

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	28/11/2022 12:28 (SGT)
Reported by	Driver
Date of Accident	08/11/2022 06:39 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	BKE towards Kranji Way
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6719R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Edmund Vehicle Rental Pte Ltd
Company Reg No	201625244G
Email Address	edmunddevr@gmail.com
Mobile Phone No	(Phone) +65-62503339
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	Income Insurance Limited
Policy Number / Cover Note Number	5112254195-03-000086

DRIVER

Name of Driver	Nallamuthu Kumar
Passport No/FIN	F8269803P
Date Of Birth	11/07/1977
Occupation	Outdoor

Date Of Driving Pass	29/06/2021
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91620621
Alt. Phone Number	-
Email Address	edmundevr@gmail.com
Address	279 Balestier Road #02-27 Balestier point
Address complement	-
Postcode	329727
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	Side Swipe
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?	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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer attached police report no: T/20221109/2001

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	WC9393T
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)	2

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.

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


AS PER THE POLICE REPORT REPORT NO : T/2022/1109/2001

Declaration

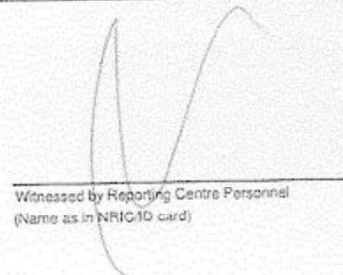
I/We declare the foregoing particulars are true in every respect.

 25/11/2022
4:00 PM

Policyholder's Signature / Date & Time

 25/11/2022
@ 3:40 PM

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/20221109/2001

1 of 3

Report No. T/20221109/2001

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2022 00:14	Vide Report No.:	Station Diary No.: 6
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Informant's Particulars

Name of Informant: NALLAMUTHU KUMAR			Address: APT BLK 428 JURONG WEST AVENUE 1 #02-244 SINGAPORE 640428	
ID Type / ID No.: FIN NO / F8269803P			Contact No.: Home/Office:	Mobile: 91620621
Nationality: INDIAN			Email:	
Sex: Male	Age: 45	Date of Birth: 11/07/1977	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: 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 Others	Drink Drive: No	Date/Time of Accident: 08/11/2022 18:40	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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
GBF6719R	Lorry	TOYOTA	DYNA 3.0 M	White	Slightly Damaged	0
WC9393T	CRANE OPERATOR	TEREX	AC350/6	White	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20221109/2001

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20221109/2001

CONTINUATION OF REPORT

Driver Name	NALLAMUTHU KUMAR	ID No.	F8269803P
Related Vehicle	GBF6719R (Lorry)	Contact No.	91620621
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

Brief Details.

On 08 November 2022 at about 0643 hrs, I was driving my vehicle (GBF6719R) on KJE towards BKE. I was travelling on the second lane. Suddenly, I felt an impact coming from the rear of my vehicle. I shifted my vehicle to the left side and alight. I notice another vehicle (WC9393T), a mobile crane has collided with my vehicle. I provided my particulars to the crane driver however he did not want to provide me his particular. The driver informed me to give the management number and settle within both managements. The other vehicle company demanded for SGD10,000 for the damages of the mobile crane. I was informed by my management side to proceed for insurance. No one was hurt during the accident. No Traffic Police nor Ambulance were at scene. My vehicle is equipped with in-car camera however I do not have the footage of the accident as the footage has been overwrite. The damages are on my vehicle rain shield, dent and paintwork on the left rear. I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20221109/2001

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Report No. T/20221109/2001

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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 / SCSGT(1) QAMARUL RIDZWAN BIN JOHAN	
Signature Of Interpreter: RENGASAMY VELMURUGAN / S7768958C	
Officer In Charge Of Case: TP / GIA / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	

Signature Of Informant:	
Date/Time: 09/11/2022 00:14	
Classification Of Case:	

NP168