

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 10:51 (SGT)
Reported by Driver
Date of Accident 24/09/2022 12:05 (SGT)
Exact Location of Accident Jln Toa Payoh, Singapore
Additional Location Information BEFORE GRAHAM WHITE DRIVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB2470D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 23 TECHNOLOGIES PTE. LTD.
Company Reg No 200600912E
Email Address
Mobile Phone No (Phone)
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 China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00121512100

DRIVER

Name of Driver RAMALINGAM SATHIYA MOORTHY
Passport No/FIN
Date Of Birth 20/05/1990
Occupation Outdoor

Date Of Driving Pass	09/12/2014
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) [REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	398915
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 - Change/cross lane
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)	5
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	IBRAHIM
Gender	Male

PASSENGER 2

Name	RAJAMANICKAM SATHEESKUMAR
Gender	Male

PASSENGER 3

Name	SARKER GAUTOM
Gender	Male

PASSENGER 4

Name	SARKER MD MOSTAFA
Gender	Male

DETAILS OF POLICE ACTION

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

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20220924/7033

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 SG6135T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person RAMALINGAM SATHIYA MOORTHY
Gender Male
Phone No (Phone) [REDACTED]
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? GBB2470D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person IBRAHIM
Gender Male
Phone No (Phone) [REDACTED]
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? GBB2470D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person RAJAMANICKAM SATHEESKUMAR
Gender Male
Phone No (Phone) [REDACTED]
Address -
Address Complement -
Post Code -
Approximate Age Years Old -

Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBB2470D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	SARKER GAUTOM
Gender	Male
Phone No	(Phone) [REDACTED]
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBB2470D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	SARKER MD MOSTAFA
Gender	Male
Phone No	(Phone) [REDACTED]
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBB2470D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	CHANDRAN
Phone	(Phone) [REDACTED]
Email	-

SKETCH PLAN

IMPORTANT NOTICE


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8 Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

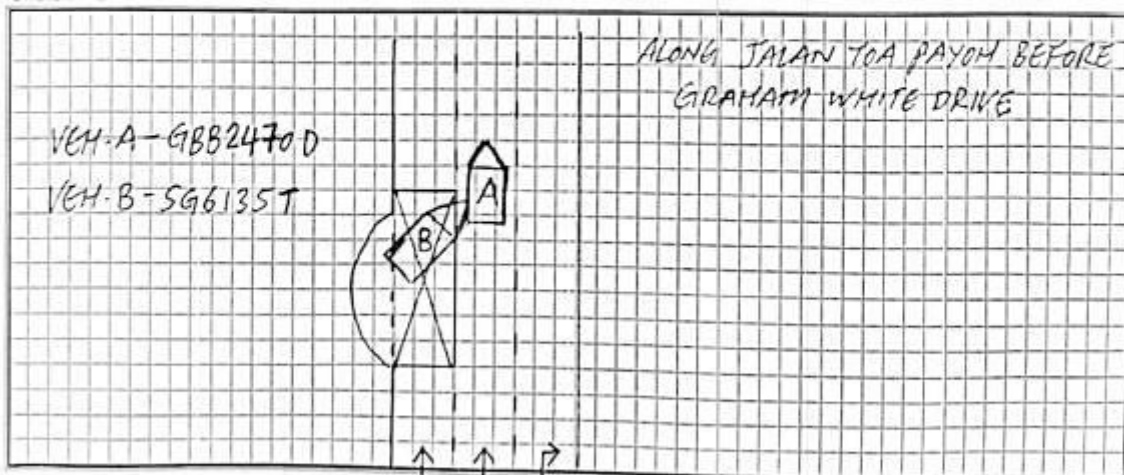
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

 28/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

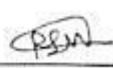
ON THE STATED DATE AND TIME. I, VEHICLE 'A' WAS TRAVELLING STRAIGHT ON MY LANE AT THE STATED VENUE. SUDDENLY, VEHICLE 'B' CHANGE LANE AND COLLIDED ON MY VEHICLE'S LEFT REAR & LEFT SIDE PORTION.

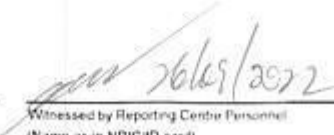
ATTACHED IS THE POLICE REPORT. T170220924/7033

Declaration

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

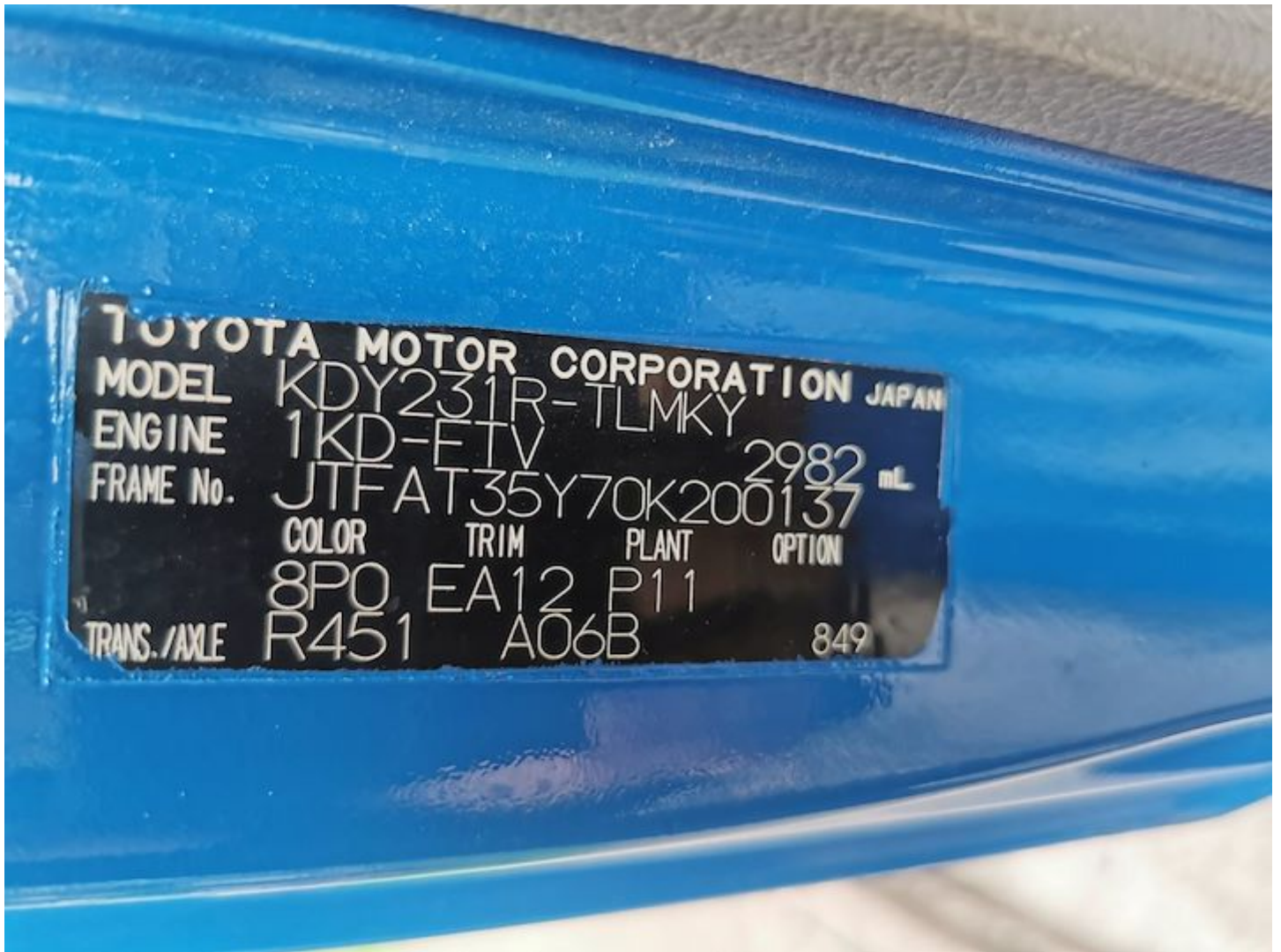
 
Policyholder's Signature / Date & Time


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

 26/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)




















**SINGAPORE
POLICE FORCE**

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



T/20220924/7033

1 of 4

Report No. T/20220924/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2022 15:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: RAMALINGAM SATHIYA MOORTHY			Address:		
ID Type / ID No.: FIN NO / [REDACTED]			Contact No.: Home/Office:		Mobile: [REDACTED]
Nationality: INDIAN			Email: [REDACTED]		
Sex: Male	Age: 32	Date of Birth: 20/05/1990	Type of Informant: Driver		
Race: Indian			Language: English		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: 24/09/2022 12:05	Type of Location: Straight Road
Location: JALAN TOA PAYOH				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBB2470D	Lorry					0
SG6135T	Bus/Coach/Mi nibus					0

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


**SINGAPORE
POLICE FORCE**

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



T/20220924/7033

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Report No. T/20220924/7033

CONTINUATION OF REPORT

Driver			
Name	RAMALINGAM SATHIYA MOORTHY		ID No. [REDACTED]
Related Vehicle	GBB2470D (Lorry)		Contact No. [REDACTED]
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	IBRAHIM		ID No. [REDACTED]
Related Vehicle	GBB2470D (Lorry)		Contact No. [REDACTED]
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	RAJAMANICKAM SATHEESKUMAR		ID No. [REDACTED]
Related Vehicle	GBB2470D (Lorry)		Contact No. [REDACTED]
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	SARKER GAUTOM		ID No. [REDACTED]
Related Vehicle	GBB2470D (Lorry)		Contact No. [REDACTED]
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date
No. of Days granted Medical Leave	02	Degree of	Slight


**SINGAPORE
POLICE FORCE**

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



T/20220924/7033

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Report No. T/20220924/7033

CONTINUATION OF REPORT

Passenger:			
Name	SARKER MD MOSTAFA		ID No. [REDACTED]
Related Vehicle	GBB2470D (Lorry)		Contact No. [REDACTED]
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

On the stated date and time, I, vehicle (GBB2470D) was travelling straight along Jalan Toa Payoh before Graham White Drive. Suddenly, Vehicle (SG6135T) Change lane and collided onto my vehicle's left rear & left side portion. I have a witness named Chandran (hp no. 87882041) who is a passenger onboard the bus SG6135T during the accident.

After the accident, i felt pain on my neck and body. I then went to Intemedical potong pasir to seek medical treatment and was given 2 days of MC.

**SINGAPORE
POLICE FORCE**

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



T/20220924/7033

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Report No. T/20220924/7033

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
24/09/2022 15:48

Classification Of Case: