

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	19/09/2022 18:39 (SGT)
Reported by	Driver
Date of Accident	18/09/2022 08:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF BENOI RD AND JALAN AHMAD IBRAHIM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ4571G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RICHLAND LOGISTICS SERVICES PTE LTD
Company Reg No	199500443D
Email Address	SHARIFAH.JAMIL@RICHLANDLOGISTICS.COM
Mobile Phone No	(Phone) +65-83529699
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	OTHERS
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	Auto
CC	790

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114070704-02

DRIVER

Name of Driver	MANICKAM MANIKANDAN
Passport No/FIN	G8036992T
Date Of Birth	17/05/1983
Occupation	Outdoor

Date Of Driving Pass	29/12/2015
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83529699
Alt. Phone Number	-
Email Address	SIMON.KOH@RICHLANDLOGISTICS.COM
Address	300 TAMPINES AVE 5 #05-02
Address complement	-
Postcode	529653
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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 - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6878D
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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)

MOHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN

Sketch Plan

<p>A - Y04571G</p> <p>B - SHD 6878 D</p>	
<p>JUNCTION OF BENDI RD AND JALAN AHMAD IBRAHIM</p> <p>↑</p>	

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



Policyholder's Signature / Date & Time

Sm

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

Sm

19/09/2022

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

[Signature]

MOHAMMAD RIDWAN
BIN MOHAMMAD SULAIMAN

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220919/7019

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Report No. T/20220919/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver:		Use of Pedestrian Crossing: NA	
Name	TAN WAH YOUK	ID No.	S2002220E
Related Vehicle	SHD6878D (TAXI)	Contact No.	96790146
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	MANICKAM MANIKANDAN	ID No.	G8036992T
Related Vehicle	YQ4571G (Lorry)	Contact No.	83536835
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 18/9/2022 @ 0850HRS, I WAS DRIVING MY COMPANY LORRY, YQ4571G ALONG JALAN AHMAD IBRAHIM TOWARDS BENOI ROAD. WHEN I WAS APPROACHING THE JUNCTION OF JALAN AHMAD IBRAHIM AND BENOI ROAD, THE TRAFFIC LIGHT WAS IN GREEN AND IN MY FAVOUR TO PROCEED. OUT OF SUDDEN, I FELT AN IMPACT FROM MY TRUCK RIGHT SIDE. I IMMEDIATELY APPLY BRAKE AND STOP MY TRUCK TO CHECK ON THE CONDITION. I ALIGHTED TO CHECK AND FOUND A BLUE COLOURED TAXI, SHD6878D WAS COLLIDED ONTO MY LORRY FRONT RIGHT SIDE AND RESULTED MY LORRY FRONT RIGHT SIDE BADLY DAMAGED. I IMMEDIATELY INFORMED MY SUPERIOR AND WAS ASKED TO EXCHANGE PARTICULARS WITH THE TAXI DRIVER FOR INSURANCE CLAIM PURPOSE. THERE WAS NO INJURY TO BOTH PARTIES NOR ANY DAMAGE TO PUBLIC PROPERTIES.


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220919/7019

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Report No. T/20220919/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2022 11:52	Vide Report No.: J/20220918/0082	Station Diary No.:
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Informant's Particulars

Name of Informant: MANICKAM MANIKANDAN			Address: 838 JURONG WEST STREET 81 #12-161 SINGAPORE 640838		
ID Type / ID No.: FIN NO / G8036992T			Contact No.: Home/Office: Mobile: 83536835		
Nationality: INDIAN			Email: MANICKAMMANI84@GMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 17/05/1983	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/09/2022 08:50	Type of Location: X-Junction
Location: JALAN AHMAD IBRAHIM				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD6878D	TAXI	TOYOTA	PRIUS HYBRID	Blue	Seriously Damaged	1
YQ4571G	Lorry					0

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220919/7019

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Report No. T/20220919/7019

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ABDUL RAHIM BIN SALIM
Contact No.: 65476433

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
19/09/2022 11:52

Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN07229J0010 Vehicle Registration No : YQ4571G
 Name(as shown in NRIC): RICHLAND LOGISTICS SERVICES PTE LTD
 (*~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
 NRIC/Passport No : 199500443D
 Address : 300 TAMPINES AVE 5 #05-02 SINGAPORE 529653
 Contact (Tel) : 64197500 (H/P) : 98482243
 (Email) : SHARIFAH.JAMIL@RICHLANDLOGISTICS.COM
 Date of Accident : 18/09/2022 Time of Accident : 08:50
 Place of Accident : JUNCTION OF BENOI RD AND JALAN AHMAD IBRAHIM
 Insurance Company : INCOME INSURANCE LIMITED

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Weather Conditions: Raining, Road Surface: Wet

 Sharifah Nusaybah
Claims Executive
RichLand Logistics Services P/L



Signature of Vehicle Owner / ~~Driver~~

Date: 21/09/2022

10 Anson Road #05-15 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm