

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 21/12/2022 17:46 (SGT)
Reported by Driver
Date of Accident 20/12/2022 08:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information LIM CHU KANG LANE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XB9654J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WEE GUAN ENGINEERING PTE LTD
Company Reg No 199804158D
Email Address ALEX.CHIA@WEEGUAN.COM.SG
Mobile Phone No (Phone) +65-96868669
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cwb45ahtn2
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 12503

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited
Policy Number / Cover Note Number 2022-V0105887-VCV

DRIVER

Name of Driver SUBRAIYAN MURUGAIYAN
Passport No/FIN G7706138Q
Date Of Birth 28/07/1979
Occupation Outdoor

Date Of Driving Pass	08/08/2018
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83124077
Alt. Phone Number	-
Email Address	ALEX.CHIA@WEEGUAN.COM.SG
Address	APT BLK 505 CHOA CHU KANG ST 51 #04-189 S 680505
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	Collision - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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 East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED.

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	XE6365Y
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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")

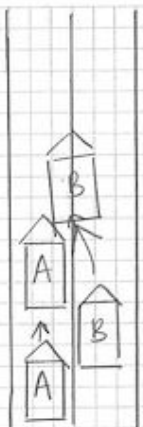
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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


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


Witnessed by Reporting Centre Personnel

Sketch Plan


A: XB 9654J
B: XE 6365Y

Describe Circumstances of the Accident

I was travelling along Lim Chu Kang Lane 3 towards Fifth Lok Yang Road. The Vehicle XE6365Y drove along that road swerve into the centre white line. As I was driving past his vehicle, the vehicle suddenly drive very fast in front of me & cut left into my lane. There was tyre marks on the road to show we cut into my lane & jam brake. As the road mark can also see that i braked for a distance. The vehicle cut into my ~~lane~~ lane too abruptly & caused an accident. The Lim Chu Kang Lane 3 is one way road.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20221220/2039

1 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20221220/2039

Amended report - T/20221220/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2022 14:36		Vide Report No.: L/20221220/0135		Station Diary No.: 68	
Informant's Particulars					
Name of Informant: SUBBAIYAN MURUGAIYAN			Address: APT BLK 505 CHOA CHU KANG STREET 51 #04-189 SINGAPORE 680505		
ID Type / ID No.: FIN NO / G7706138Q			Contact No.: Home/Office: Mobile: 83124077		
Nationality: INDIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 28/07/1979	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Construction manager			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/12/2022 08:10	Type of Location: Bend
Location: LIM CHU KANG LANE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XB9654J	Lorry				Seriously Damaged	0
XE6365Y	Lorry				No Damage	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221220/2039

2 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20221220/2039

CONTINUATION OF REPORT

Driver			
Name	SUBBAIYAN MURUGAIYAN	ID No.	G7706138Q
Related Vehicle	XB9654J (Lorry)	Contact No.	83124077
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	20/12/2022	Date Discharge	20/12/2022
No. of Days granted Medical Leave	06	Degree of Injury	Serious

Brief Details.

On 20.12.2022 at about 8.10am, I was travelling along Lim Chu Kang Lane 3 towards Fifth Lok Yang Road. There is another lorry XE6365Y was in front of me, and the said lorry suddenly jam break. I try to jam break however my lorry moves forward and hit the front lorry. I sustained injury and was convey to Hospital.

Brief Facts

Reference to the General Information of the Accident under the 'Type of Location' states Bend, the correct term is Straight Road.

As for the Brief Details, complainant wish to rephrase the facts as such;

I was travelling along Lim Chu Kang Lane 3 towards Lim Chu Kang Road. There is another vehicle XE6265Y also travelled along the same road which is ahead of me. Suddenly the vehicle swerved to the another lane in opposite direction without giving any signal. I did not know what happend to the driver. So I travel at the same speed to continue my journey. As I travelled the vehicle suddenly swerved into my lane without giving any signal and suddenly stopped. As such the left rear portion of the lorry collided onto my front right portion of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20221220/2039

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Report No. T/20221220/2039

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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:

D /

SI NOOR SAINI BIN IBRAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/12/2022 14:36

Officer In Charge Of Case:

TP / GIT /

SI VILTON HIA WEE SIANG

Contact No.: 65476232

Classification Of Case:

NP168