

# 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 ..... 18/11/2022 17:04 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 17/11/2022 15:10 (SGT)  
Exact Location of Accident ..... Braddell Rd, Singapore  
Additional Location Information ..... ALONG BRADELL ROAD (NEAR LAMP POST 101/1)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBC2727J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... QI JI CATERING PTE LTD  
Company Reg No ..... 2XXXXX212R  
Email Address ..... LCGPAKWANG@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90010062  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
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 ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5104552655-04

### DRIVER

Name of Driver ..... DURAISAMY THANGAVELAN  
Passport No/FIN ..... GXXXX489U  
Date Of Birth ..... 08/04/1985  
Occupation ..... Outdoor

Date Of Driving Pass .....	27/03/2015
Driving experience .....	7 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90833508
Alt. Phone Number .....	-
Email Address .....	LCGPAKWANG@GMAIL.COM
Address .....	18 JO SENG ROAD
Address complement .....	12-153
Postcode .....	360018
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) .....	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 .....	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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

#### 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 .....	SD CARD WITH TP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBF9616J
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMZ4369U
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) .....	2

# 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.

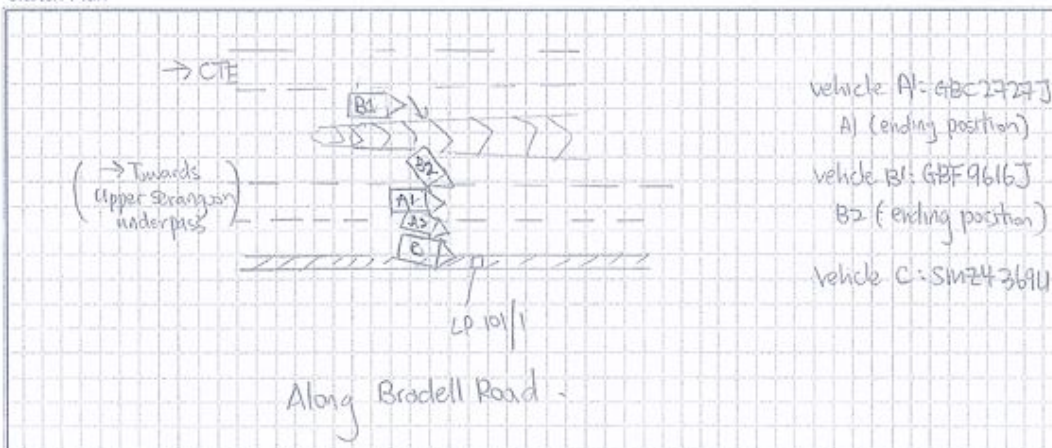
## 8. Consent under the Personal Data Protection Act (PDPA)

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:  Driver's Signature (if driver is not the policyholder) / Date & Time:  Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): 

## Sketch Plan



Describe Circumstance of the Accident

On 17/11/22 at about 1510 hrs, I was travelling along Brandell Road when vehicle B, GBF966J, suddenly cut across the divider and bang into the left portion of my vehicle, vehicle A, GBC2727J. The impact pushed my vehicle to the right and caused the collision between vehicle C, SMZ4369U. TP Officer Hafizah arrived on scene and took the sd card from my vehicle.

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*



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






















































**SINGAPORE  
POLICE FORCE**


T/20221117/2101

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Report No. T/20221117/2101

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/11/2022 21:17	Vide Report No.: E/20221117/0071	Station Diary No.: 39
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**Informant's Particulars**

Name of Informant: DURAISAMY THANGAVELAN		Address: 18 JOO SENG ROAD #12-513 JOO SENG HEIGHTS SINGAPORE 360018	
ID Type / ID No.: FIN NO / G3044489U		Contact No.: Home/Office: Mobile: 90833508	
Nationality: INDIAN		Email:	
Sex: Male	Age: 37	Date of Birth: 08/04/1985	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Van driver		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: 17/11/2022 15:10	Type of Location: Straight Road
Location: BRADDELL ROAD				
Lamp Post Number: 101				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
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	Condition	No of Passenger
GBC2727J	Van	TOYOTA	HIACE MANUAL	White	Slightly Damaged	0
GBF9616J	Van	NISSAN	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC	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



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Report No. T/20221117/2101

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMZ4369U	Car	MAZDA	MAZDA6 SEDAN 2.0 AT STANDARD I5	Red	Seriously Damaged	1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DURASAMY THANGAVELAN	ID No.	G3044489U
Related Vehicle	GBC2727J (Van)	Contact No.	90833508
Hospital/Clinic	HEALTHLINK MEDICAL CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/11/2022	Date Discharge	17/11/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Neo Chin Huat	ID No.	S1210341G
Related Vehicle	GBF9616J (Van)	Contact No.	96164292
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 17/11/2022 at about 1510hrs, I was travelling along Bradell road lane 2 when one vehicle (GBF9616J) suddenly cut across the divider and collide into my left portion of my vehicle. Due to the impact, my vehicle was pushed to the lane 1 on the right side and caused the collision on another vehicle (SMZ4369U). There was no injury at that point of time and no one was conveyed to the hospital. Shortly after, Traffic police officer Hafizah arrived at scene and took the SD card from my vehicle for evidence.

I exchanged particulars with the van driver (GBF9616J) only as the car driver refused to provide his particulars to me. After the accident, I felt pain on my right shoulder and left middle three fingers as such I went to the clinic to seek medical assistance. I was given 3 days MC for my injuries.





**SINGAPORE  
POLICE FORCE**



T/20221117/2101

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Report No. T/20221117/2101

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

CONTINUATION OF REPORT

**Income**  
made yours

### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5104552655-04

1. Index mark and Registration Number of Vehicle	Cover : Comprehensive
Chassis Number	: GBC2727J
2. Name of Policyholder	: JTFHT02P300081829
3. Effective Date of Insurance	: QI JI CATERING PTE LTD
4. Expiry Date of Insurance	: 01 Nov 2022
5. Persons or Classes of Persons entitled to drive	: 31 Oct 2023

(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.  
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover  
(a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.  
This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : SEABANC INSURANCE BROKERS PTE LTD (00000690083)  
Date of Issue : 21 Sep 2022 14:50 hrs

For INCOME INSURANCE LIMITED