

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 26/10/2022 17:30 (SGT)
Reported by Driver
Date of Accident 23/10/2022 04:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information TOH GUAN ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK5233E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SIANG HOCK RENTAL PTE LTD
Company Reg No 2XXXXX271R
Email Address car.rental@sianghock.com.sg
Mobile Phone No (Phone) +65-98792002
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Commercial vehicle
Transmission Auto
CC 1991

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Policy Number / Cover Note Number D22099203MFCV120

DRIVER

Name of Driver VEERAPPAN KARTHIK
NRIC No GXXXXX058M
Date Of Birth 27/04/1990
Occupation Outdoor

Date Of Driving Pass	03/01/2014
Driving experience	8 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90515748
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	67 UBI AVENUE 1 #02-05
Address complement	-
Postcode	S (408942)
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	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)	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

Please refer to attached 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	SLU432J
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)	-

Describe Circumstances of the Accident

On 23/10/2022 @ 4:50 pm I was driving the Vehicle: GRK 5233E along Tola Guan Road, I saw an accident in front of me and the vehicle before me: SLV 432J stopped immediately, then I ~~try~~ tried to stop, but I accidentally hit him, then later I ~~come~~ came down and saw there was a vehicle SJY 2173X away from the vehicle SLV 432J. Then Police came we exchange particulars.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

v. Jalil

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

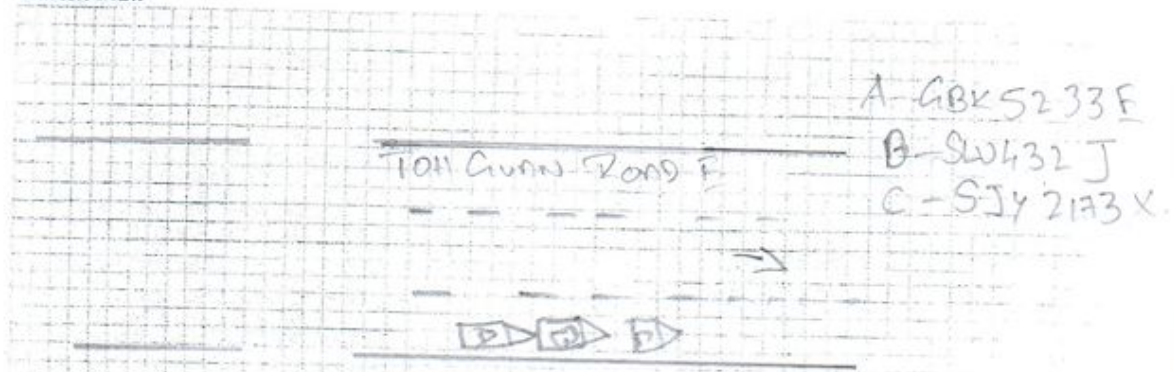


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan























**SINGAPORE
POLICE FORCE**



T/20221024/7017

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

2 of 4

Report No. T/20221024/7017

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLU432J	Car	TOYOTA		White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VEERAPPAN KARTHIK	ID No.	G2143058M
Related Vehicle	GBK5233E (Van)	Contact No.	96587945
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: 06/02/2024
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	MOHAMAD RUDY BIN MOHAMAD	ID No.	S7725503F
Related Vehicle	SJY2173X (Car)	Contact No.	NIL
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
Driver			
Name	MOHAMED SIDEK BIN EUSOPE	ID No.	S1176310C
Related Vehicle	SLU432J (Car)	Contact No.	NIL
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



**SINGAPORE
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T/20221024/7017

Police Station Of Origin:
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3 of 4

Report No. T/20221024/7017

CONTINUATION OF REPORT

Driver supervisor			
Name	CHOW MOHAMED FIRMAN ZURAIMI	ID No.	S8409425J
Related Vehicle	NIL	Contact No.	89389860
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 23/10/22 at about 4.50pm. My technician was driving Company Van, (GBK5233E), along Toh Guan Road towards Boonlay Way (Lamp post 40).

A car bearing plate no. SLU432J was driving in front of him. It sudden brake and stop without him noticing it what actually happen. He have tried to avoid and applied the brakes but not able to stop on time and hit the car rear vehicle.

Ambulance and traffic police was activated site and was given case card D/20221023/0075.



**SINGAPORE
POLICE FORCE**



T/20221024/7017

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

4 of 4

Report No. T/20221024/7017

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 /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

NP168

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

Date/Time:
24/10/2022 14:16

Classification Of Case: