

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	30/11/2022 11:30 (SGT)
Reported by	Driver
Date of Accident	25/11/2022 20:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YJ9044R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YISHUN TOWING PTE LTD
Company Reg No	200106908W
Email Address	feliciatan80@hotmail.com
Mobile Phone No	(Phone) +65-64588480
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Ftr33f
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	8226

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00036812203

DRIVER

Name of Driver	PERIYASAMY JOTHI
Work Permit No	G7594891W
Date Of Birth	11/02/1977
Occupation	Outdoor

Date Of Driving Pass	17/01/2011
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86485610
Alt. Phone Number	-
Email Address	feliciatan80@hotmail.com
Address	BLK 683A CHOA CHU KANG CRESCENT #08-416
Address complement	-
Postcode	681683
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	Collision - Head to Rear
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
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	SLX5579X
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC2017D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

SKETCH PLAN

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6. The 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.
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/firms/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.

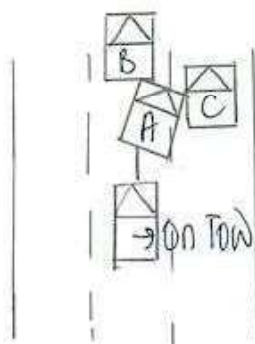
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Upper Bukit Timah Road



- A) 4J9044R
- B) SLX5539X
- C) SHC2017D

Describe Circumstances of the Accident

Refer To Police Report : T20221126/2003.

Declaration


We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 30/11/2021

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20221126/2003

3 of 4

Report No. T/20221126/2003

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	RADHAKRISHNAN RAJAMANI		ID No. G7667916P
Related Vehicle	(Off Road Cement Truck)		Contact No. 84645411
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 25/11/2022 at about 2052 hours, I was driving tow truck YJ9044R along Upper Bukit Timah Road towards Sungei Kadut direction. My colleague namely Radhakrishnan Rajamani was in an off-road vehicle (no license plate) and it was connected to my vehicle via a tow bar. Upon reaching the junction beside Hazel Park, the car travelling in front of me, SLX5579X suddenly jammed brake and came to a stop before the traffic lights. I did not manage to see what color it was when she applied the brakes. I also applied the brakes however I was unable to stop in time and thus collided into the rear of SLX5579X. Due to the collision, my truck veered to the right and concurrently, a blue comfort delgro taxi SHC2017D happened to drive past and my truck scrapped the left side of the taxi.

All of us alighted to check the damage and exchanged particulars.

No one claimed any injury and no ambulance or police were called.

The following damages were observed.

SLX5579X (heavily dented rear boot and smashed rear windscreen)
YJ9044R (dents of left front portion of vehicle, damaged left wing mirror)
SHC2017D (scratches on left rear door area)

My colleague's off road vehicle did not suffer any damages.

We informed our supervisor (96288480) and he informed that one of the insurance companies contacted him and they required us to lodge a traffic accident report regarding the matter.

The vehicles my colleague and I were driving do not have any in vehicle camera.





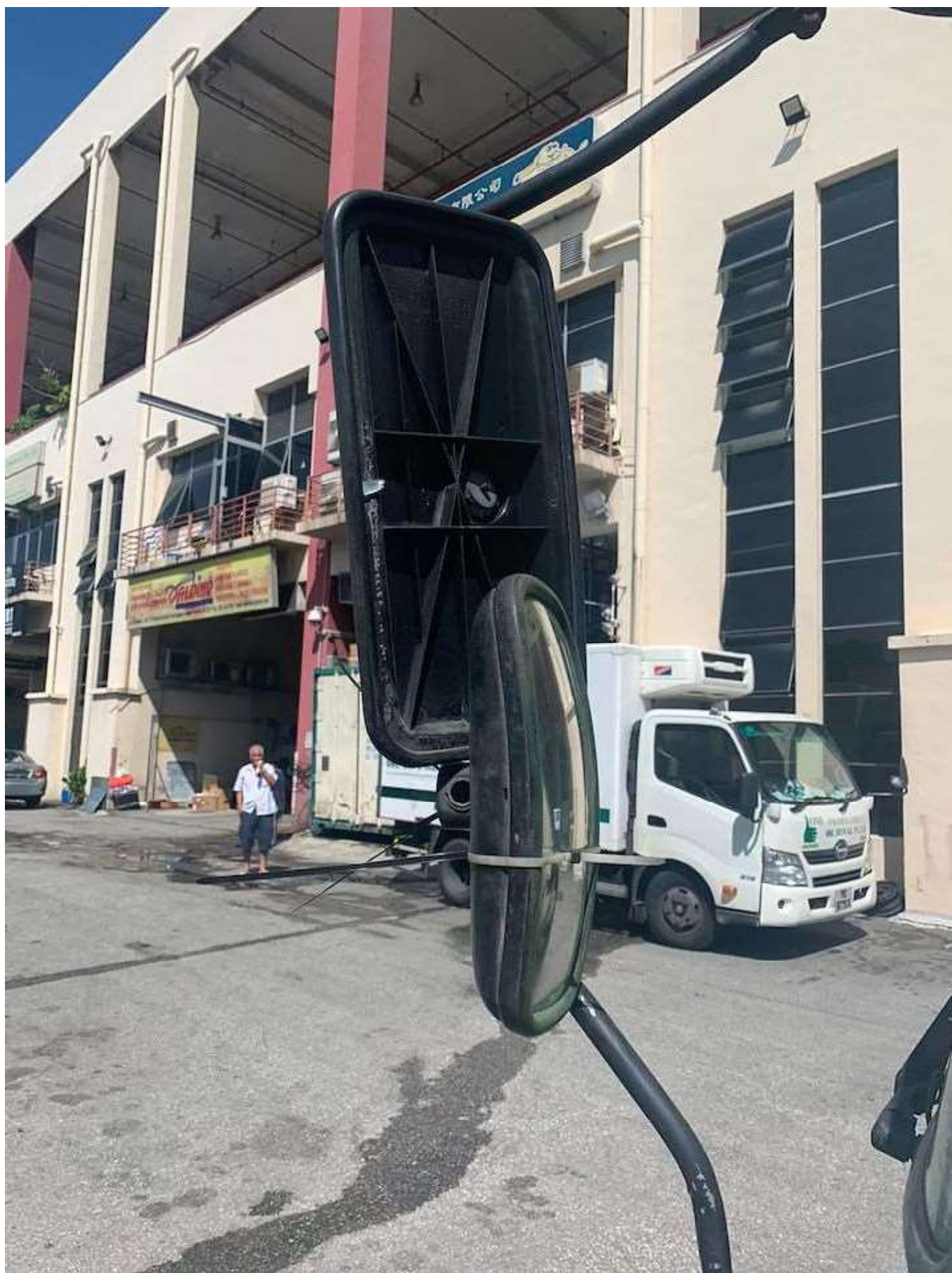






























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T/20221126/2003

1 of 4

Report No. T/20221126/2003

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Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2022 01:26	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: PERIYASAMY JOTHI			Address: 683A CHOACHU KANG CRESCENT #08-416 SINGAPORE 681683	
ID Type / ID No.: FIN NO / G7594891W			Contact No.: Home/Office: Mobile: 86485610	
Nationality: INDIAN			Email:	
Sex: Male	Age: 45	Date of Birth: 11/02/1977	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: TOW TRUCK DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/11/2022 20:50	Type of Location: X-Junction
Location: UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SHC2017D	Car	HYUNDAI	AE Ioniq HEV FL 1.6 DCT		Slightly Damaged	1
SLX5579X	Car	RENAULT	Grand Scenic IV 1.5 DCI AT EU6	Beige	Seriously Damaged	1
YJ9044R	Truck	ISUZU	FTR33F	Blue	Slightly Damaged	1
	Off Road Cement Truck	MERCEDES BENZ	Actros	White	No Damage	1



**SINGAPORE
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T/20221126/2003

2 of 4

Report No. T/20221126/2003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Lee Kian Hock	ID No.	S1232010H
Related Vehicle	SHC2017D (Car)	Contact No.	98730506
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	LEE YIN FONG	ID No.	S6906975D
Related Vehicle	SLX5579X (Car)	Contact No.	90066448
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	PERIYASAMY JOTHI	ID No.	G7594891W
Related Vehicle	YJ9044R (Truck)	Contact No.	86485610
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



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3 of 4

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SINGAPORE 689286
Tel No: 1800-7659999



T/20221126/2003

4 of 4

Report No. T/20221126/2003

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 /

SGT 2 DYLAN KOK JIE QI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/11/2022 01:26

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168