

## 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 ..... 26/09/2022 14:10 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 24/09/2022 08:55 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN6538G

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... UNISCAFFOLD PTE LTD  
Company Reg No ..... 201002225E  
Email Address ..... admin@hue-uni.com.sg  
Mobile Phone No ..... (Phone) +65-91519987  
Alternative Phone No ..... +65-82018138

#### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... XZU710R-HKFMS3  
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 ..... 4009

#### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SI22V12687/VCV/R04

#### DRIVER

Name of Driver ..... GOVINDARAJ VELALAGAN  
Passport No/FIN ..... G8208961L  
Date Of Birth ..... 04/06/1986  
Occupation ..... Outdoor

Date Of Driving Pass .....	23/02/2017
Driving experience .....	5 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97893865
Alt. Phone Number .....	-
Email Address .....	admin@hue-uni.com.sg
Address .....	Westlite Mandai Blk 36 #10-36
Address complement .....	-
Postcode .....	729940
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 .....	Chain Collision
Weather Conditions .....	Cloudy
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	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 .....	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004519999
Alt. Police Station Phone No .....	(Fax) +65-65535679
Police Station Address .....	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to the 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 .....	SD card with traffic police.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJQ4322L
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-96254043
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	PC3888E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	-
Contact Number .....	(Phone) +65-96606570
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJQ4322L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

**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 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.

*[Signature]*  
Policyholder's Signature / Date & Time  
26 Sept 2022

*[Signature]*  
Driver's Signature (if driver is not the policyholder) / Date & Time  
26 Sept 2022

*[Signature]*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) SOH JIT HOON

Sketch Plan

Describe Circumstance of the Accident

\* Please refer to Police's Report.

Declaration

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

   
Policyholder's Signature / Date & Time  
26 Sept 2022

  
Driver's Signature (if driver is not the policyholder) / Date & Time  
26 Sept 2022

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) SOH JIT HOON  
2





**SINGAPORE  
POLICE FORCE**



T/20220924/2029

1 of 4

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No: T/20220924/2029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/09/2022 11:49	Vide Report No.: E/20220924/0074	Station Diary No.: 20
--------------------------------------------	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: GOVINDARAJ VELALAGAN			Address: APT BLK 36 MANDAI ESTATE #08-32 WESTLITE MANDAI DORMITORY SINGAPORE 729941		
ID Type / ID No.: FIN NO / G8208961L			Contact No.: Home/Office: Mobile: 97893865		
Nationality: INDIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 04/06/1986	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3		Date of Expiry: 12/09/2026

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/09/2022 08:55	Type of Location: Straight Road
Location:				
PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 996				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC3888E	Bus/Coach/Minibus					0
SJQ4322L	Car					1
YN6538G	Lorry				Slightly Damaged	3



**SINGAPORE  
POLICE FORCE**



T/20220924/2029

2 of 4

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20220924/2029

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	PC3888E (Bus/Coach/Minibus)	Contact No.	96606570
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	Unknown Driver	ID No.	NIL
Related Vehicle	SJQ4322L (Car)	Contact No.	96254043
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	GOVINDARAJ VELALAGAN	ID No.	G8208961L
Related Vehicle	YN6538G (Lorry)	Contact No.	97893865
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 12/09/2026
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 24/09/2022 at 0855hrs, I was driving my company lorry YN6538G along PIE towards Changi near 20.2 KM on the 4th lane when suddenly, I felt impact from the rear. Upon checking, vehicle SJQ4322L had collided with the rear of my lorry and a bus PC3888E had collided with vehicle SJQ4322L. Due to the accident, passenger from SJQ4322L was sent to hospital. Traffic police came and took my lorry SD Card for the accident recording.

The rear of my lorry was slightly damaged. No one in my lorry was injured.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999



T/20220924/2029

3 of 4

Report No. T/20220924/2029

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999



T/20220924/2029

4 of 4

Report No. T/20220924/2029

**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 / SR STAFF SGT NURULHUDA BINTE OMAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2022 11:49
Officer In Charge Of Case: TP / GIT / STAFF SGT ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case:

NP168