

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 15/12/2022 10:15 (SGT)
Reported by Driver
Date of Accident 10/12/2022 09:45 (SGT)
Exact Location of Accident Ang Mo Kio Street 44, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ2951G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner THE TRIO MOVERS PTE. LTD.
Company Reg No 2XXXXX869N
Email Address management@thetriomovers.com.sg
Mobile Phone No (Phone) +65-91410204
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NPR85UH5A
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 China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNA00087202200

DRIVER

Name of Driver GANESAN MANIKANDAN
Passport No/FIN GXXXX189X
Date Of Birth 03/04/1979
Occupation Outdoor

Date Of Driving Pass	15/09/2008
Driving experience	14 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91410204
Alt. Phone Number	-
Email Address	management@thetriomovers.com.sg
Address	BLK 604 WOODLANDS DRIVE 40 #08-13
Address complement	-
Postcode	730604
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	MANEKIN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221210/2092

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	SND78P
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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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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.

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 "Insurer(s)", 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

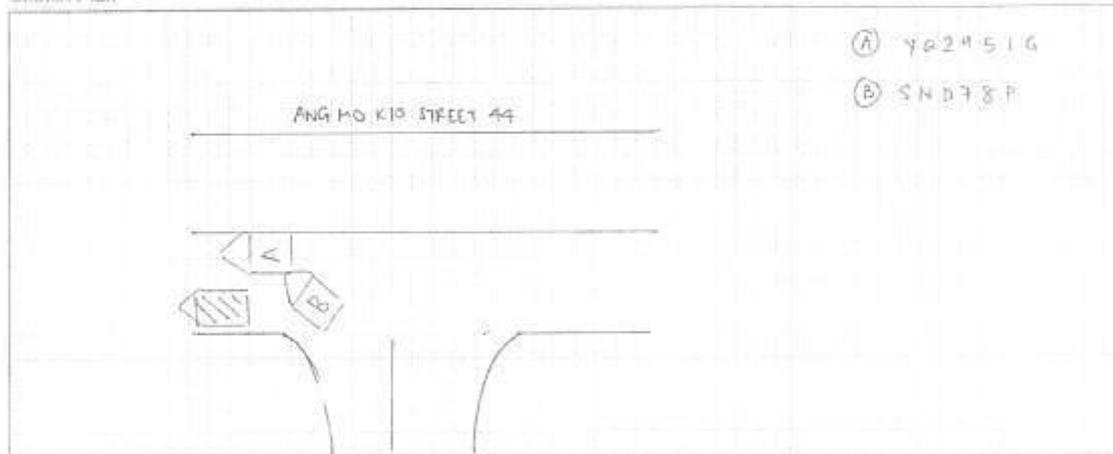
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;


 Policyholder's Signature / Date & Time


 Driver's Signature of driver(s) and the date/time (Date & Time)

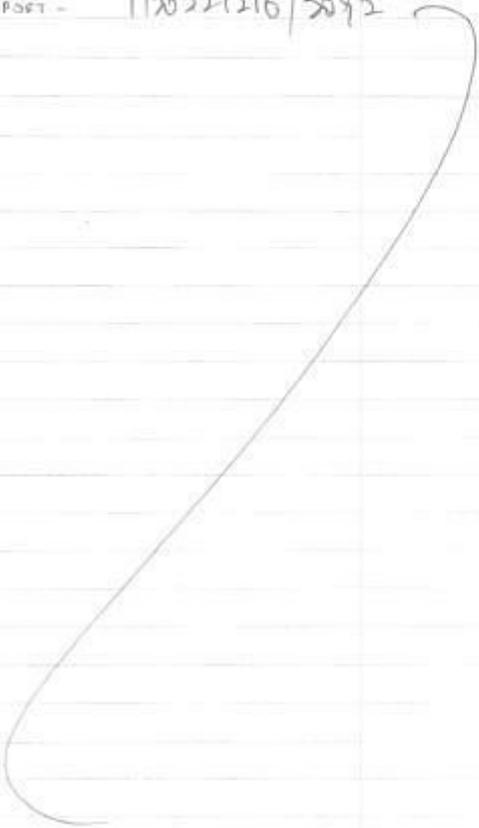
 15/12/2022
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

- REFER TO POLICE REPORT - T/20221210/2092



Declaration

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



THE TRIO MOVERS
PTE LTD

Witness's Signature / Date & Time

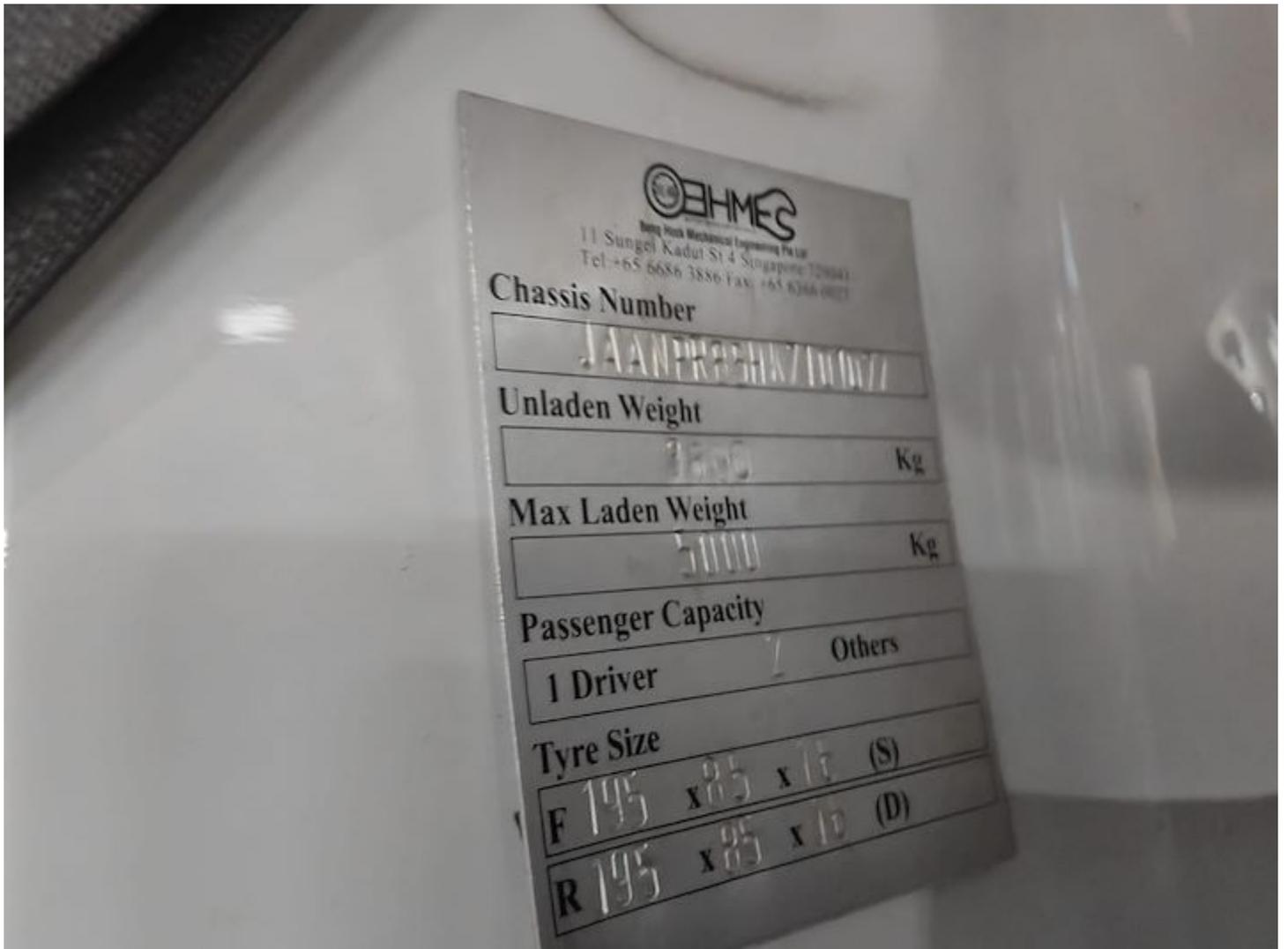

Driver's Signature (if driver is not the policy holder), Date & Time


15/12/2022
Witnessed by Rigging Crew Foreman
(Name as in NPICID card)





















**SINGAPORE
POLICE FORCE**



T/20221210/2092

14/3

Report No. T/20221210/2092

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2022 18:51	Video Report No.: F/20221210/0116	Station Diary No.: 58
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Informant's Particulars

Name of Informant: GANESAN MANIKANDAN			Address: APT BLK 428 WOODLANDS STREET 41 #05-228 HDB SINGAPORE 730428		
ID Type / ID No.: FIN NO / G7327189X			Contact No.: Home/Office: Mobile: 91410204		
Nationality: INDIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 03/04/1979	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2022 09:45	Type of Location: Straight Road
Location: ANG MO KIO STREET 44				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SND78P	Lorry	VOLKSWAGO N	SHARAN 2.0 TSI		Seriously Damaged	1
YQ2951G	Lorry	ISUZU	NPR85UH5A 3.0 MT		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/202212102092

Z4E 31

Report No: T/202212102092

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Driver			
Name	GANESAN MANIKANDAN		ID No. G7327189X
Related Vehicle	YQ2951G (Lorry)		Contact No. 91410204
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B-3.4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 10/12/2022 at about 0945hrs, I was driving my company's lorry bearing plate number: YQ2951G (V1) along Ang Mo Kio Street 44 towards Ang Mo Kio Ave 10. As I saw another car bearing plate number: SND78P (V2) coming out from the carpark, I slowed down. After slowing down, I saw V2 exited the carpark however she stopped there thus I continued driving. Out of a sudden, V2 drove and collided onto V1's left portion. At that point of time, there was also a truck parked along Ang Mo Kio Street 44, not far from the entrance/exit of carpark.

My boss namely: Ken came down to the incident location to assist me and the workers who were working on LTA project showed my boss a footage which shows that V1 slowed down. My boss asked them for the footage however they informed that they need to seek permission from their boss first. The worker's engineer namely: Mr Ong (HP: 89189055) left his contact number with my boss to assist me on this matter.

I have handed over the in-car camera SD Card to the officer at the incident location. The driver of V2 was seen conveyed by ambulance.

There are dents and scratches on V1's left portion while V2's front bumper were badly damaged.



SINGAPORE POLICE FORCE

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3 Woodlands Drive 63 SINGAPORE 737890.
Tel No: 1800-7679999



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Report No. T/20221210/2092

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:
L /
SGT 2 NUR DINI BINTE
HASNEN

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
10/12/2022 18:51

Officer In Charge Of Case:
TP / GIT /
SGT 3 INTAN WJLANDARI BUDDY SANTOSO
Contact No.: 65476415

Classification Of Case:

1P168