

## 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 ..... 23/07/2022 10:26 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 22/07/2022 10:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... MANDAI ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD912Z

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MR M&E PTE. LTD  
Company Reg No ..... 201304043D  
Email Address ..... office.mrmne@gmail.com  
Mobile Phone No ..... (Phone) +65-96455696  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... TOYOTA DYNA 150 MANUAL  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 7220057420 COMPREHENSIVE 05.06.22-04.06.23

#### DRIVER

Name of Driver ..... MURUGAN KARTHICK  
Passport No/FIN ..... G8767305M  
Date Of Birth ..... 20/06/1998  
Occupation ..... Outdoor

Date Of Driving Pass .....	04/12/2020
Driving experience .....	1 YEAR AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86704852
Alt. Phone Number .....	-
Email Address .....	office.mrmne@gmail.com
Address .....	129 RIVERVALE STREET #16-850 Singapore 540129
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 - 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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
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 .....	SUMDARAM
Gender .....	Male

#### PASSENGER 2

Name .....	GOKUL
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED 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 .....	FBK2812D
Vehicle Manufacturer .....	Honda
Vehicle Model .....	CB400SF MANUAL
Vehicle Variant .....	-
Vehicle Colour .....	Red
Vehicle Category .....	Motorcycle
Name of Driver .....	UNKNOWN
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 .....	THE MOTOCYCLE DRIVER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBK2812D
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

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6. This report will be forwarded by the insurers to 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' 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.

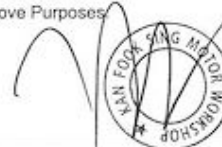


Policyholder's Signature / Date & Time

X M. R. E. P. LTD.

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

Y3/7/2022 @ 09:10h



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

refer to the attached.

Describe Circumstance of the Accident

refer to the police report.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.


Declaration

I/We declare the foregoing particulars are true in every respect.

e



Policyholder's Signature / Date & Time

X M. 

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

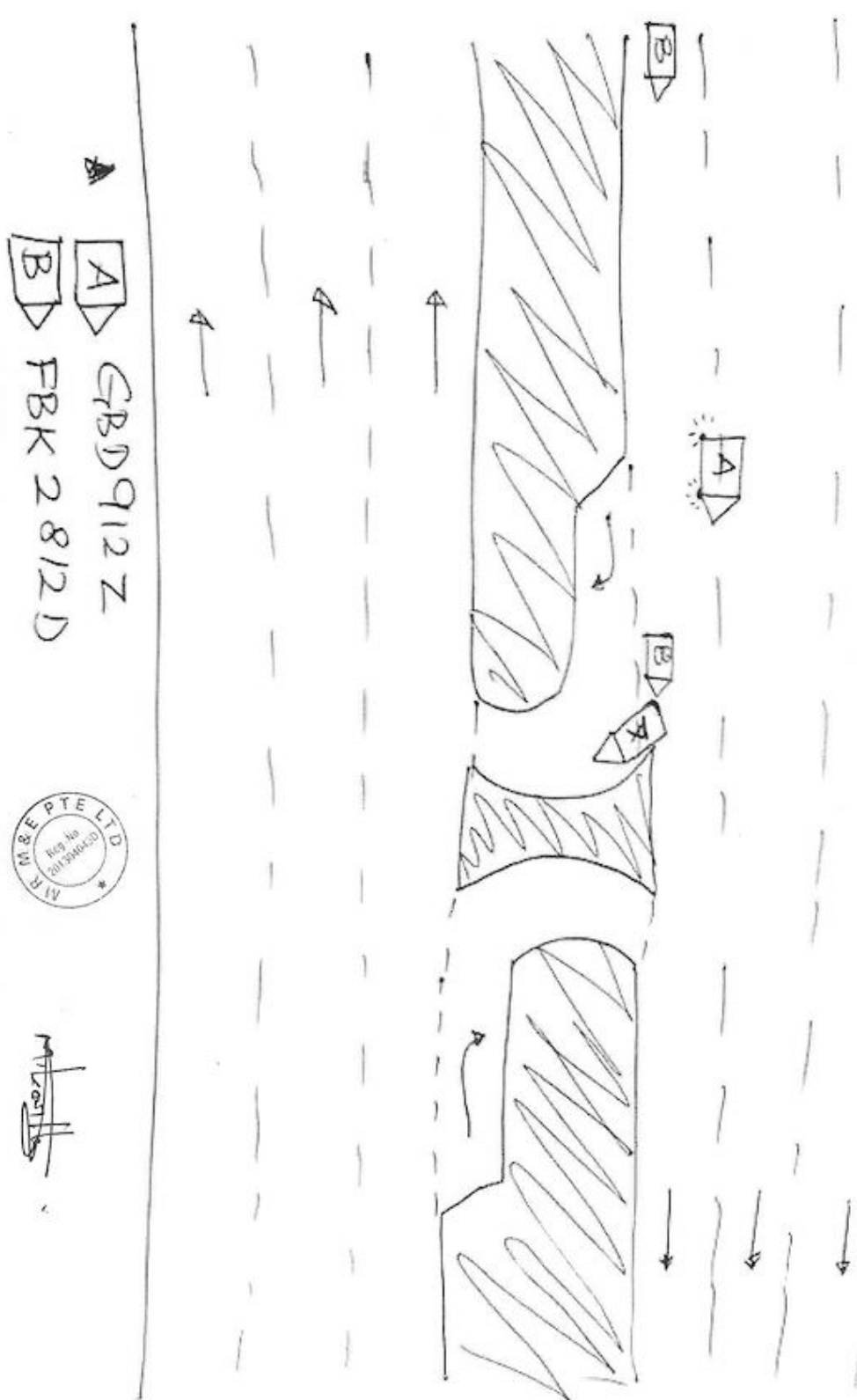
23/7/2022 @ 09:10hr



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Mandai Road leading to Upper Thomson Road.

Lamp Post 170





















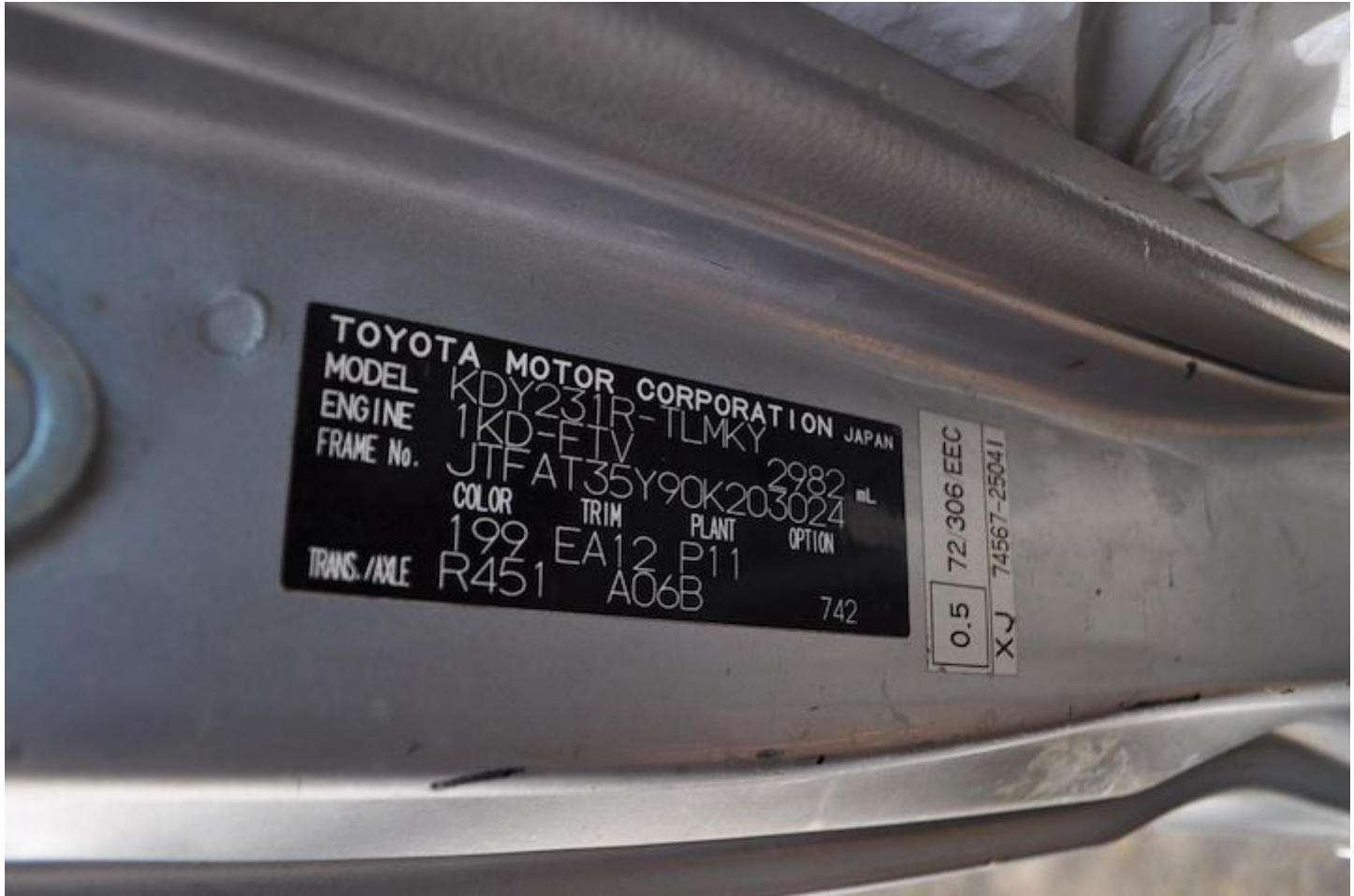












TOYOTA MOTOR CORPORATION JAPAN  
MODEL KDY231R-TLMKY  
ENGINE 1KD-FTV  
FRAME No. JTFAT35Y90K203024  
COLOR 199 TRIM EA12 P11  
TRANS./AXLE R451 A06B  
2982 mL  
742

0.5 72/306 EEC  
XJ 74567-25041









**SINGAPORE  
POLICE FORCE**



T/20220722/2052

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

1 of 3

Report No. T/20220722/2052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/07/2022 14:49	Vide Report No.: L/20220722/0061	Station Diary No.: 42
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<b>Informant's Particulars</b>			
Name of Informant: MURUGAN KARTHICK		Address:	
ID Type / ID No.: FIN NO / G8767305M		Contact No.: Home/Office: Mobile: 8670 4852	
Nationality: INDIAN		Email:	
Sex: Male	Age: 24	Date of Birth: 20/06/1998	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3 Date of Expiry: 04/07/2024	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/07/2022 10:00	Type of Location: U-Turn
Location: MANDAI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
FBK2812D	Motorcycle	HONDA	CB400SF MANUAL	Red	Seriously Damaged	0
GBD912Z	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	Silver	Slightly Damaged	2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20220722/2052

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Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

Report No. T/20220722/2052

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FBK2812D (Motorcycle)		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	Slight
<b>Driver</b>			
Name	MURUGAN KARTHICK		ID No. G8767305M
Related Vehicle	GBD912Z (Lorry)		Contact No. 8670 4852
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: 04/07/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

V1 :GBD912Z

V2 :FBK2812D

I am a lorry driver for MR M&E PTE.LTD and I was driving my company's lorry .  
On the above mentioned date time and location , I was travelling along the middle lane of mandai road towards upper Thomson. I wanted to make a U-turn ahead thus I changed to the first lane . Upon reaching the u-turn area I checked my blind spot and as it was clear went on ahead for the turn. In the mist of the u-turn I felt an impact on the right side of my vehicle and notice that V2 has collided into the rear right wheel of my vehicle . I came down of my vehicle and make a check on V2 and the rider . As I approached the rider of V2, he informed me that he has already call 995 . Soon after Traffic police and the ambulance arrive I gave the officer the details he need and he advised me to head down to the police station to make a report . The rider of V2 was conveyed by ambulance at scene . The rear right Wheel of my lorry was damaged .

This report is also for insurance purposes





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999



T/20220722/2052

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Report No. T/20220722/2052

**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: L / SGT 2 WONG KAR WENG, KELVIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2022 14:49
Officer In Charge Of Case: TP / GIT / SI CHONG GUAN FATT Contact No.: 65472077	Classification Of Case:

NP168