

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	10/08/2022 19:08 (SGT)
Reported by	Driver
Date of Accident	08/08/2022 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENGKANG WEST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8026J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YEW HOCK SCAFFOLDING PTE LTD
Company Reg No	1XXXXX092H
Email Address	sharonlim@yewhock.com.sg
Mobile Phone No	(Phone) +65-68518188
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	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z21VC05009468

DRIVER

Name of Driver	CHOKKALINGAM SUKUMARAN
Passport No/FIN	FXXXX992L
Date Of Birth	05/05/1972
Occupation	Outdoor

Date Of Driving Pass	26/02/2013
Driving experience	9 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90291323
Alt. Phone Number	-
Email Address	sharonlim@yewhock.com.sg
Address	C/O YEW HOCK SCAFFOLDING PTE LTD
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	10
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	VENGAI SATHISKANNAN
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
Gender	Male

PASSENGER 7

Name	WORKER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Sengkang Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18003438999
 Alt. Police Station Phone No (Fax) +65-63438939
 Police Station Address 2 Sengkang Square #01-02
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT 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 GBD1378J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver CHINNATHAMBI ELAYARAJA
 Passport No/FIN GXXXX686W
 Contact Number (Phone) +65-84367058
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person VENGAI SATHISKANNAN
 Gender Male
 Phone No (Phone) +65-90540193
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained 3 DAYS MC.
 Injured person in which vehicle? GBC8026J
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

VEH NO: GBC 8026J
 INSURER: Lonpac
 DATE OF ACC: 08/8/22 @ 7:45am

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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.

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) (YS)

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

Sengkang West Ave

A- GBC 8026J
B- GBD 1378J (Alone)
Chinnathambi
Elayaraja
G 3164686W
HP- 84367058

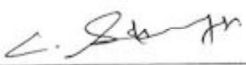
Sengkang West Rd


Refer to Police Report No: T/2022 0808/2081

Declaration

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


Policyholder's Signature / Date & Time


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

 10/8/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

(45)



**SINGAPORE
POLICE FORCE**



T/20220808/2081

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4

Report No. T/20220808/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2022 18:25		Vide Report No.:		Station Diary No.: 88
Informant's Particulars				
Name of Informant: CHOKKALINGAM SUKUMARAN		Address: APT BLK 25 WOODLANDS SECTOR 1 #01-62 WOODLANDS DORMITORY SINGAPORE 738251		
ID Type / ID No.: FIN NO / F7733992L		Contact No.: Home/Office: Mobile: 90291323		
Nationality: INDIAN		Email:		
Sex: Male	Age: 50	Date of Birth: 05/05/1972	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/08/2022 07:45	Type of Location: X-Junction
Location: SENGKANG WEST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
GBC8026J	Lorry				Slightly Damaged	10
GBD1378J	Van				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220808/2081

2 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20220808/2081

CONTINUATION OF REPORT

Passenger			
Name	VENGAI SATHISKANNAN	ID No.	G2451156T
Related Vehicle	GBC8026J (Lorry)	Contact No.	90540193
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/08/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHOKKALINGAM SUKUMARAN	ID No.	F7733992L
Related Vehicle	GBC8026J (Lorry)	Contact No.	90291323
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	CHINNATHAMBI ELAYARAJA	ID No.	G3164686W
Related Vehicle	GBD1378J (Van)	Contact No.	84367058
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 8/8/22 at about 0745hrs, i was driving my company lorry (yew hock scaffolding pte ltd) bearing plate number GBC8026J along Sengkang West Road towards Yio Chu Kang Road with 9 other workers. I came to a stop at the junction as the traffic light was showing red. When the traffic light showed green in our favour, a van bearing plate number GBD1378J suddenly crashed into the rear of my vehicle. I wish to state that I did not move my vehicle when traffic light showed green as the front vehicle had not moved. One of the passenger (VENGAI SATHISKANNAN, G2451156T) sitting at the back of the lorry had suffered back injury and received 3 days MC from Khoo Teck Puat Hospital. Neither ambulance nor police were at scene. I have an in-car camera installed in my vehicle but there is no footage recorded for the rear of the vehicle. That is all.



**SINGAPORE
POLICE FORCE**



T/20220808/2081

Police Station Of Origin:
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3 of 4

Report No. T/20220808/2081

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220808/2081

4 of 4

Report No. T/20220808/2081

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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:

F /

SGT 2 Muhammad Yusuf Bin
Abdul Wahab

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

Date/Time:

08/08/2022 18:25

Classification Of Case:

NP168