

# 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 .....              | 05/12/2022 23:27 (SGT)                          |
| Reported by .....                     | Driver  |
| Date of Accident .....                | 05/12/2022 12:25 (SGT)                          |
| Exact Location of Accident .....      | Singapore                                       |
| Additional Location Information ..... | JUNCTION OF BISHAN STREET 21 AND MARYMOUNT LANE |
| Country/State of Loss .....           | Singapore                                       |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | GBC8283H |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                            |
|--------------------------------|----------------------------|
| Is company? .....              | Yes                        |
| Name Of Registered Owner ..... | GOLDBELL LEASING PTE LTD   |
| Company Reg No .....           | 1XXXXX196N                 |
| Email Address .....            | IsaacNgCL@goldbellcorp.com |
| Mobile Phone No .....          | (Phone) +65-64942888       |
| Alternative Phone No .....     | -                          |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Mitsubishi                |
| Model .....  | Canter                    |
| Variant .....  | NA                        |
| 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 .....   | Auto                      |
| CC .....   | 0                         |

### INSURANCE COMPANY

|   |                                |
|---|--------------------------------|
| Name of Insurance Company .....         | MS First Capital Insurance Ltd |
| Policy Number / Cover Note Number ..... | D22099240                      |

### DRIVER

|                      |                          |
|----------------------|--------------------------|
| Name of Driver ..... | JOSEPH STANLY KUMARADHAS |
| Work Permit No ..... | GXXXX259Q                |
| Date Of Birth .....  | 17/07/1978               |
| Occupation .....     | Outdoor                  |

|  |                       |
|--|-----------------------|
| Date Of Driving Pass .....   | 11/11/2008            |
| Driving experience .....   | 14 YEARS AND 1 MONTH  |
| Gender .....   | Male                  |
| Mobile Number .....  | (Phone) +65-85336305  |
| Alt. Phone Number .....  | -                     |
| Email Address .....  | stanly4477@gmail.com  |
| Address .....  | 512 HOUGANG AVENUE 10 |
| Address complement .....   | #08-55                |
| Postcode .....   | 530512                |
| Is the driver the policyholder? .....                              | No                    |
| If No, Relationship of the Driver with the Insured .....           | Hirer                 |
| 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 - Cross Junction |
| Weather Conditions ..... | Clear                      |
| Road Surface .....       | Dry                        |

#### 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? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | Yes |
| 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 .....                       | Hougang Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18004890999             |
| Alt. Police Station Phone No .....              | (Fax) +65-63128989                  |
| Police Station Address .....                    | 60 Hougang Ave 9 Singapore 538775   |
| Was notice of intended Prosecution given? ..... | No                                  |
| If yes, against whom? .....                     | -                                   |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, T/20221205/2107 LODGE AT HOUGANG NPC  
ON 05/12/2022 AT ABOUT 1220HRS, I WAS ALONE DRIVING MY COMPANY VEHICLE GBC8283H ALONG A CROSS JUNCTION ALONG MARY MOUNT LANE AND MARY MOUNT ROAD. I WAS DRIVING ON THE FIRST LANE GOING STRAIGHT TOWARDS MARY MOUNT LANE AND AT THAT POINT OF TIME THE TRAFFIC LIGHT IS GREEN, AS SUCH I DID NOT STOP AT THE STOP LINE. AT THAT POINT OF TIME MY VEHICLE SPEED WAS ABOUT 50KM/HR. WHILE I MY VEHICLE WAS AT THE MIDDLE OF THE CROSS JUNCTION, THERE WAS AN ONCOMING VEHICLE SLW8602Y DRIVING FROM THE OPPOSITE DIRECTION TURNING RIGHT TOWARDS MARY MOUNT ROAD. UPON SEEING THE VEHICLE NOT SLOWING DOWN, I IMMEDIATELY JAMMED BRAKE, BUT IT WAS TOO LATE, AND THE SAID VEHICLE HAD COLLIDED TO MY FRONT LEFT BUMPER OF THE LORRY. THE LEFT SIDE OF THE SAID VEHICLE WAS SERIOUSLY DAMAGED AND AT THAT POINT OF TIME THERE ARE 1 MORE PASSENGER INSIDE THE SAID VEHICLE, AFTER THE ACCIDENT HAPPENED, I CALLED FOR POLICE ASSISTANCE AND THE DRIVER (FOO JI HAO RYAN, S9829309D, HP: 97611816) CALLED FOR AMBULANCE AS HIS PASSENGER WAS TRAPPED INSIDE THE VEHICLE DUE TO THE DAMAGE DOOR. SUBSEQUENTLY, BOTH AMBULANCE AND POLICE ARRIVED AT THE LOCATION AND THE PASSENGER WAS BEING CONVEYED TO HOSPITAL AND REPORT F/20221205/0074 WAS BEING CREATED

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 ..... SLW8602Y  
 Vehicle Manufacturer ..... Mitsubishi  
 Vehicle Model ..... Space star  
 Vehicle Variant ..... -  
 Vehicle Colour ..... Gray  
 Vehicle Category ..... Private car  
 Name of Driver ..... FOO JI HAO RYAN  
 NRIC No ..... SXXXX309D  
 Contact Number ..... (Phone) +65-97611816  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... 2

#### PASSENGER 1

Name ..... Passenger 1  
 Gender ..... Male

#### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... -  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... Third party vehicle drivers grandfather was conveyed by ambulance  
 Injured person in which vehicle? ..... SLW8602Y  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... Yes

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Witnessed By Reporting Officer  
Mohamed Saifullah S/O Syed Masood

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Witnessed by Reporting Centre  
Personnel

### Describe Circumstances of the Accident

I was traveling along Bishan street 21 towards Marymount lane suddenly third party vehicle which was coming on the opposite direction didn't follow traffic light and made a right turn causing me to hit onto his vehicle left side passenger door area.

### Declaration

We declare the foregoing particulars are true in every respect.

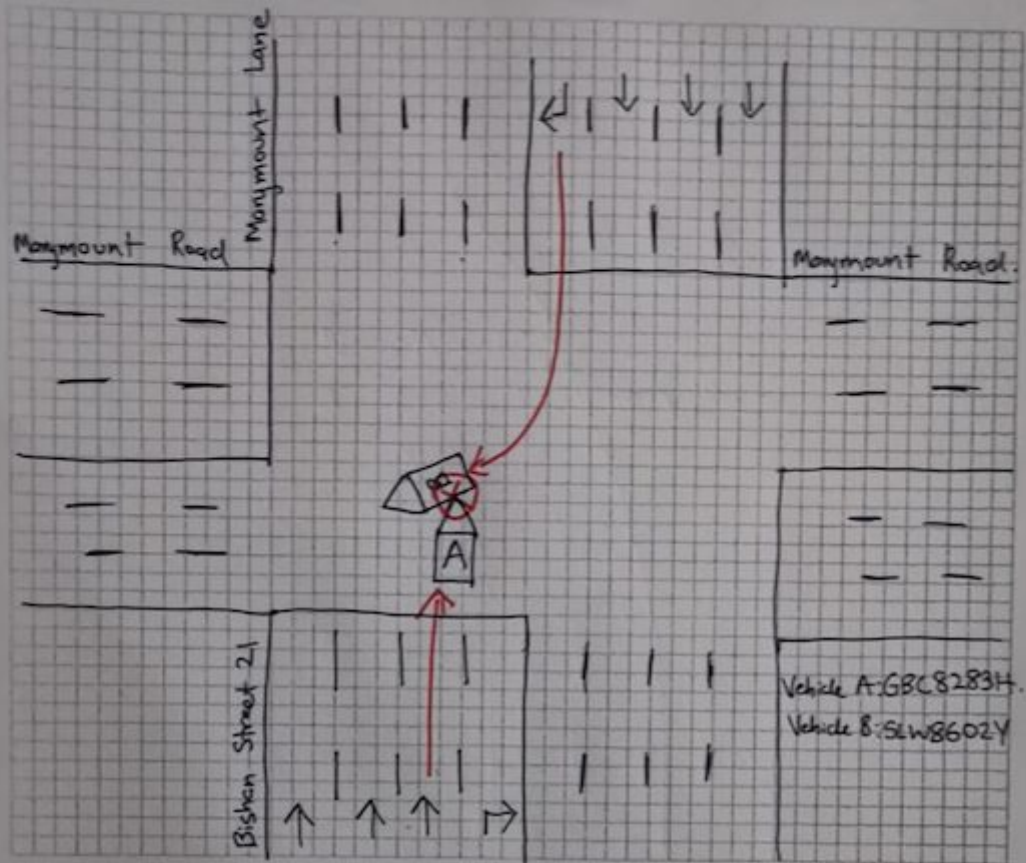
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time 5 Dec 2022

\_\_\_\_\_  
Witnessed By Reporting Officer  
Mohamed Saifullah S/O Syed Masood  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

ACCIDENT DIAGRAM

Ver. Jan 2022



Vehicle A: GBC8283H.  
Vehicle B: SLW8602Y

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer  
Mohamed Saifullah S/O Syed Masood  
Witnessed by Reporting Centre Personnel

AJAX MARS PTE LTD

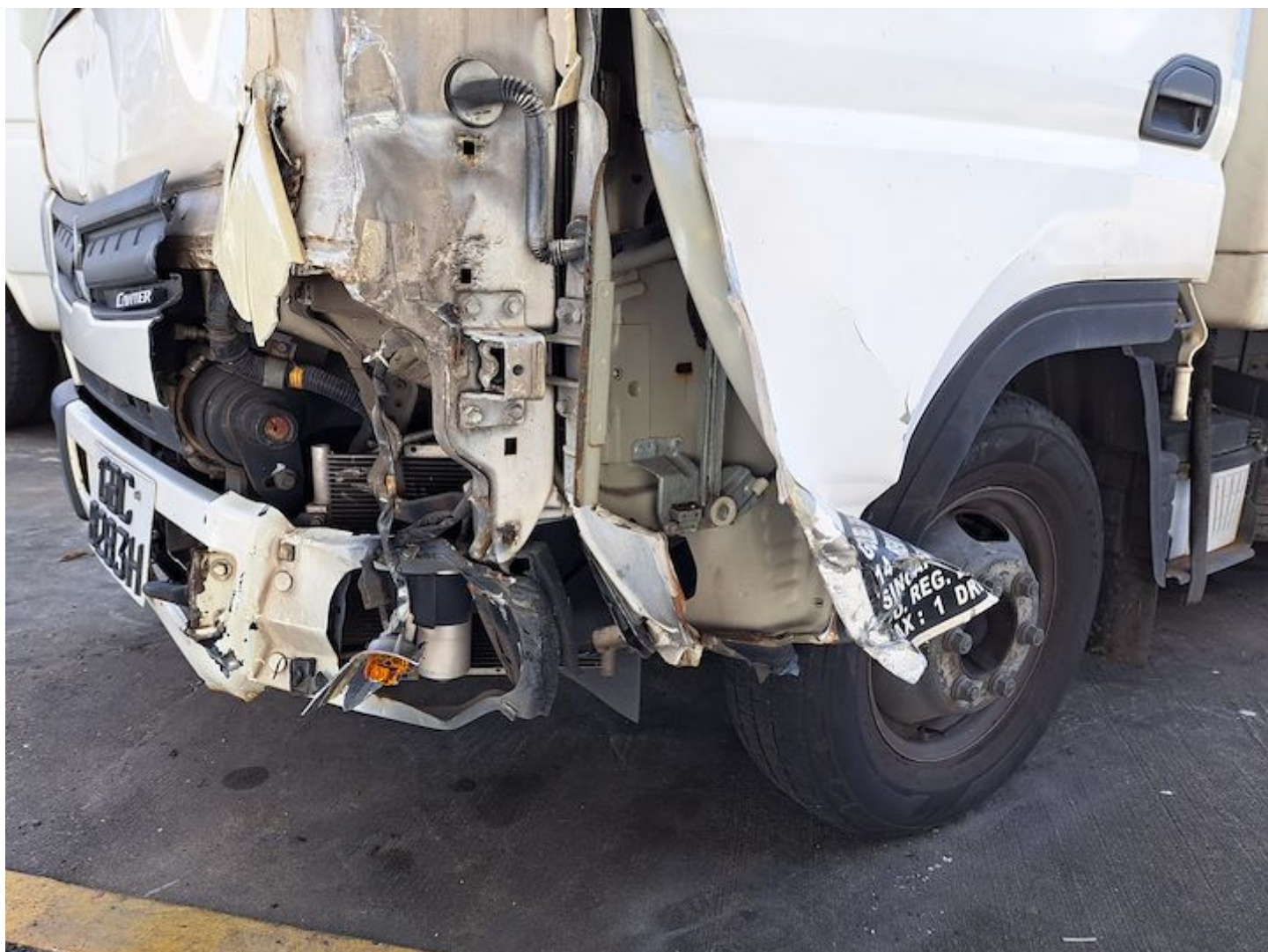


















































































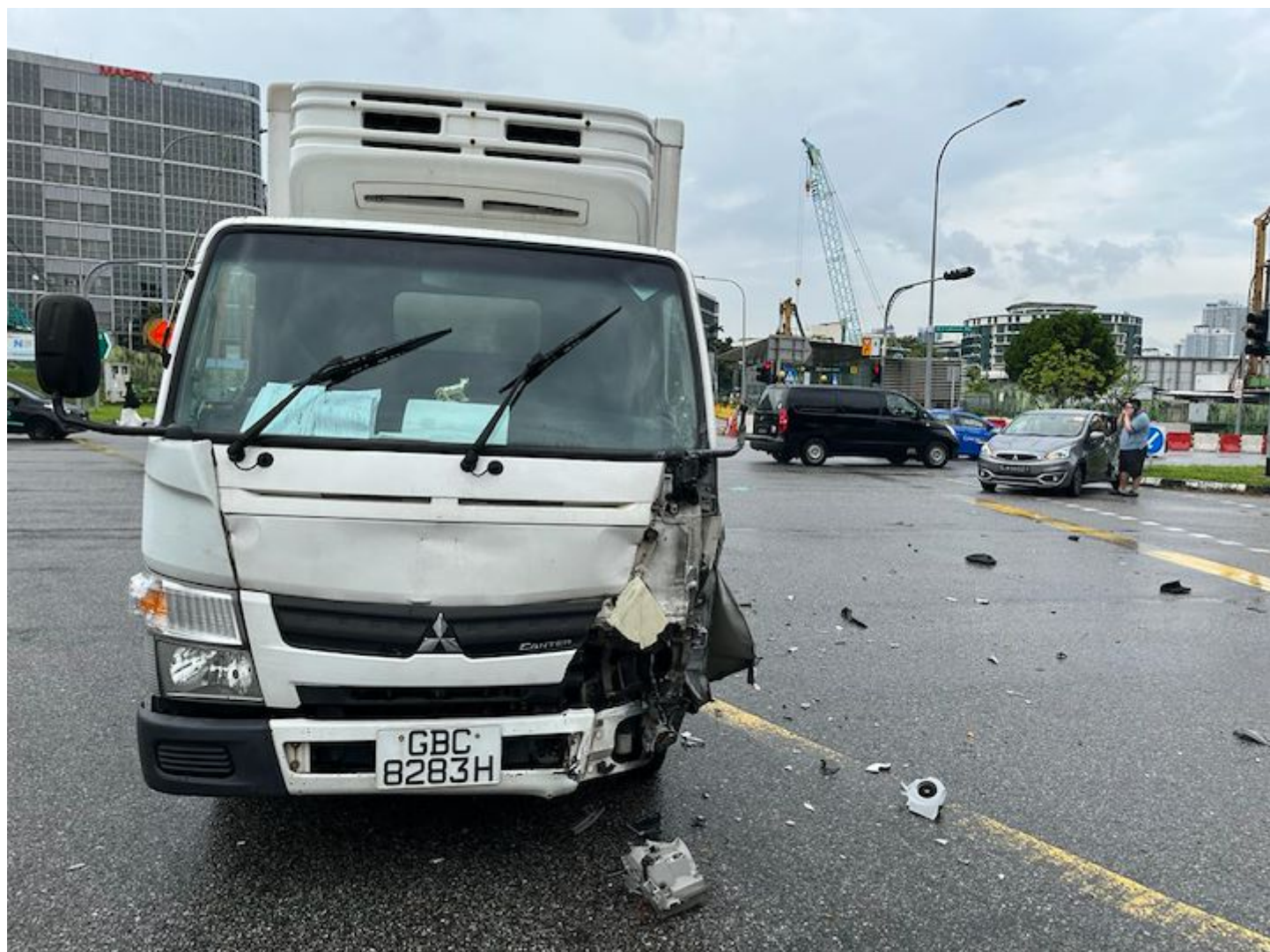





























**SINGAPORE  
POLICE FORCE**


T/20221205/2107

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20221205/2107

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                           |
|--|------------------|---------------------------|
| Date/Time Report Made:<br>05/12/2022 20.26 | Vide Report No.: | Station Diary No.:<br>113 |
|--|------------------|---------------------------|

**Informant's Particulars**

|  |            |                              |   |  |                            |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant:<br>JOSEPH STANLY KUMARADHAS |            |                              | Address:<br>APT BLK 512 HOUGANG AVENUE 10 #08-55 SINGAPORE 530512 |  |                            |
| ID Type / ID No.:<br>FIN NO / G7682259Q        |            |                              | Contact No.:<br>Home/Office: Mobile: 85336305                     |  |                            |
| Nationality:<br>INDIAN                         |            |                              | Email:  |  |                            |
| Sex:<br>Male                                   | Age:<br>44 | Date of Birth:<br>17/07/1978 | Type of Informant:<br>Driver                                      |  |                            |
| Race:<br>Indian                                |            |                              | Language:   |  | Institution / School Name: |
| Occupation:<br>Lorry driver                    |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:          |  |                            |

**General Information of the Accident**

|  |                              |   |   |  |
|--|------------------------------|---|---|--|
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>05/12/2022 12.25 | Type of Location:<br>X-Junction        |
| Location:<br><br>MARYMOUNT ROAD                              |                              |   |   |  |
| Weather:<br>Clear  |                              | Road Surface:<br>Wet                        |   | Road Speed Limit:                      |
| Traffic Flow:<br>One Way                                     |                              | Traffic Control:<br>Traffic Light - Working |   | Traffic Volume:<br>Heavy               |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                              |   |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make | Model | Color | Condition            | No of Passenger |
|-------------|-------|------|-------|-------|----------------------|-----------------|
| GBC8283H    | Lorry |      |       |       | Seriously<br>Damaged | 1               |
| SLW8602Y    | Car   |      |       |       | Seriously<br>Damaged | 2               |





# SINGAPORE POLICE FORCE



T/20221205/2107

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20221205/2107

## CONTINUATION OF REPORT

### Brief Details.

On 05/12/2022 at about 1220hrs, I was alone driving my company vehicle GBC8283H along a cross junction along Mary Mount Lane and Mary Mount Road.

I was driving on the first lane going straight towards Mary Mount Lane and at that point of time the traffic light is green, as such I did not stop at the stop line. At that point of time my vehicle speed was about 50km/hr.

While I my vehicle was at the middle of the cross junction, there was an oncoming vehicle SLW8602Y driving from the opposite direction turning right towards Mary Mount Road.

Upon seeing the vehicle not slowing down, I immediately jammed brake, but it was too late, and the said vehicle had collided to my front left bumper of the lorry. The left side of the said vehicle was seriously damaged and at that point of time there are 1 more passenger inside the said vehicle.

After the accident had happened, I called for police assistance and the driver (Foo Ji Hao Ryan, S9829309D, Hp: 97611816) called for ambulance as his passenger was trapped inside the vehicle due to the damaged door. Subsequently, both ambulance and police arrived at the incident location and the passenger was being conveyed to hospital and report F/20221205/0074 was being created.

When you have finished, a copy of your vehicle's Insurance Certificate is enclosed in this report. If you don't have one, please contact your insurance company for a copy to file with this report. Please also file a copy of this report with your insurance company.

Signature of Officer Receiving This Report:

Sgt J TAN YEN KUNING  
KIDNATH

Signature of Informant:

Sgt J TAN YEN KUNING  
KIDNATH

Signature of Interpreter:

Sgt J TAN YEN KUNING  
KIDNATH

Signature of Case Officer:

Sgt J TAN YEN KUNING  
KIDNATH

Signature of Informant:

Sgt J TAN YEN KUNING  
KIDNATH

Signature of Interpreter:

Sgt J TAN YEN KUNING  
KIDNATH

Signature of Case Officer:

Sgt J TAN YEN KUNING  
KIDNATH

**SINGAPORE  
POLICE FORCE**

T/20221205/2107

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20221205/2107

**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 3 TAN TEIK KWONG,  
KENNETH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SGT 2 PHUA TIAK YEE  
Contact No.: 65476200

NP168

Signature Of Informant:

Date/Time:  
05/12/2022 20:26

Classification Of Case:





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1D22C50008 Vehicle Registration No: GBC8283H

Name (as shown in NRIC): JOSEPH STANLY KUMARADHAS NRIC/FIN/Passport No: GXXXX259Q

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 85336305

Email Address: \_\_\_\_\_

Date of Accident: 05/12/2022 Time of Accident: 12:25

Place of Accident: JUNCTION OF BISHAN STREET 21 AND MARYMOUNT LANE

Insurance Company: MS First Capital Insurance Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1. ATTACH PICTURES.

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: MEERA  
NRIC/FIN No.:  
Date: 06/12/2022