

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 02/09/2022 17:28 (SGT)
Reported by Driver
Date of Accident 20/08/2022 20:28 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ7551D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ASCENT CORPORATION PTE LTD
Company Reg No 201629449R
Email Address ascent.plsg@gmail.com
Mobile Phone No (Phone) +65-98221363
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00077392200

DRIVER

Name of Driver RAMASAMU MURUGESH
Passport No/FIN G7690005T
Date Of Birth 12/03/1985
Occupation Outdoor

Date Of Driving Pass	22/01/2018
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91378891
Alt. Phone Number	-
Email Address	murugeshmurusri@gmail.com
Address	C/O BLK 138 BEDOK NORTH ST 2 #03-151
Address complement	-
Postcode	460138
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 to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	JEFFREY LEOW
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

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	GBG7700G
Vehicle Manufacturer	Nissan
Vehicle Model	Nv350
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM TECK SIONG
Contact Number	(Phone) +65-91899494
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

SKETCH PLAN

VEH NO :

GBJ 7551D

INSURER :

China Biping

DATE OF ACC :

20/8/22 (20/8)

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)

20/09/22

Sketch Plan

PLEASE
TURN
OVER

Describe Circumstance of the Accident

**** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE**

Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party (✓) Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan

A: 6BG 7700G
B: me (6EJ 7551D)

line 1 line 2


1) Car B wanted to change to line 2. due Car A suddenly drive slow.


2) Second, car B hit the car A behind.

Declaration

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


Policyholder's Signature / Date & Time

 2/09/22
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) (AMK) 2





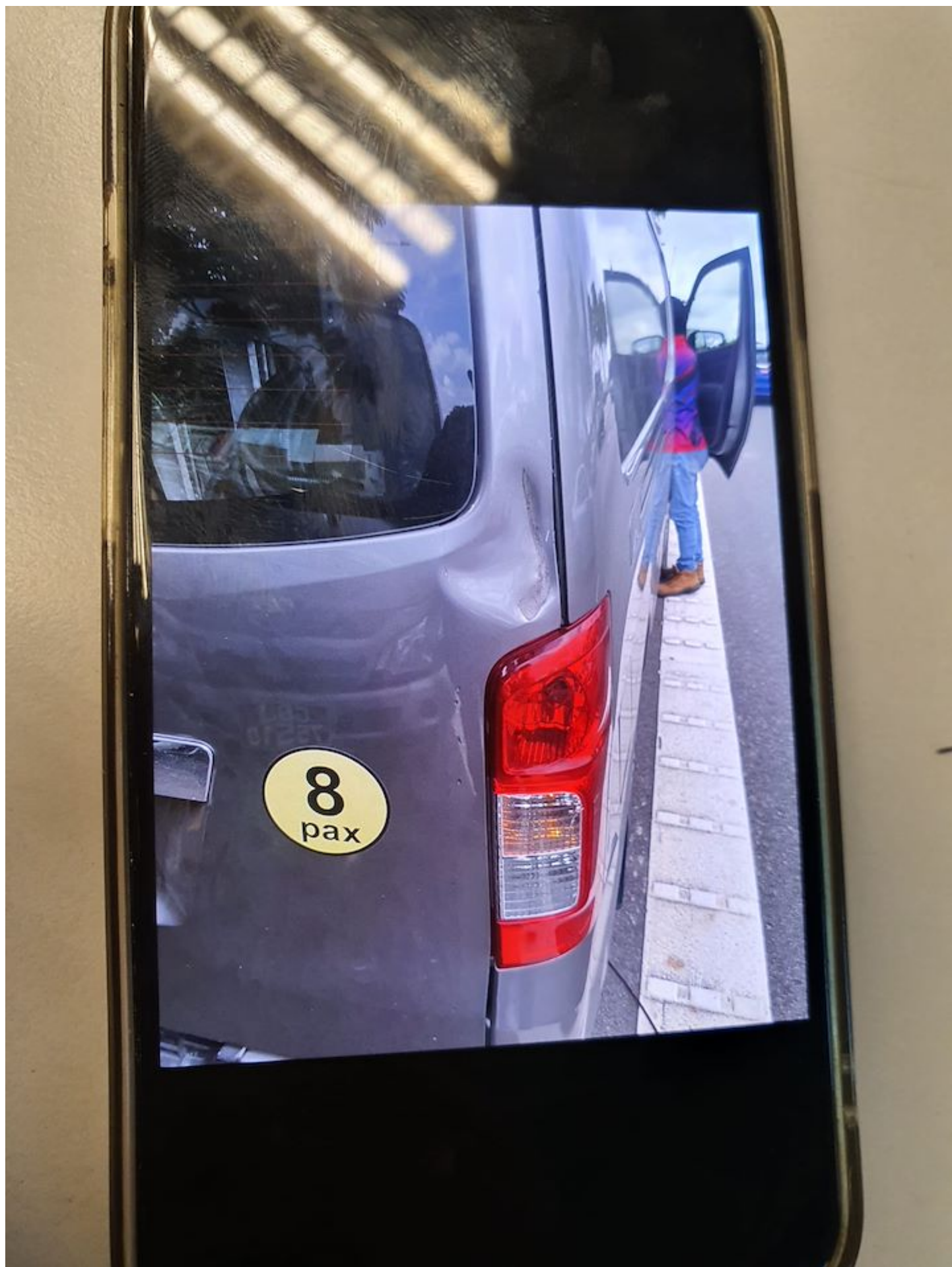














**SINGAPORE
POLICE FORCE**



T/20220820/2110

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20220820/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2022 20:28	Vide Report No.:	Station Diary No.: 86
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Informant's Particulars

Name of Informant: RAMASAMI MURUGESH			Address: APT BLK 138 BEDOK NORTH STREET 2 #03-151 SINGAPORE 460138	
ID Type / ID No.: FIN NO / G7690005T			Contact No.:	Mobile: 91378891 (driver).
Nationality: INDIAN			Home/Office:	
			Email:	
Sex: Male	Age: 37	Date of Birth: 12/03/1985	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: CONSTRUCTION WORKER			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: 20/08/2022 08:50	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG7700G	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Grey	Slightly Damaged	0
GBJ7551D	Lorry	TOYOTA	DYNA 150 5MT	Silver	Slightly Damaged	1



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Report No. T/20220820/2110

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM TECK SIONG	ID No.	NIL
Related Vehicle	GBG7700G (Van)	Contact No.	91899494
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	RAMASAMI MURUGESH	ID No.	G7690005T
Related Vehicle	GBJ7551D (Lorry)	Contact No.	91378891
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 Aug 2022 at about 0850hrs, I was driving on CTE towards PIE direction on the last lane. Near to the exit to Ang Mo Kio Ave 1, the van(GBG7700G) in front of me slowed down suddenly and I was unable to stop in time, hence I swerved my lorry to the right lane, however my lorry was too close to the van in front, which resulted in the front left side of my lorry colliding against the rear right side of the van. The van sustained dents on only the rear right side of the van and my lorry's left mirror and the front left light were dislodged. We alighted our vehicles to inspect the damages, and we exchanged particulars. He provided his name card(Lim Teck Siong, 91899494). There were no injuries to any party. I have an in-vehicle camera in my lorry. I was advised to lodge a Traffic Accident Report.



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Report No. T/20220820/2110

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 /
SGT 3 LEE SZE HIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/08/2022 20:28

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

Classification Of Case:

NP168