

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 Actual 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	22/08/2022 18:13 (SGT)
Reported by	Driver
Date of Accident	20/08/2022 10:55 (SGT)
Exact Location of Accident	33 Playfair Rd, Singapore 367994
Additional Location Information	INFRONT IRVING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ8861C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZH BUILDERS PTE. LTD.
Company Reg No	2XXXXX644G
Email Address	hr@zhbuilders.com
Mobile Phone No	(Phone) +65-90600832
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MCV0009032

DRIVER

Name of Driver	SELVARASU AJEETH
Passport No/FIN	GXXXX904U
Date Of Birth	01/02/1997
Occupation	Outdoor

Date Of Driving Pass	30/07/2019
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90550535
Alt. Phone Number	-
Email Address	hr@zhbuilders.com
Address	2 SELETAR NORTH LINK #02-149
Address complement	PPT LODGE 1B
Postcode	797601
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 on collision
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)	2
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	RUBEL MD
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220820/2094

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	SHB5284J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	HOO KUM TONG
NRIC No	SXXXX835G
Contact Number	(Phone) +65-97267667
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	RUBEL MD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ8861C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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.

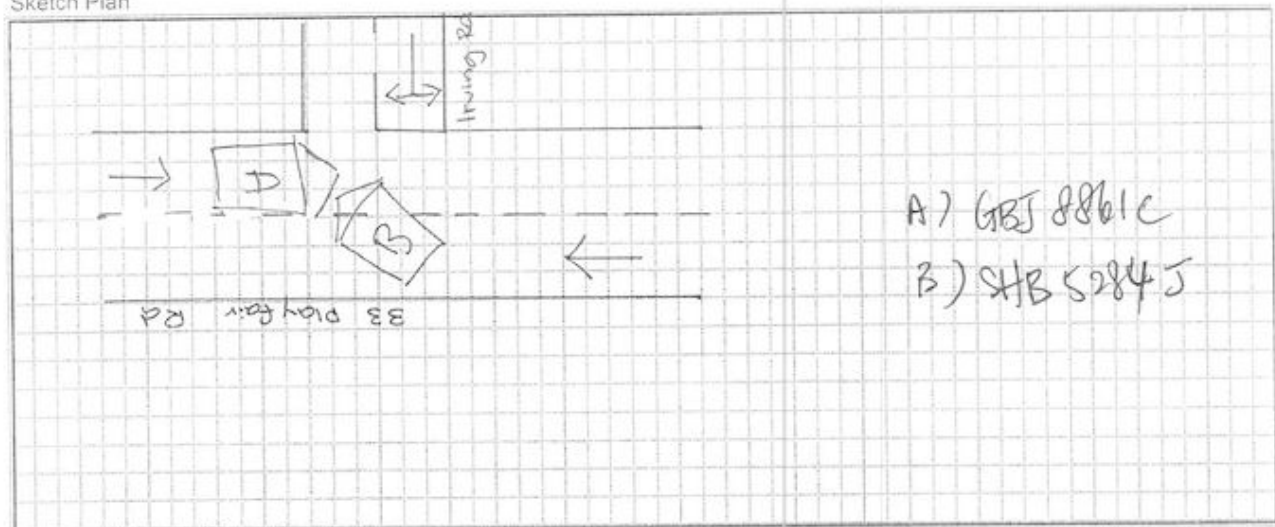


Policyholder's Signature / Date & Time

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

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

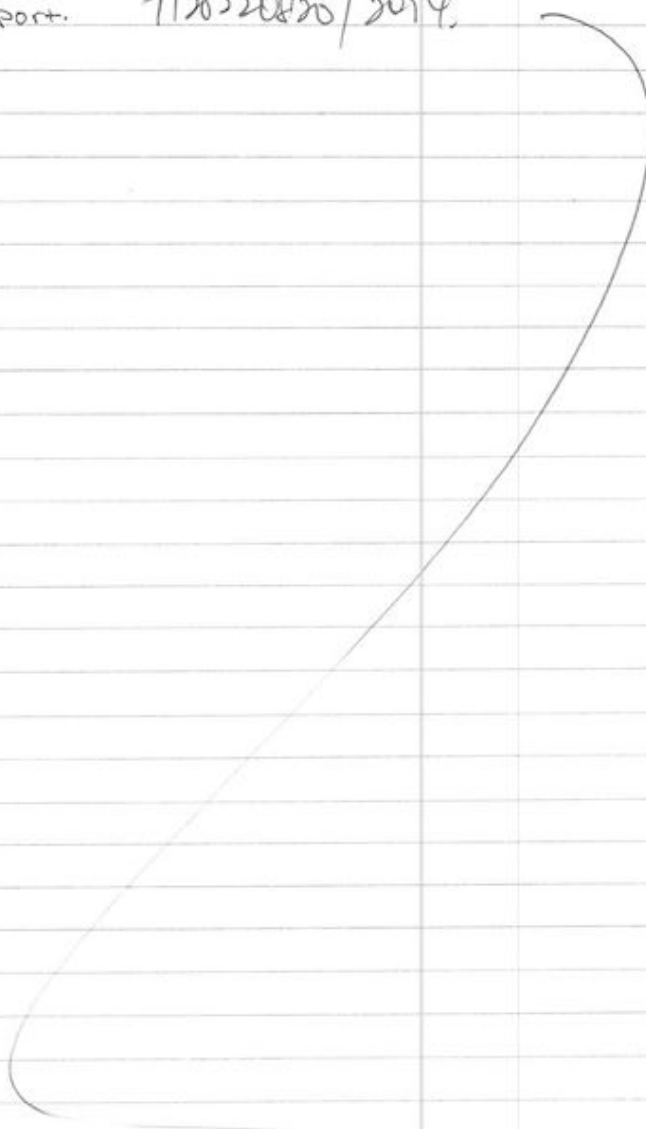
Sketch Plan



Describe Circumstance of the Accident

Refer to police report.

T/20220820/2094.



Declaration

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



Policyholder's Signature / Date & Time

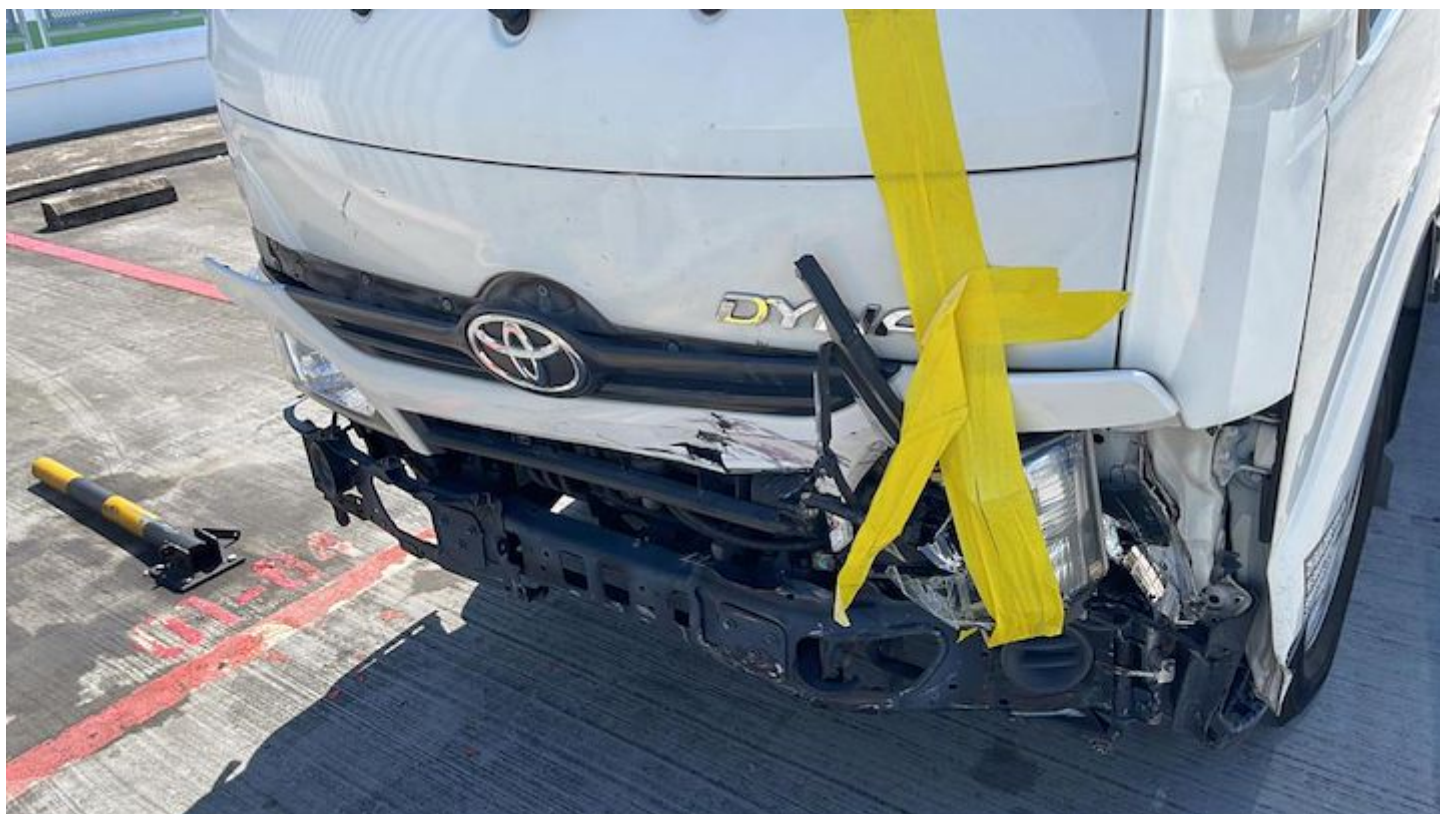
Amara

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

gan 22/08/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)























SINGAPORE POLICE FORCE

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



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Report No: T/20220820/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2022 17:34	Vide Report No.: E/20220820/0068	Station Diary No.: 33
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Informant's Particulars			
Name of Informant: SELVARASU AJEETH		Address: 2 SELETAR NORTH LINK #02-149 PPT LODGE 1B SINGAPORE 797601	
ID Type / ID No.: FIN NO / G8621904U		Contact No.:	Mobile: 90550535
Nationality: INDIAN		Email: hr@zhbuilders.com	
Sex: Male	Age: 25	Date of Birth: 01/02/1997	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/08/2022 10:55	Type of Location: T-Junction
Location: IRVING ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	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 Passenger
GBJ8861C	Lorry	TOYOTA			Seriously Damaged	1
SHB5284J	Car	TOYOTA			Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBJ8861C	INDIA INTERNATIONAL INSURANCE PTE LTD	D21MCV0009032	03/12/2021	02/12/2022


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Report No: T/20220820/2094

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	RUBEL MD	ID No.	G2680211W
Related Vehicle	GBJ8861C (Lorry)	Contact No.	87091308
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/08/2022	Date Discharge	20/08/2022
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	SELVARASU AJEETH	ID No.	G8621904U
Related Vehicle	GBJ8861C (Lorry)	Contact No.	90550535
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B/3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HOO KUM TONG	ID No.	S7402835G
Related Vehicle	SHB5284J (Car)	Contact No.	97267667
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

Brief Details.

On 20/8/22 at 1055hrs, I was driving my company lorry GBJ8861C along Playfair Road when suddenly one dark red colour Taxi SHB5284J from opposite direction turning right into Irving Road. At that time I was driving about 40km/h heading straight and unable to break in time because the said car turn right too suddenly and the front of my lorry collided into the left side body of the said car. Due to the impact my colleague who was sitting beside me suffered chest pain as his chest hit against the lorry dashboard. My colleague was conveyed to hospital by ambulance at scene and was given 7 days of MC. The front portion of my lorry was badly dented and the left side of the Taxi body (around front left wheel portion) was badly dented.



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Report No. T/20220820/2094

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE

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Report No. T/20220820/2094

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/
SI LEE SENG KUI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD SYARIFUDDIN
MUHAMMAD AJMAIN
Contact No.: 65476367

NP168

Signature Of Informant:

Date/Time:
20/08/2022 17:34

Classification Of Case: