

## 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	11/10/2022 14:20 (SGT)
Reported by	Driver
Date of Accident	10/10/2022 22:20 (SGT)
Contact Location of Accident	Singapore
Additional Location Information	BEFORE JUNCTION OF PUNGGOL ROAD AND RIVERVALE DRIVE TOWARDS SENGKANG EASTWAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9338M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KEENG XING ELECTRICAL PTE LTD
Company Reg No	200610970W
Email Address	SLGANSHIRLEY@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96249691
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	3000

### INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	2022-V5003974-VCV

### DRIVER

Name of Driver	THOMAS ANISH
Work Permit No	G6535678W
Date Of Birth	19/06/1990

Occupation	Outdoor
Date Of Driving Pass	20/01/2015
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86563846
Alt. Phone Number	-
Email Address	KEENGXING@SINGNET.COM.SG
Address	3012 BEDOK INDUSTRIAL PARK E #02-2026 S489978
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	RAVI
Gender	Male

PASSENGER 2

Name	RONI
Gender	Male

PASSENGER 3

Name	RAJIV
Gender	Male

PASSENGER 4

Name	SANTHOSH
Gender	Male

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

SEE ATTACHED POLICE REPORT

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 SMY4956E  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Private car  
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) -

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SMD2327U  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Private car  
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) -

PASSENGER 1

Name -  
Gender -

PASSENGER 2

Name -  
Gender -

PASSENGER 3

Name -  
Gender -

PASSENGER 4

Name -  
Gender -

SKETCH PLAN

IMPORTANT NOTICE

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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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers 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 purposes 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 enquires by me;

(iv) administering my claims (including the making 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/postal packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").

(b) all insurers (who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms) may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

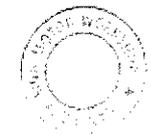
(c) my Personal Information may be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

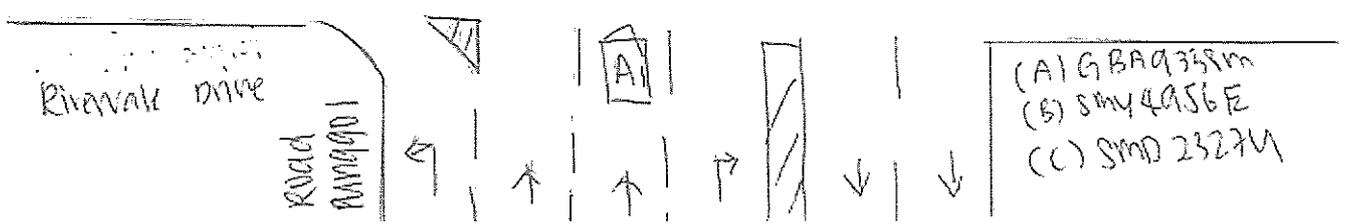
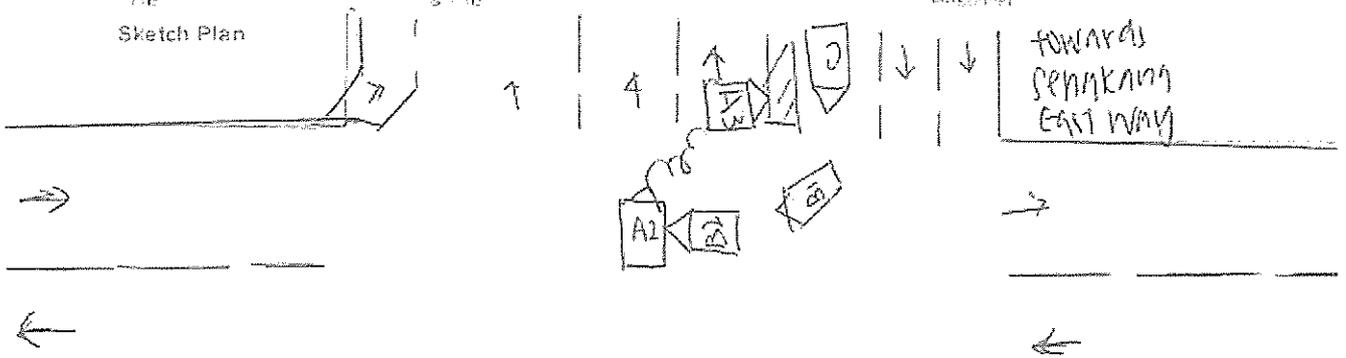


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Attached TP report  
7/20 22/06 / 7014

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

I/we declare the foregoing particulars are true in every respect

Y



Policyholder's Signature, Date & Time

TT [Signature]

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



Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20221011/7014

1 of 3

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

Report No. T:20221011/7014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/10/2022 11:19	Wide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: THOMAS ANISH			Address:		
ID Type / ID No.: FIN NO / G6535678W			Contact No.:		Mobile: 86563846
Nationality: INDIAN			Email: keengxing@singnet.com.sg		
Sex: Male	Age: 32	Date of Birth: 19/06/1990	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DRIVER CUM WORKER			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/10/2022 22:20	Type of Location: X-Junction
Location:  JUNCTION OF PUNGGOL ROAD BEFORE RIVERVALE DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
GBA9338M	Van					4
SMD2327U	Car					0
SMY4956E	Car					0



**SINGAPORE  
POLICE FORCE**



T/20221011/7014

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

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Report No. T/20221011/7014

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	THOMAS ANISH	ID No.	G6535678W
Related Vehicle	GBA9338M (Van)	Contact No.	86563846
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

ON 10/10/2022 AT ABOUT 2220HRS AT BEFORE JUNCTION OF PUNGGOL ROAD AND RIVERVALE DRIVE TOWARDS SENGKANG EAST WAY, I WAS TRAVELLING ON THE CENTRE LANE AND SUDDENLY A VEHICLE (B) FROM THE OPPOSITE MADE A RIGHT TURN WITHOUT CAUTION AND WITHOUT CHECKING THE MAIN TRAFFIC AND HIT ONTO THE RIGHT PORTION OF MY VEHICLE (A). THE IMPACT FORCE MY VEHICLE TO LOSE CONTROL AND SWIRL TO THE OPPOSITE DIRECTION CAUSING THE BARRIER TO FALL ONTO VEHICLE (C). I WISH TO STATE THAT THE TRAFFICE LIGHT IS 'GREEN' TO MY FAVOUR AND I HAVE NO CONTACT WITH VEHICLE (C). THERE IS A TOTAL OF 3 VEHICLES INVOLVED AND I HAVE 4 PASSENGERS ONBOARD MY VEHICLE.

VEHICLE A: GBA9338M  
VEHICLE B: SMY4956E  
VEHICLE C: SMD2327U



SINGAPORE  
POLICE FORCE



T/20221011/7014

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

3 of 3

Report No. T/20221011/7014

CONTINUATION OF REPORT

Sketch 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 / GOH WEI LI Contact No.: 65476394

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 11/10/2022 11:19
Classification Of Case:

NP165