

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	06/07/2022 16:19 (SGT)
Reported by	Driver
Date of Accident	05/07/2022 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS SOUTH AVENUE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8371X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LAKSHMI TRANSPORT PTE LTD
Company Reg No	201926959D
Email Address	autohub325@gmail.com
Mobile Phone No	(Phone) +65-88511828
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5112565791-02

DRIVER

Name of Driver	KALIYAMOORTHY KAMARAJ
NRIC No	S7565029I
Date Of Birth	04/05/1975
Occupation	Outdoor

Date Of Driving Pass	24/07/2015
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-88511828
Alt. Phone Number	-
Email Address	autohub325@gmail.com
Address	APT BLK 110 BEDOK RESERVOIR ROAD #07-292
Address complement	-
Postcode	470110
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR'S HUSBAND
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?	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

REFER TO ATTACHED

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	XD7409D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	KALIYAMOORTHY KAMARAJ
Gender	Male
Phone No	(Phone) +65-88511828
Address	APT BLK 110 BEDOK RESERVOIR ROAD #07-292
Address Complement	-
Post Code	470110
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8371X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Johnny

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

Likey

Witnessed by Reporting Centre Personnel

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.



X

Policyholder's Signature / Date & Time

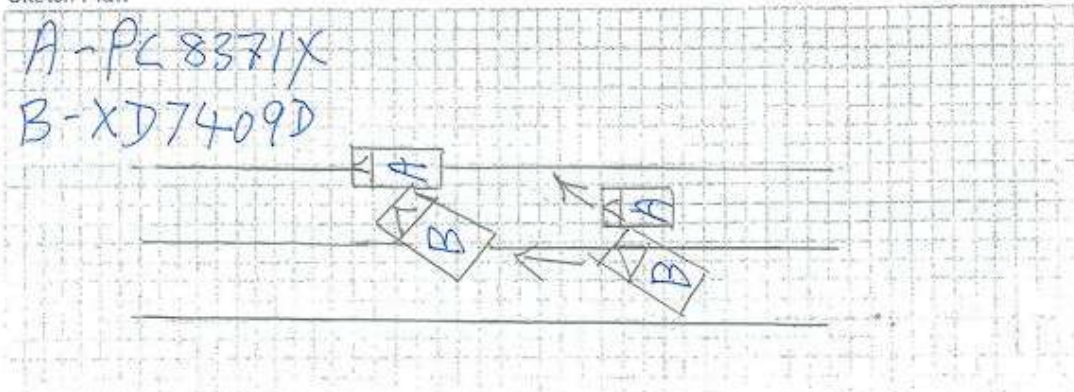
J. K. M. S. S.

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

dikey

Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20220706/2017

1 of 3

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

Report No: T/20220706/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2022 09:04	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: KALIYAMOORTHY KAMARAJ			Address: APT BLK 110 BEDOK RESERVOIR ROAD #07-292 SINGAPORE 470110	
ID Type / ID No.: NRIC NO / S7565029I			Contact No.: Home/Office: Mobile: 88511828	
Nationality: INDIAN			Email:	
Sex: Male	Age: 47	Date of Birth: 04/05/1975	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Van 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: 05/07/2022 16:30	Type of Location: Straight Road
Location: TUAS SOUTH AVENUE 12				
Lamp Post Number: 15				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
PC8371X	Van				Seriously Damaged	0
XD7409D	Lorry				Slightly Damaged	0



**SINGAPORE
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T/20220706/2017

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20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20220706/2017

CONTINUATION OF REPORT

Brief Details.

On 5 July 2022 at around 1630hrs, I was driving my vehicle PC8371X along Tuas South Avenue 12 towards Tuas South Avenue 7. I was driving on Lane 1, as I was moving straight another vehicle XD7409D move closer towards me lane and he hit my left side of my vehicle. I was shocked and I immediately stopped my vehicle near the side area of the road. I came down from my vehicle and approached the driver. He apologized, and we exchange particulars (Chi Zhanfeng HP: 91810769). Both our vehicle do not have a any passenger and we did not suffer any injury.

After the incident, I went to Wong Family Clinic & Surgery Pte Ltd and was given Medical Certificate from 5 July 2022 till 7 July 2022. I sustain injury on my left shoulder and strain on my back.

I wish to state that this is the first time such incident happened. I am unable to recall if there is any CCTV around the area.

**SINGAPORE
POLICE FORCE**

T/20220706/2017

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Tel No: 1800-2448999

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Report No. T/20220706/2017

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:

G /
SR STAFF SGT SURIYANNA
BINTE JOHAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/07/2022 09:04

Officer In Charge Of Case:
TP / GIA /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168