

# 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 ..... 21/11/2022 17:36 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 16/11/2022 08:20 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... TOWARDS TUAS  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GZ2025X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... RECLAIMS ENTERPRISE PTE LTD  
Company Reg No ..... 2XXXXX101E  
Email Address ..... hr@reclaims-enterprise.com  
Mobile Phone No ..... (Phone) +65-84361073  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
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 ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SD22V02100/VCH/R00

### DRIVER

Name of Driver ..... ANNAMALAI NANTHAKUMAR  
Passport No/FIN ..... GXXXX509R  
Date Of Birth ..... 03/08/1997  
Occupation ..... Outdoor

Date Of Driving Pass .....	06/04/2022
Driving experience .....	7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84361073
Alt. Phone Number .....	-
Email Address .....	hr@reclaims-enterprise.com
Address .....	10 TUAS SOUTH STREET 7
Address complement .....	-
Postcode .....	637114
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) .....	2
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 .....	KARUPPAIAH SINGATHURAI
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004849999
Alt. Police Station Phone No .....	(Fax) +65-62181399
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220001/2063

#### 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 .....	WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YP8025X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ZHANG CHUANWU
Passport No/FIN .....	GXXXXX290M
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 .....	YQ2318K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	UNKNOWN
Contact Number .....	(Phone) +65-83113665
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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


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

Refer to police report no T/2022U116/2063



Declaration

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



Policyholder's Signature / Date & Time

*Adnan*

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

*21/11/2022*

Witnessed by Reporting Centre Personnel  
(Name as in NR/C10 card)















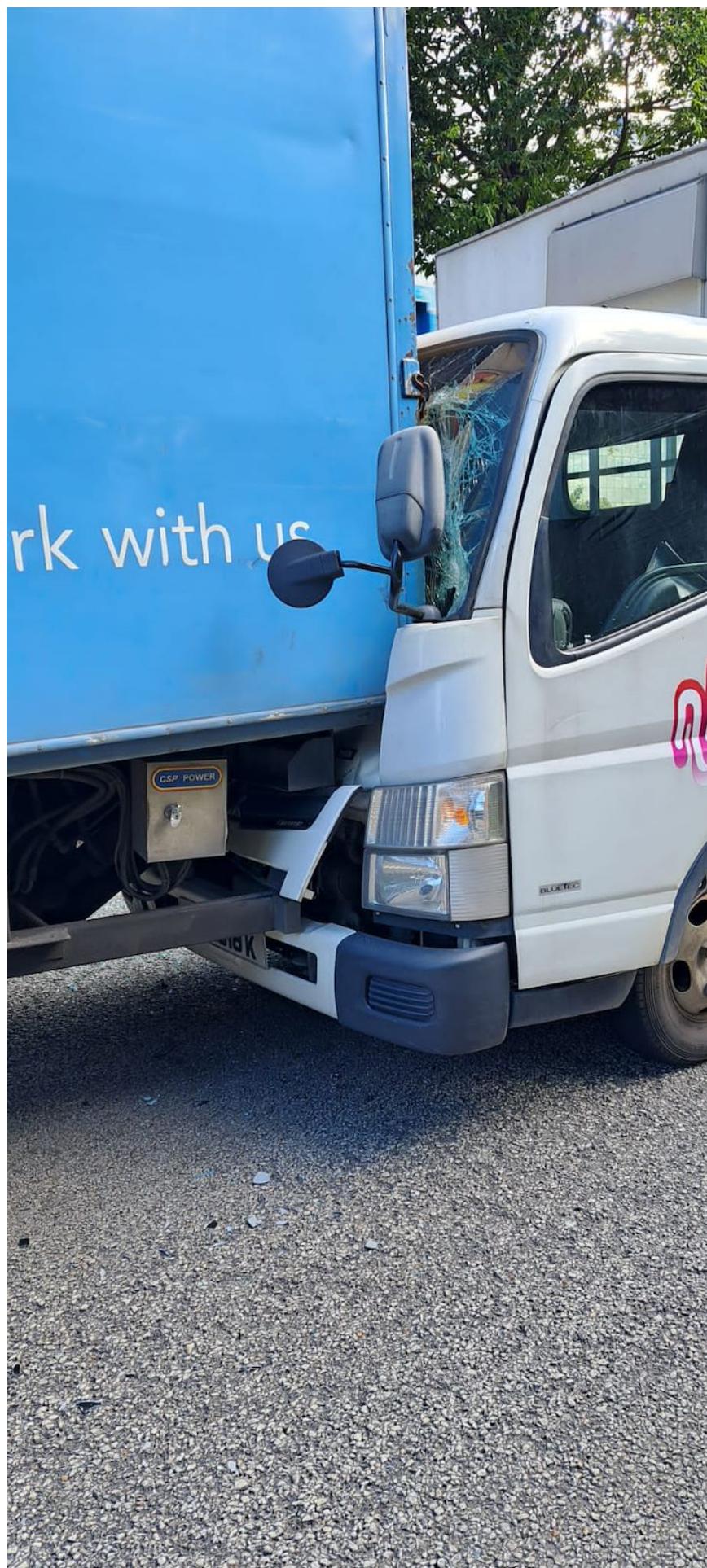





















**SINGAPORE  
POLICE FORCE**


T/20221116/2063

1 of 3

Report No. T/20221116/2063

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/11/2022 15:04	Vide Report No.: J/20221116/0045	Station Diary No.: 40
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: ANNAMALAI NANTHAKUMAR	Address: 10 TUAS SOUTH STREET 7 SINGAPORE 637114	
ID Type / ID No.: FIN NO / G8671509R	Contact No.: Home/Office:	Mobile: 84361073
Nationality: INDIAN	Email:	
Sex: Male	Age: 25	Date of Birth: 03/08/1997
Type of Informant: Driver		
Race: Indian	Language:	Institution / School Name:
Occupation: CONSTRUCTION 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: 16/11/2022 08:20	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ2025X	Lorry				Slightly Damaged	1
YP8025X	Lorry					0
YQ2318K	Lorry					0



**SINGAPORE  
POLICE FORCE**



T/20221116/2063

2 of 3

Report No. T/20221116/2063

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

**CONTINUATION OF REPORT****Brief Details.**

On 16/11/2022 at about 0820hrs I was driving my company lorry GZ2025X going towards Tuas.

I was driving on the 3rd lane. The traffic was quite heavy during that time. I was slowly moving forward when suddenly I heard a bang on my Lorry rear.

I got off the lorry and saw a Vehicle YP8025X hit onto my lorry and there was another lorry YQ2318K that hit on the rear of YP8025X.

There were some dent on the rear of my lorry.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999



T/20221116/2063

3 of 3

Report No. T/20221116/2063

**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:

F /  
SGT 2 RAJESWARI D/O  
PATRICK VISWA NATHAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/11/2022 15:04

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT MOHAMED SUFIAN BIN  
MOHAMED JUNID  
Contact No.: 65476247

Classification Of Case:

NP168



**SINGAPORE POLICE FORCE**  
**ACKNOWLEDGEMENT SLIP**

Ref: Report No: J/2022/116/45 <sup>45</sup> Y

I, SS T10183 MARTIN  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 21X MICRASS 16GB (1800)
- 2 7
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from ANNAMALAI NANTHAKUMAR (NP: 84361073)  
(Name, NRIC or Passport No. / Rank and No.)

of REXIMS ENTERPRISE PTE LTD  
(Address / Police Station / NPC / NPP)

on 16/1/22 at 1000  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

Received by:

A. Nanthakumar  
(Signature)

f. 8  
(Signature)

Annammalai Nanthakumar (086715092)  
(Name, NRIC or Passport No. / Rank and No.)

SS T10183 MARTIN  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: \_\_\_\_\_