped V1 on the right lane of the filter lane onto Jurong Pier Road. I then noticed the roads was clear and I proceeded to move off. Suddenly, a motorcycle bearing registration plate V2) FBM6787G appeared in front of V1 after V1 had started to move off travelling at about 20km/h. I then applied brakes however I was not able to stop in time and V1 collided onto the rear of V2. After the collision, I went to help up the rider and he informed that he felt pain on his right leg and he subsequently call the ambulance himself. I then noticed V2 rider's right pants was torn on the knee area. I did not noticed any bleeding on V2's rider however I noticed a wound on the right feet area. Shortly, Ambulance and traffic police came to the accident site and V2's rider was conveyed to Ng Teng Fong General Hospital.

I wish to state that prior to the accident, I did not see V2 at the filter lane before I had moved off and there was no other vehicle in front of V1. V1 does not have any in Car Camera installed.



















SsangYong Motor Co., Ltd.

KPADA1ETSEFP253107

GROSS VEHICLE WEIGHT RATING	2640	KG
GROSS VEHICLE WEIGHT TRAILER WITH BRAKE	4940	KG
FRONT AXLE MAX WEIGHT RATING	1400	KG
REAR AXLE MAX WEIGHT RATING	1585	KG

LAK

BODY PAINT COLOR
DATE OF MANUFACTURE





**SINGAPORE
POLICE FORCE**



T/20220625/2017

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

Report No. T/20220625/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2022 09:15	Video Report No.: D/20220625/0025	Station Diary No.: 27
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Informant's Particulars			
Name of Informant: SRINIVASAN SRIRAM		Address: 108 BUKIT BATOK WEST AVENUE 6 #05-72 SINGAPORE 650108	
ID Type / ID No.: FIN NO / G7624303X		Contact No.: Home/Office: Mobile: 91255008	
Nationality: INDIAN			
Sex: Male	Age: 37	Date of Birth: 05/06/1985	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: CONSTRUCTION SUPERINTENDANT		Driving Licence Information: Class: 2B,3C	Date of Expiry: 05/02/2025

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/06/2022 07:05	Type of Location:
Location: JURONG PIER ROAD				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate		
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM6787G	Motorcycle					0
GBE3343R	PICKUP					0

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



**SINGAPORE
POLICE FORCE**



T/20220625/2017

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

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Report No: T/20220625/201

CONTINUATION OF REPORT

Rider			
Name	PUA ZAIZHEN KENNY	ID No.	S8702394Z
Related Vehicle	FBM6787G (Motorcycle)	Contact No.	98291891
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	SRINIVASAN SRIRAM	ID No.	G7624303X
Related Vehicle	GBE3343R (PICKUP)	Contact No.	91255008
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 05/02/2025
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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**SINGAPORE
POLICE FORCE**



T/20220625/2017

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

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Report No. T/20220625/2017

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 /
SGT 2 NG WEI LIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/06/2022 09:15

Officer In Charge Of Case:
TP / GIT /
STAFF SGT NUR ADELINA BINTE
MOHAMMAD FUAT
Contact No.: 65476066

Classification Of Case:

NP168



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922710005 Vehicle Registration No: GBE3343R
 Name (as shown in NRIC): SRINIVASAN SRIRAM NRIC/FIN/Passport No: GXXXX303X
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 17 TUAS AVE 20 Singapore (638878)
 Contact (Tel): _____ Mobile No.: 91255008
 Email Address: _____
 Date of Accident: 25/06/22 Time of Accident: 07:05
 Place of Accident: JLN AHMAD IBRAHIM TWAS JURONG PIER RD
 Insurance Company: FIRST CAPITAL

(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:

AMEND TP VEH NO

 Policyholder / Driver's Signature
 Date:

2/lyn 01/07/22
 Reporting Centre Personnel's Signature
 Name: ROSLINAH BINTI A-WAHAB
 NRIC/FIN No.:
 Date: