

# 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 ..... 27/10/2022 14:12 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 26/10/2022 19:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JALAN AHMAD IBRAHIM  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ2843K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ACR ENGINEERING PTE LTD  
Company Reg No ..... 200907543C  
Email Address ..... MEIFANG.LAI@ACRSCAFFOLDING.SG  
Mobile Phone No ..... (Phone) +65-97922501  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... FB  
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 ..... 2500

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5120144368-01

### DRIVER

Name of Driver ..... RAMAN ILAYARAJA  
Work Permit No ..... G2151110U  
Date Of Birth ..... 03/06/1985  
Occupation ..... Outdoor

Date Of Driving Pass .....	19/07/2021
Driving experience .....	1 YEAR AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84338138
Alt. Phone Number .....	-
Email Address .....	MEIFANG.LAI@ACRSCAFFOLDING.SG
Address .....	1 SOON LEE STREET
Address complement .....	#01-33
Postcode .....	627605
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 .....	Wet

#### 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? .....	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 .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO 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 .....	To submit to workshop

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLK2178H
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ONG SIEW KEONG
NRIC No .....	S7938893I
Contact Number .....	(Phone) +65-81837917
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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

27/10/22

Sketch Plan 1400HRS

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

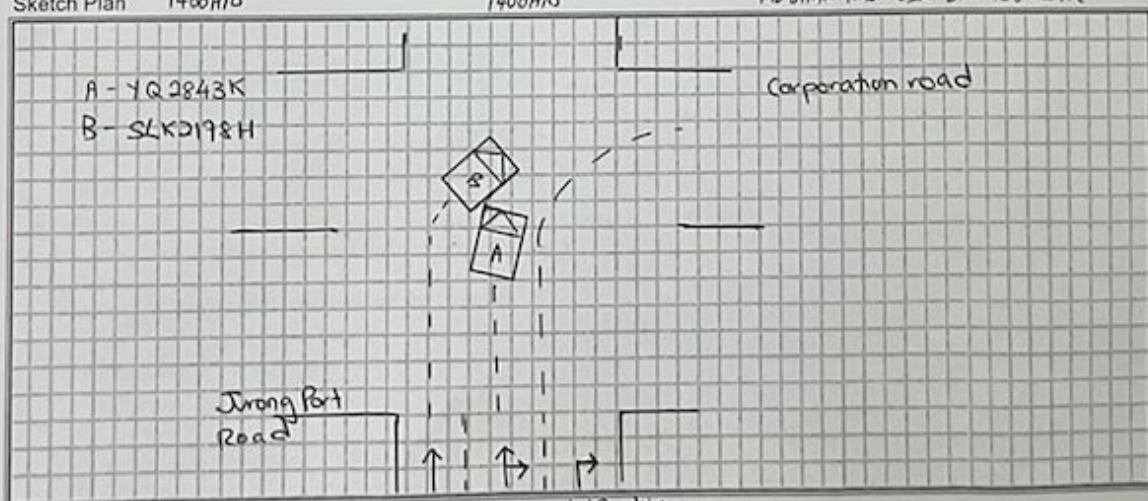
27/10/22

1400HRS

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

MO SHAN KASH FIR BIN ABDULLAH



Describe Circumstance of the Accident

Refer to police report

Declaration

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



Policyholder's Signature / Date & Time

27/10/22  
1400HRS

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

27/10/22  
1400HRS

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

MD SHAM KAMEIR BIN  
ABDULLAH

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**SINGAPORE  
POLICE FORCE**



T/20221026/2119

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Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20221026/2119

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	ONG SIEW KEONG		ID No. S7938893I
Related Vehicle	SLK2178H (Car)		Contact No. 81837917
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
<b>Driver</b>			
Name	RAMAN ILAYARAJA		ID No. G2151110U
Related Vehicle	YQ2843K (Lorry)		Contact No. 84338138
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: 30/03/2025
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above-mentioned date, time and location, I was waiting at the cross-junction along Jalan Ahmad Ibrahim and Jurong Port Road on Lane 2 of the three-lane road as the traffic light was red. I was making a right turn towards the direction of Corporation Road. When the traffic light had turned green and into my favour, I moved off, making a right turn towards Corporation Road. Suddenly, a white car, which was earlier waiting at lane 3, side-swiped the left side of my lorry before I had completed the turn. I checked that the lane that the car was waiting earlier was heading straight and had no markings of making a right turn. I alighted and checked the condition of the driver and both vehicles. I saw that the driver of the car was not injured, and I am not injured. We both exchanged particulars and the necessary photos were taken. There was no dispute and both of us left after the necessary exchanges were done. There is an in-car camera installed in my lorry. My lorry had broken headlight on the left and the car had dent at the rear right near the passenger door.



# SINGAPORE POLICE FORCE



T/20221026/2119

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20221026/2119

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2022 20:38	Vide Report No.:	Station Diary No.: 242
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### Informant's Particulars

Name of Informant: RAMAN ILAYARAJA	Address: 70 TUAS SOUTH AVENUE 1 TUAS VIEW DORMITORY SINGAPORE 637285		
ID Type / ID No.: FIN NO / G2151110U	Contact No.: Home/Office: Mobile: 84338138		
Nationality: INDIAN	Email:		
Sex: Male	Age: 37	Date of Birth: 03/06/1985	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: GENERAL WORKER	Driving Licence Information: Class: 2B,3 Date of Expiry: 30/03/2025		

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2022 19:20	Type of Location: X-Junction
Location:  JALAN AHMAD IBRAHIM				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK2178H	Car				Slightly Damaged	0
YQ2843K	Lorry				Slightly Damaged	0

### Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**

T/20221026/2119

3 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20221026/2119

**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:

J /  
SR STAFF SGT MUHAMMAD  
FAIS ABDUL WAHAB

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/10/2022 20:38

Officer In Charge Of Case:  
TP / GIA /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

NP168