

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 13/10/2022 17:34 (SGT)
Reported by Driver
Date of Accident 13/10/2022 08:10 (SGT)
Exact Location of Accident Buangkok Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC6363Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LAYAN MANAGEMENT PTE LTD
Company Reg No 200907311M
Email Address ROYALSENGINEERING@YAHOO.COM.SG
Mobile Phone No (Phone) +65-90690203
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 Goods vehicle
Transmission Manual
CC 2977

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VC05014407

DRIVER

Name of Driver PERIYAKARUPPAN MURUGANANTHAM
Passport No/FIN G8162403N
Date Of Birth 16/05/1985
Occupation Outdoor

Date Of Driving Pass	26/10/2017
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-98950410
Alt. Phone Number	-
Email Address	ROYALSENGINEERING@YAHOO.COM.SG
Address	NA
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 - Cross Junction
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	ALAGU
Gender	Male

PASSENGER 2

Name	NA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. T/20221013/2057.

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	SJM728Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM PUAY KOON
Contact Number	(Phone) +65-90685609
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	ALAGU
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBC6363Z
Were seat belts worn?	No
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.



Policyholder's Signature / Date & Time

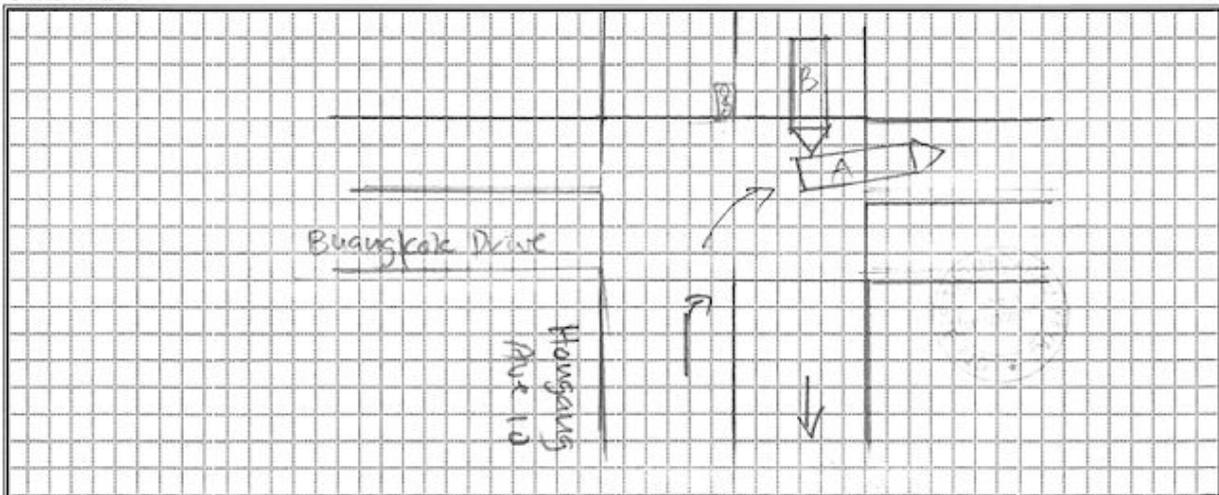
P. N. Rajan 13/10/2022

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



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

Sketch Plan



vJun2022

A = GBC 6363'Z
B = SJM 728Y

Describe Circumstance of the Accident

As per police Report no. T/20221013/2057.



Declaration

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



Policyholder's Signature / Date & Time

P. Mure... 13/10/2022

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



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







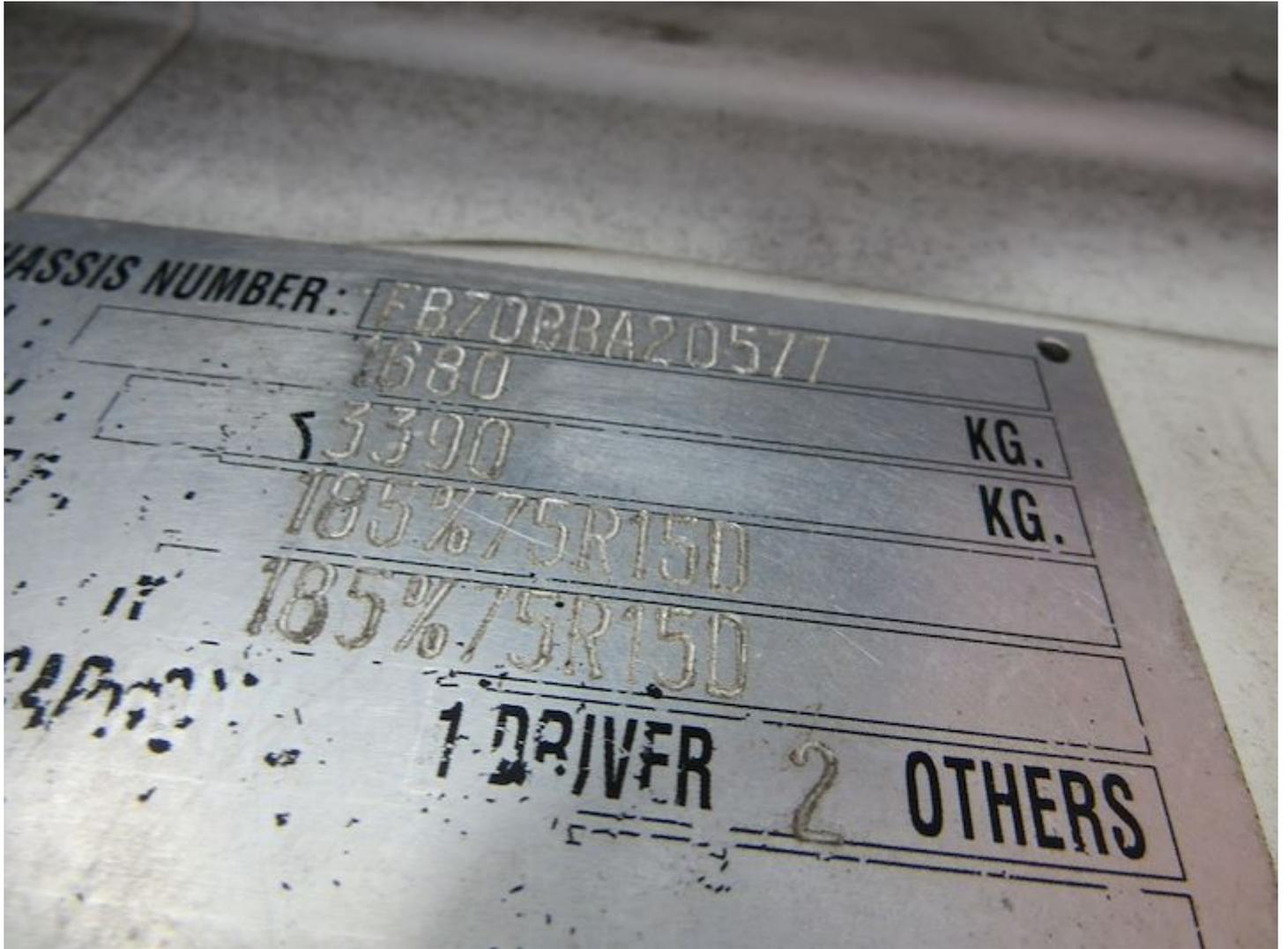













**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Piplit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999



T/20221013/2057

1 of 3

Report No. T/20221013/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
13/10/2022 14:35

Vide Report No.:
F/20221013/0057

Station Diary No.:
33

Informant's Particulars

Name of Informant: PERIYAKARUPPAN MURUGANANTHAM			Address:		
ID Type / ID No.: FIN NO / G8162403N			Contact No.: Home/Office:		Mobile: 98950410
Nationality: INDIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 16/05/1985	Type of Informant: Driver		Institution / School Name:
Race: Indian			Language:		
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/10/2022 08:10	Type of Location: T-Junction
Location: BUANGKOK DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Plate No	Category	Make	Model	Color	Condition	No of Passenger
88023532	Lorry	MITSUBISHI	CANTER FB70BB1SR DEA	White	Slightly Damaged	3
SJM7207	Car	TOYOTA	NOAH HYBRID 1.8G CVT	White	Slightly Damaged	0


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999



T/20221013/2057

2 of 3

Report No. T/20221013/2057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver Name	PERIYAKARUPPAN MURUGANANTHAM	ID No.	G8162403N
Related Vehicle	GBC6363Z (Lorry)	Contact No.	98950410
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver Name	Lim Puay Koon	ID No.	S7517416J
Related Vehicle	SJM728Y (Car)	Contact No.	90685609
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 13/10/2022 at about 0810hrs, I was driving along Buangkok Drive traffic light turning right to Hougang Avenue 10. it was a discretionary right turn traffic light. At that point of time, the traffic light turned green and I could not recalled if the green arrow appeared so I decided to make the right turn to Hougang Avenue 10. Subsequently, the incoming vehicle collided into my rear left side of my lorry. Shortly after, the police and ambulance attended to my accident. My passenger namely Alagu were conveyed to the hospital due to abrasion on his elbow area.

My company lorry is not installed with any in-car camera. I exchanged particulars with the driver and I was asked by the police officer to lodged a traffic police report regarding the accident.

T/20221013/2057 3 of 3
Report No. T/20221013/2057

 **SINGAPORE POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Pipl Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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 2 MELSON CHEW WEI JIE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/10/2022 14:35
Officer In Charge Of Case: TP / GIT / SI MOHAMMED FEROUZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:

NP168

