

# 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 .....	13/12/2022 15:02 (SGT)
Reported by .....	Driver
Date of Accident .....	12/12/2022 06:20 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	315 Ubi Avenue 1 Carpark
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YQ1688Z
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	Elbac Electrical Engineering
Company Reg No .....	4XXXX000M
Email Address .....	periyasamimanokar@gmail.com
Mobile Phone No .....	(Phone) +65-98904862
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hino
Model .....	XZU710R
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 .....	4009

### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	A 300363263 MKC

### DRIVER

Name of Driver .....	Periyasami Manokar
Passport No/FIN .....	GXXX215L
Date Of Birth .....	23/08/1986
Occupation .....	Outdoor

Date Of Driving Pass .....	15/08/2018
Driving experience .....	4 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98904862
Alt. Phone Number .....	-
Email Address .....	periyasamimanokar@gmail.com
Address .....	25 Kaki Bukit Road 3
Address complement .....	#08-24
Postcode .....	415815
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 .....	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 Police Report No. T/20221212/2087

#### 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 .....	SKN5329R
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) .....	-

**SKETCH PLAN**

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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.



*P. Yuen*

*Li*

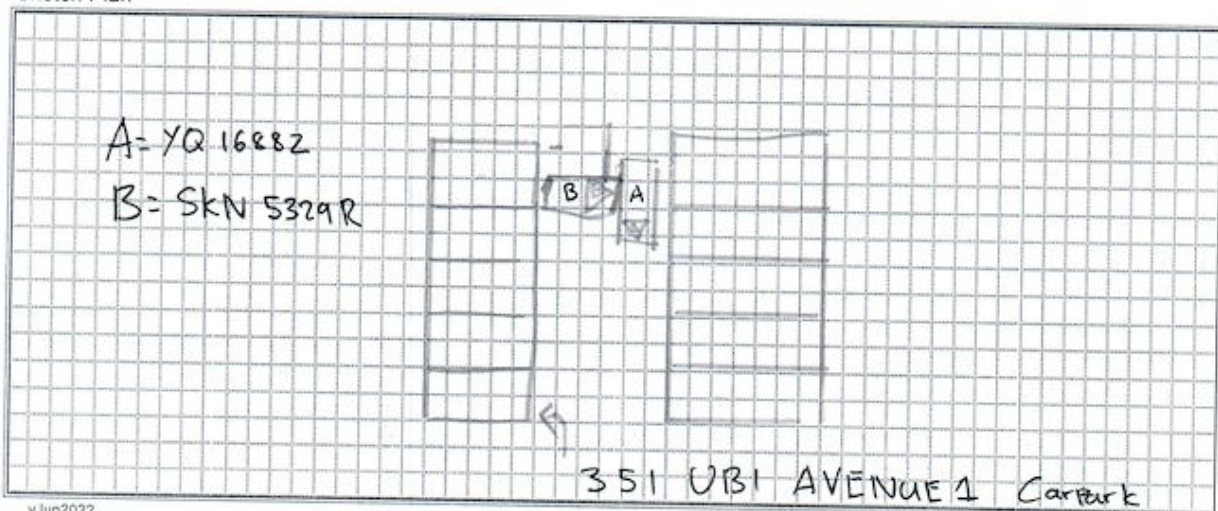
13/12/2022

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

Refer to Police Report No. T/2022/212/2087

Declaration

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



*P. Anwar*

*Liul*

13/12/2022

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)



























**BHMEC**  
 Beng Hock Mechanical Engineering Pte Ltd  
 11 Sungei Kadut St 4 Singapore 729041  
 Tel: +65 6686 3886 Fax: +65 6366 0027

**Chassis Number**  
 JHHUCV3H40K032927

**Unladen Weight** \_\_\_\_\_ **Kg**  
 2500

**Max Laden Weight** \_\_\_\_\_ **Kg**  
 5000

**Passenger Capacity**

<b>1 Driver</b>	7	<b>Others</b>
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**Tyre Size**

<b>F</b>	7.00	x	16	x	(S)
<b>R</b>	7.00	x	16	x	(D)

13/12/2022 14:02











**SINGAPORE  
POLICE FORCE**



T/20221212/2087

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

1 of 3  
Report No. T/20221212/2087

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/12/2022 19:44		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PERIYASAMI MANOKAR		Address: 25 KAKI BUKIT ROAD 3 #08-24 THE LEO SINGAPORE 415815			
ID Type / ID No.: FIN NO / G2474215L		Contact No.: Home/Office: Mobile: 98904862			
Nationality: INDIAN		Email: PERIYASAMIMANOKAR@GMAIL.COM			
Sex: Male	Age: 36	Date of Birth: 23/08/1986	Type of Informant: Driver		
Race: Indian		Language: Tamil		Institution / School Name:	
Occupation: Lorry driver		Driving Licence Information: Class: 3 Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive:	No	Date/Time of Accident:	12/12/2022 06:20	Type of Location:	Car Park
Location: UBI AVENUE 1							
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h			
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic			
Type of Collision: Between Moving Vehicles - Head To Side						Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKN5329R	Car				Seriously Damaged	0
YQ1688Z	Lorry				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221212/2087

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

2 of 3  
Report No. T/20221212/2087

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	BONG KAH LUNG		ID No. G2463010U
Related Vehicle	SKN5329R (Car)		Contact No. 81589996
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	PERIYASAMI MANOKAR		ID No. G2474215L
Related Vehicle	YQ1688Z (Lorry)		Contact No. 98904862
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE FOLLOWING DATE, TIME AND LOCATION,

I WAS INVOLVED IN AN ACCIDENT WITH A CAR (SKN5329R) WITH MY LORRY (YQ1688Z). I WAS TAKING A RIGHT-TURN WHEN SUDDENLY A CAR (SKN5329R) FROM THE RIGHTSIDE BANGED ONTO MY LORRY TO MY RIGHTSIDE OF MY BACK WHEEL. THE CAR'S FRONT BUMPER WAS SERIOUSLY DAMAGED AND MY LORRY RIGHTSIDE TYRE METAL WAS SLIGHTLY DAMAGED. AFTER THE COLLISION, I MANAGED TO GET HIS PARTICULARS TO LODGE A POLICE REPORT. NO ONE WAS INJURED DURING THE ACCIDENT. THAT'S ALL.



**SINGAPORE  
POLICE FORCE**



T/20221212/2087

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

3 of 3

Report No. T/20221212/2087

**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: TP / TSC NOORDEEN SEENI APPAS	<i>Seen</i>
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / SSI TAY CHUN KEEN Contact No.: 65476436	

Signature Of Informant:	<i>P. Muno</i>
Date/Time: 12/12/2022 19:44	
Classification Of Case:	

NP168