

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 14:54 (SGT)
Reported by Driver
Date of Accident 17/11/2022 15:30 (SGT)
Exact Location of Accident Braddell Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF9616J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PROPELL INTEGRATED PTE LTD
Company Reg No 1XXXXX182D
Email Address FMD@PROPELL.COM.SG
Mobile Phone No (Phone) +65-64747356
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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? Yes
Vehicle Category Commercial vehicle
Transmission Auto
CC 1461

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VC05011326

DRIVER

Name of Driver NEO CHIN HUAT
NRIC No SXXXX341G
Date Of Birth 11/04/1956
Occupation Outdoor

Date Of Driving Pass	24/07/1979
Driving experience	43 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90614292
Alt. Phone Number	-
Email Address	FMD@PROPELL.COM.SG
Address	BLK 48 STRATHMORE AVENUE #16-229
Address complement	-
Postcode	140048
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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. T/20221117/2097

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	GBC2727J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	DURAISAMY THANGEVELAN
Passport No/FIN	GXXXX489U
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	SMZ4369U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM DING YANG
NRIC No	SXXXX622H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.



X

Policyholder's Signature / Date & Time

Imreant 18/11/22

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



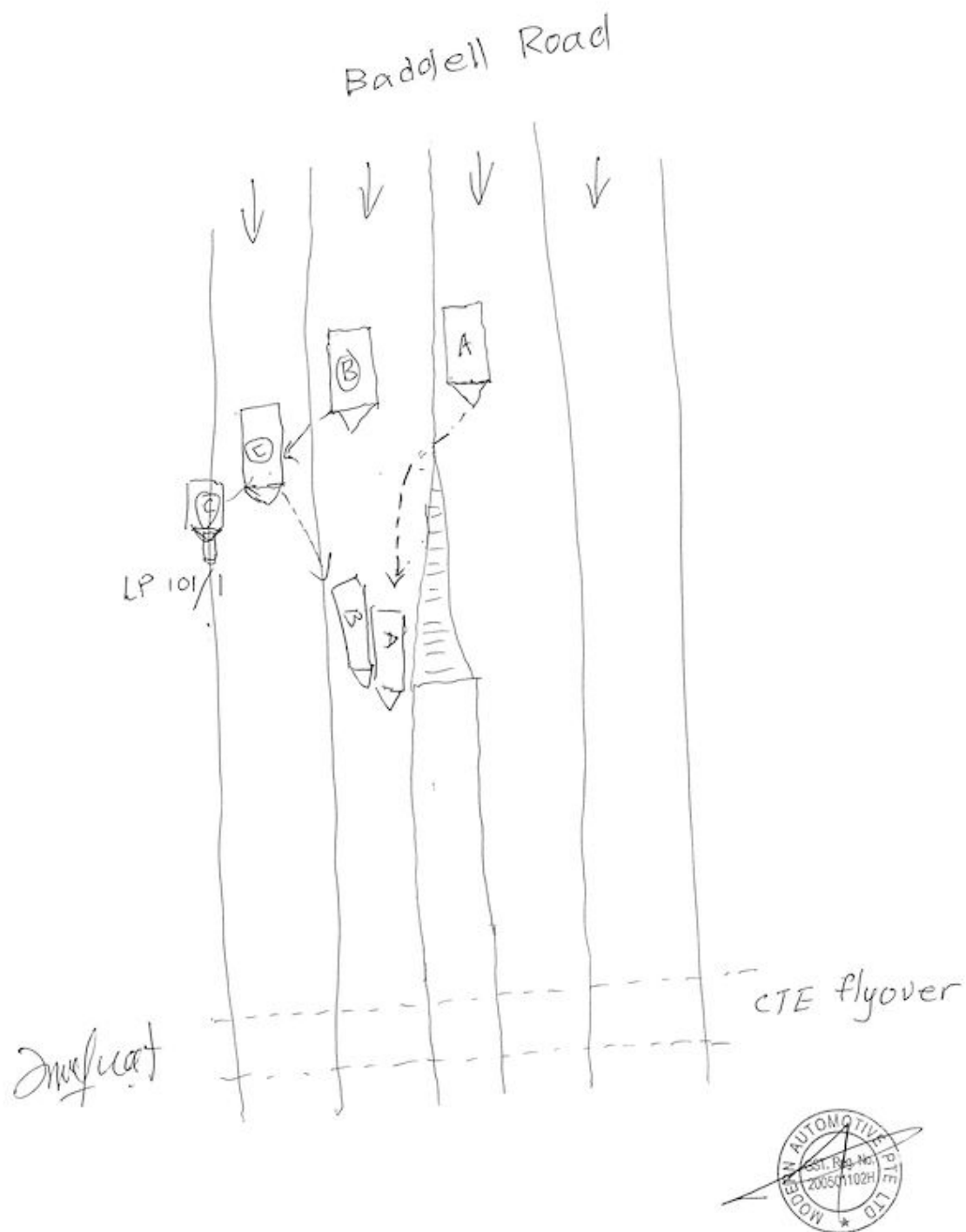
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

AS Attached.

vJun2022

1



Describe Circumstance of the Accident

As per Police Report No. T/2022 1117/2097.

Declaration

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



x

Imfent 18/11/22



Policyholder's Signature / Date & Time

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

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



**SINGAPORE
POLICE FORCE**



T/20221117/2097

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 4

Report No. T/20221117/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2022 20:02	Vide Report No.: E/20221117/0071	Station Diary No.: 49
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Informant's Particulars

Name of Informant: NEO CHIN HUAT			Address: APT BLK 48 STRATHMORE AVENUE #16-229 SINGAPORE 140048		
ID Type / ID No.: NRIC NO / S1210341G			Contact No.: Home/Office: Mobile: 90614292		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 11/04/1956	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Maintenance Supervisor			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/11/2022 15:30	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: Heavy
Type of Collision: Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC2727J	Van	TOYOTA	MV300	White	Slightly Damaged	0
GBF9616J	Van	NISSAN	SV200	White	Slightly Damaged	0
SMZ4369U	Car	MAZDA	Mazda 6	Red	Seriously Damaged	1



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T/20221117/2097

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Tel No: 1800-4719999

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Report No. T/20221117/2097

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Duraisamy Thangavelan	ID No.	G3044489U
Related Vehicle	GBC2727J (Van)	Contact No.	90010062
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
Driver			
Name	NEO CHIN HUAT	ID No.	S1210341G
Related Vehicle	GBF9616J (Van)	Contact No.	90614292
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Lim Ding Yang	ID No.	S9227622H
Related Vehicle	NIL	Contact No.	NIL
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 the above-mentioned date, time and location, I was driving my vehicle, registered plate number GBF9616J along Bradell road towards upper serangoon on the third lane. I realized at almost the end of the exit that I wanted to go to Defu lane and thus I signaled and immediately switched from third lane to the second lane before the divider. As I went in to the second lane towards Defu lane, it caused the van behind me, GBC2727J to move towards the left, which caused the van to hit the car, SMZ4369U. The car, SMZ4369, the front of the car then hit onto the lamp post while the van, GBC2727J then hit the side of my car due to the impact when the van hit the car SMZ4369U.



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POLICE FORCE**



T/20221117/2097

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Tel No: 1800-4719999

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Report No. T/20221117/2097

CONTINUATION OF REPORT

I then came out of my van and took the particulars of both the van and car driver. I then waited for the police to come as the car hit the lamp post which is government property. As the traffic police arrived, I gave my particulars and explained to the traffic police what happened earlier. Then the traffic police asked me to drive my vehicle to the bradell road shell station as the car door is dented and it was not safe to drive. The traffic police then issued me a case card, report number : E/20221117/0071.

After that my vehicle got towed away. I wish to state that the passenger in the car, SMZ4369U was pregnant and she said she was going to KK hospital to do a check. The pregnant passenger then boarded her friend's vehicle and went off.



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POLICE FORCE**



T/20221117/2097

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Tel No: 1800-4719999

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Report No. T/20221117/2097

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:

D /
SGT 2 LEE RYAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/11/2022 20:02

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT JOFILIANO BIN MOHAMED
ALI
Contact No.: 65476960

Classification Of Case:

NP168