

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	07/11/2022 16:47 (SGT)
Reported by	Driver
Date of Accident	07/11/2022 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YIO CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2310L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GEOINSTRUMENTATION AUTOMATION PTE LTD
Company Reg No	200403845D
Email Address	XYZ010829@GMAIL.COM
Mobile Phone No	(Phone) +65-63831548
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05009792

DRIVER

Name of Driver	SANTHIYAGU ADAIKKALARAJ
Passport No/FIN	G7686783L
Date Of Birth	23/08/1984
Occupation	Outdoor

Date Of Driving Pass	27/05/2009
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86545302
Alt. Phone Number	-
Email Address	JAYAANANTHI1@GMAIL.COM
Address	5 UPPER ALJUNIED LINK #06-01 QUARTZ INDUSTRIAL BUILDING S 367903
Address complement	-
Postcode	-
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	NARAYANAN PRABU
Gender	Male

PASSENGER 2

Name	SUPPAN SOLAIMUTHU
Gender	Male

PASSENGER 3

Name	Passenger
Gender	Male

PASSENGER 4

Name	Passenger
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED

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 GBG1947B
 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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person NARAYANAN PRABU
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBF2310L
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person SUPPAN SOLAIMUTHU
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBF2310L
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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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 Representing Personnel
(Name as in NRIC/ID card)

Sketch Plan

A - GBF2310L
B - GBB 1947B

Describe Circumstance of the Accident

refer to the police report T/20221107/7091

Note: Please note that your insurer may have 14days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

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

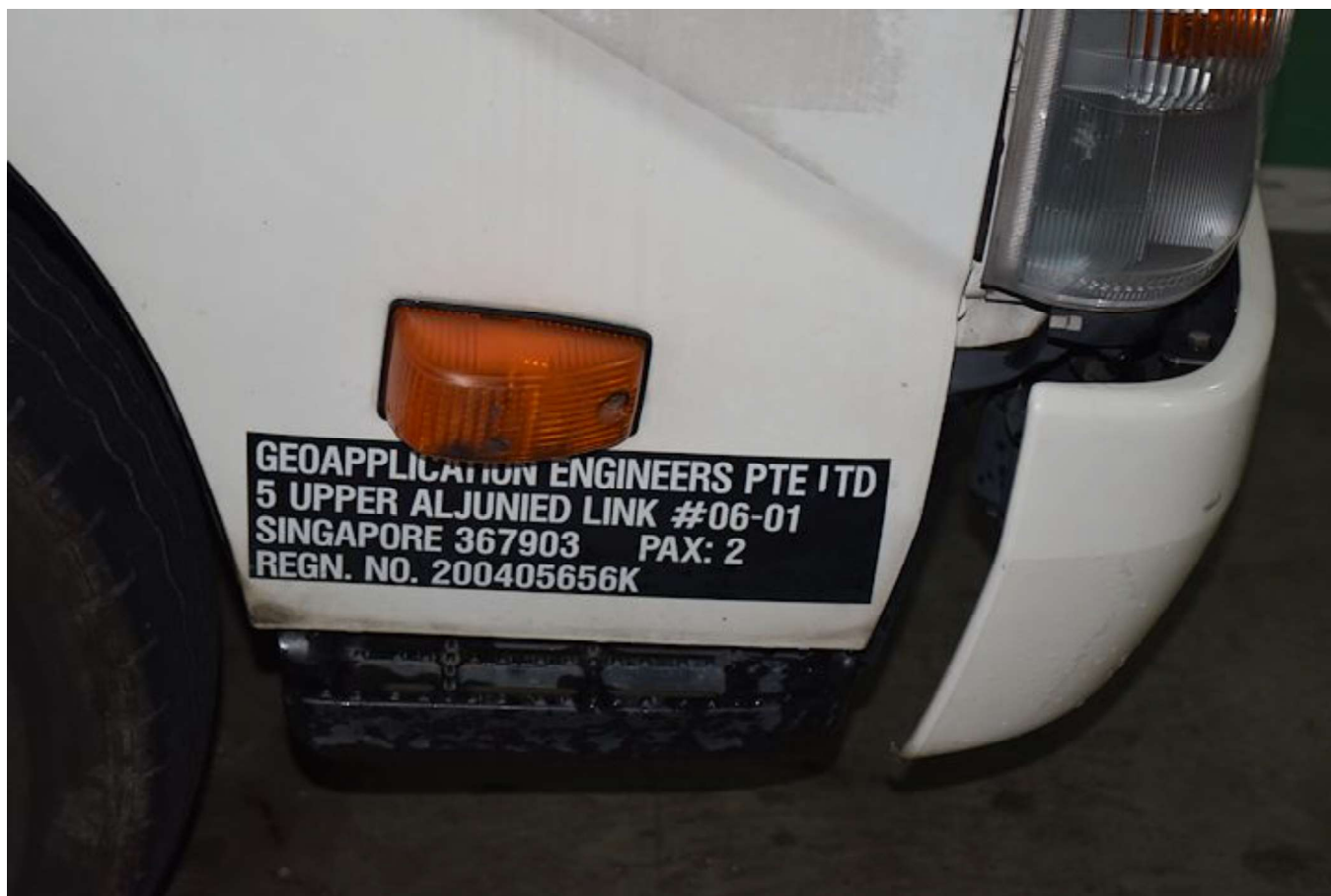
Policyholder's Signature / Date & Time

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

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



































**SINGAPORE
POLICE FORCE**



T/20221107/7091

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221107/7091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2022 15:10	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: SANTHIYAGU ADAIKKALARAJ			Address: APT BLK 57 GEYLANG BAHRU #03-3515 SINGAPORE 330057	
ID Type / ID No.: FIN NO / G7686783L			Contact No.: Home/Office: Mobile: 86545302 /	
Nationality: INDIAN			Email: jayaananthi1@gmail.com	
Sex: Male	Age: 38	Date of Birth: 23/08/1984	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: 3 Date of Expiry: 26/05/2024	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2022 09:00	Type of Location: Straight Road
Location: YIO CHU KANG ROAD /				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF2310L	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	4
GBG1947B	Lorry	TOYOTA	DYNA	Silver	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221107/7091

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221107/7091

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF2310L	LONPAC INSURANCE BHD.	Z22VC05009792	22/02/2022	03/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SANTHIYAGU ADAIKKALARAJ		ID No.	G7686783L
Related Vehicle	GBF2310L (Lorry)		Contact No.	86545302
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 26/05/2024
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Passenger				
Name	NARAYANAN PRABU		ID No.	G2627378T
Related Vehicle	GBF2310L (Lorry)		Contact No.	83762964
Hospital/Clinic	SHIFA CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	07/11/2022		Date	07/11/2022
No. of Days granted Medical Leave		02	Degree of	Slight
Passenger				
Name	SUPPAN SOLAIMUTHU		ID No.	G6601764N
Related Vehicle	GBF2310L (Lorry)		Contact No.	83933854
Hospital/Clinic	SHIFA CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	07/11/2022		Date	07/11/2022
No. of Days granted Medical Leave		02	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20221107/7091

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20221107/7091

CONTINUATION OF REPORT

Brief Details.

On 07/11/22 @ 9.00 am, I was driving my lorry along Ang Mo Kio Ave 6 Near Yio Chu Kang Castle Green Condo. The front vehicle was stopped at the junction as I also stopped and waiting, Suddenly I felt the impact from my back and realise there was a lorry (GBG1947B) bang on to my lorry and caused my rear 2 passengers injury. I sent my passengers to see doctor and both given 2 days MC.



**SINGAPORE
POLICE FORCE**



T/20221107/7091

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20221107/7091

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
07/11/2022 15:10

Classification Of Case: