

# 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 .....	09/12/2022 15:43 (SGT)
Reported by .....	Driver
Date of Accident .....	08/12/2022 08:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNC OF BUKIT TIMAH RD & STEVENS RD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	XE5275E
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KWAN YONG CONSTRUCTION PTE LTD
Company Reg No .....	1XXXXX800E
Email Address .....	selim@kwanyong.com.sg
Mobile Phone No .....	(Phone) +65-68982323
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	Cyz52r
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 .....	15681

### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	Z22VC05014004

### DRIVER

Name of Driver .....	RAJENDRAN THIRUSUNAN
Passport No/FIN .....	GXXXX111K
Date Of Birth .....	12/01/1983
Occupation .....	Outdoor

Date Of Driving Pass .....	30/05/2014
Driving experience .....	8 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91419849
Alt. Phone Number .....	-
Email Address .....	selim@kwanyong.com.sg
Address .....	50A KALLANG PLACE
Address complement .....	#01-03
Postcode .....	339909
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 .....	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 .....	Geylang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008486999
Alt. Police Station Phone No .....	(Fax) +65-68486799
Police Station Address .....	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE STATEMENT

#### 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 .....	FBT4775S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	RACHMAT HIDAYAT BIN EDY JUJU
NRIC No .....	SXXXX544E
Contact Number .....	(Phone) +65-88343309
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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

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



vJun2022

## Describe Circumstance of the Accident

I stop my veh at the red traffic light junc  
 at junc of Bukit Timah Road and Stevens Road (Whitley Rd)  
 when the traffic light change green i started  
 into Whitley Road.  
 to make a right turn. Suddenly veh B in  
 between lane 2 and lane 3, wanted to  
 going straight  
 and hit onto my front right side portion  
 of my veh.

## Declaration

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



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/20221208/2102

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

2 of 3  
Report No. T/20221208/2102

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	RAJENDRAN THIRUSUNAN		ID No. G8428111K
Related Vehicle	NIL		Contact No. 91419849
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
<b>Rider</b>			
Name	Rachmat Hidayat Bin Edy Juju		ID No. FBT4775S
Related Vehicle	NIL		Contact No. 88343309
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

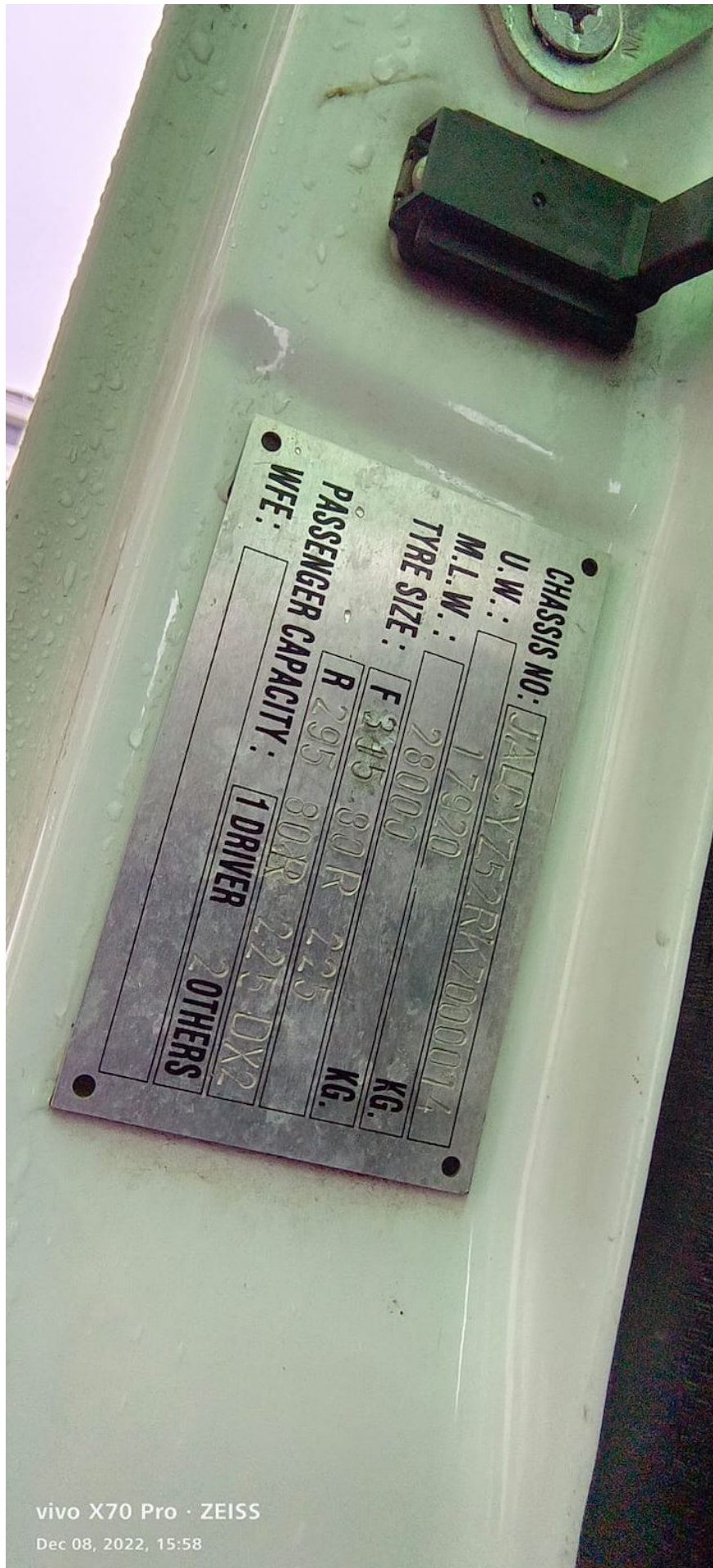
**Brief Details.**

I am the abovementioned person, and I am working as a construction worker at Kwan Yong Construction Pte Ltd for 5 years.

On 8/12/2022 at about 0830hrs, I was on the way to my site located at Tuas. I was driving along Bukit Timah Rd and Stevens Rd and came to a stop as the traffic light was red. When the traffic light turned green, I took a right turn into Whitley Road. Suddenly, a bike (FBT4775S) who was riding between lane 2 and lane 3 wanted to go straight however he hit onto my right-side bumper of my vehicle. The rider fell down on the ground and he sustained abrasion on his left knee. No ambulance or traffic police were called. I did not sustain any injuries however there is slight damages on the right front of my vehicle. I am lodging this report for insurance purposes.

















**SINGAPORE  
POLICE FORCE**



T/20221208/2102

1 of 3

Report No. T/20221208/2102

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/12/2022 21:16		Vide Report No.:		Station Diary No.: 113	
<b>Informant's Particulars</b>					
Name of Informant: RAJENDRAN THIRUSUNAN			Address: 11 JOO KOON CRESCENT #16-390 SINGAPORE 629022		
ID Type / ID No.: FIN NO / G8428111K			Contact No.: Home/Office:		Mobile: 91419849
Nationality: INDIAN			Email:		
Sex: Male	Age: 39	Date of Birth: 12/01/1983	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 08/12/2022 08:30	Type of Location: Flyover
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE5275E	Lorry				Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
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T/20221208/2102

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

2 of 3  
Report No. T/20221208/2102

**CONTINUATION OF REPORT**

<b>Driver</b>			
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Related Vehicle	NIL		Contact No. 91419849
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
<b>Rider</b>			
Name	Rachmat Hidayat Bin Edy Juju		ID No. FBT4775S
Related Vehicle	NIL		Contact No. 88343309
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

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T/20221208/2102

3 of 3

Report No. T/20221208/2102

**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:  
G /  
SGT 2 POH HUI MIN JASMINE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Signature Of Informant:

Date/Time:  
08/12/2022 21:16

Classification Of Case:

NP168