

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 |
|-----------------------------------|----------|

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**IMPORTANT NOTICE**

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

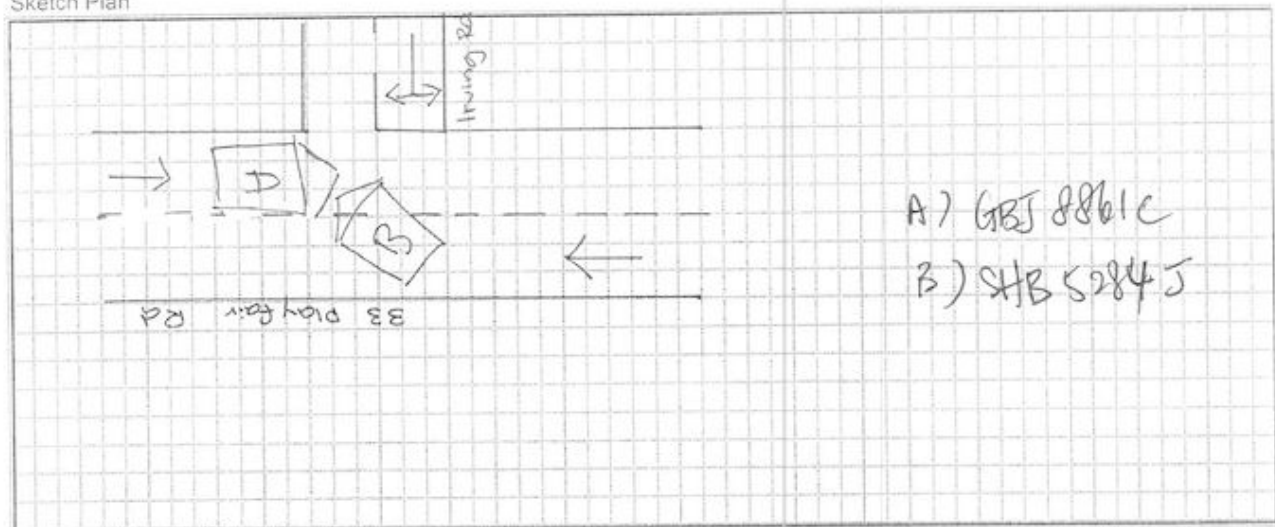


Policyholder's Signature / Date & Time

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

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

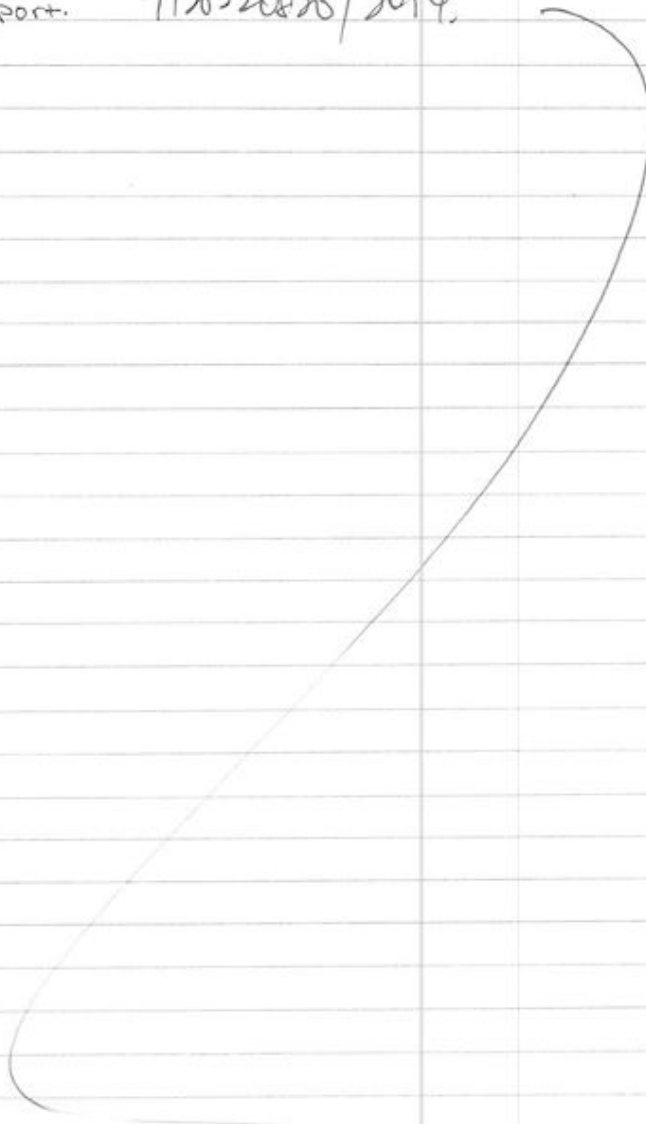
Sketch Plan



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



T/20220820/2094

1 of 4

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 |
| 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.: Home/Office: | 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 |


**SINGAPORE
POLICE FORCE**

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



T/20220820/2094

2 of 4

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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Tel No: 1800-4428999



T/20220820/2094

3 of 4

Report No. T/20220820/2094

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE

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300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



T/20220820/2094

4 of 4

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: