

# 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 ..... 23/12/2022 17:27 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 20/12/2022 14:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TUAS AVENUE 18 ( BUILDING 15A LOADING BAY)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ2071X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SEAEVER ENGINEERING PTE LTD  
Company Reg No ..... 2XXXXX591K  
Email Address ..... seaeverpl@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-93889485  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Canter  
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 ..... Auto  
CC ..... 2998

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCVSNW00010122201

### DRIVER

Name of Driver ..... MALAIAPPAN SEKAR  
Passport No/FIN ..... FXXXX400L  
Date Of Birth ..... 15/06/1979  
Occupation ..... Indoor

Date Of Driving Pass .....	13/10/2008
Driving experience .....	14 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87379461
Alt. Phone Number .....	-
Email Address .....	seaeverpl@yahoo.com.sg
Address .....	NO.19 TOH GUAN DORMITORY
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 .....	Collided into Parked Vehicle
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
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) .....	0
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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	E4811
Vehicle Category .....	Commercial vehicle

#### 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

PLEASE REFER TO THE ATTACHED POLICE REPORT- T20221222/7005

#### 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 .....	E4811
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	RAGU
Contact Number .....	(Phone) +60-177141811
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**

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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.

**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

*Seton 23/12/2022*

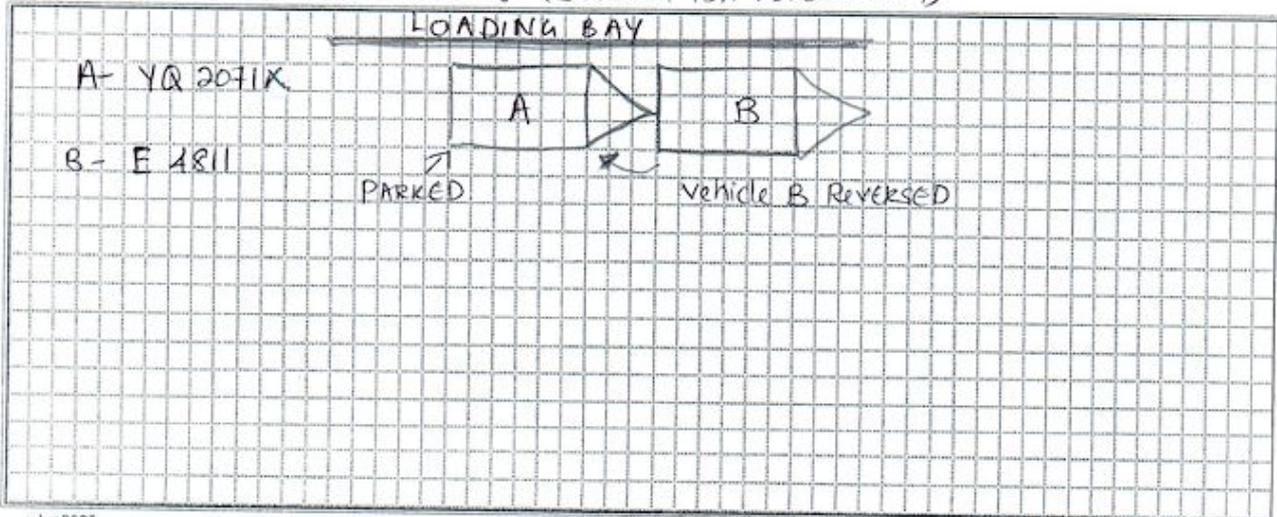
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*Quah 23/12/2022*

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

Sketch Plan

Tuas Avenue 18 (Building ISA Loading Bay)



vJun2022

Describe Circumstance of the Accident

- please Refer to the police Report  
- 7/20221222/7005

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)

8/12/2022 23/12/2022

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**SINGAPORE  
POLICE FORCE**



T/20221222/7005

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

2 of 3

Report No. T/20221222/7005

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YQ2071X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		27/02/2022	26/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	KRISHNA KUMAR A/L ASOKUMAR		ID No.	891106055475
Related Vehicle	E4811 (Lorry)		Contact No.	0177141811
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	MALAIAPPAN SEKAR		ID No.	F8322400L
Related Vehicle	YQ2071X (Lorry)		Contact No.	87379461
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: 27/11/2023
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

I parked my vehicle at the loading bay of 15A Tuas avenue 18 level 3 to load items for my company. While waiting to collect the items, I was standing beside my lorry YQ2071X and I saw a Malaysia lorry (E4811) reversing in my direction. When the Malaysia lorry is nearing my lorry I started shouting to warn the Malaysia lorry but to no avail. The Malaysia lorry then hit onto the front portion of my vehicle.































**SINGAPORE  
POLICE FORCE**



T/20221222/7005

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

1 of 3

Report No. T/20221222/7005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/12/2022 10:20	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MALAIAPPAN SEKAR		Address:	
ID Type / ID No.: FIN NO / F8322400L		Contact No.: Home/Office: Mobile: 87379461	
Nationality: INDIAN		Email: MATHU201040@GMAIL.COM	
Sex: Male	Age: 43	Date of Birth: 15/06/1979	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: 2B,3	Date of Expiry: 27/11/2023

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 20/12/2022 14:15	Type of Location: LOADING BAY
Location: TUAS AVENUE 18				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
E4811 (Not Accurate)	Lorry				Slightly Damaged	0
YQ2071X	Lorry		MITSUBISHI	White	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20221222/7005

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

2 of 3  
Report No. T/20221222/7005

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YQ2071X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		27/02/2022	26/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KRISHNA KUMAR A/L ASOKUMAR		ID No.	891106055475
Related Vehicle	E4811 (Lorry)		Contact No.	0177141811
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	MALAIAPPAN SEKAR		ID No.	F8322400L
Related Vehicle	YQ2071X (Lorry)		Contact No.	87379461
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: 27/11/2023
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

## Brief Details.

I parked my vehicle at the loading bay of 15A Tuas avenue 18 level 3 to load items for my company. While waiting to collect the items, I was standing beside my lorry YQ2071X and I saw a Malaysia lorry (E4811) reversing in my direction. When the Malaysia lorry is nearing my lorry I started shouting to warn the Malaysia lorry but to no avail. The Malaysia lorry then hit onto the front portion of my vehicle.



**SINGAPORE  
POLICE FORCE**

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



T/20221222/7005

3 of 3

Report No. T/20221222/7005

**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 /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

Signature Of Informant:

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

Date/Time:  
22/12/2022 10:20

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0922CN0005 Vehicle Registration No: YQ 2071X  
 Name (as shown in NRIC): MALAIAPPAN SEKAR NRIC/FIN/Passport No: F83224002  
 (\*Vehicle Driver/Policyholder) (\* Please delete as appropriate)  
 Address: NO. 19 TOH GUAN DORMITORY Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8737 9461  
 Email Address: \_\_\_\_\_  
 Date of Accident: 20/12/2022 Time of Accident: 14:15 pm  
 Place of Accident: TUAS AVENUE 18 (BUILDING 15A LOADING BAY)  
 Insurance Company: CHINA TAIPING

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND VEHICLE NO: YQ 2071X  
AMEND SKETCH PLAN  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Actual Driver's Signature  
Date:

[Signature]  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: 23/12/2022