

# 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 ..... 31/12/2022 14:26 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 31/12/2022 06:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PENJURU RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP9365H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GL ENGINEERING & CONSTRUCTION PTE. LTD.  
Company Reg No ..... 2XXXXX394Z  
Email Address ..... suzie@glec.com.sg  
Mobile Phone No ..... (Phone) +65-91056037  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... XZU710R 14FT WIDE CAB 5T  
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 ..... 4009

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5112645561-03

### DRIVER

Name of Driver ..... VENUGOPAL VENKATESAN  
Work Permit No ..... GXXXX389X  
Date Of Birth ..... 10/06/1985  
Occupation ..... Outdoor

Date Of Driving Pass .....	18/10/2019
Driving experience .....	3 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87626848
Alt. Phone Number .....	-
Email Address .....	suzie@glec.com.sg
Address .....	GL ENGINEERING & CONSTRUCTION PTE. LTD.
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 .....	Chain Collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	3
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) .....	6
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 .....	QTX98
Vehicle Category .....	Private car

#### PASSENGER 1

Name .....	passenger
Gender .....	Male

#### PASSENGER 2

Name .....	passenger
Gender .....	Male

#### PASSENGER 3

Name .....	passenger
Gender .....	Male

#### PASSENGER 4

Name .....	passenger
Gender .....	Male

#### PASSENGER 5

Name .....	passenger
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number .....	XE3740S
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) .....	1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number .....	QTX98
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) .....	4

**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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

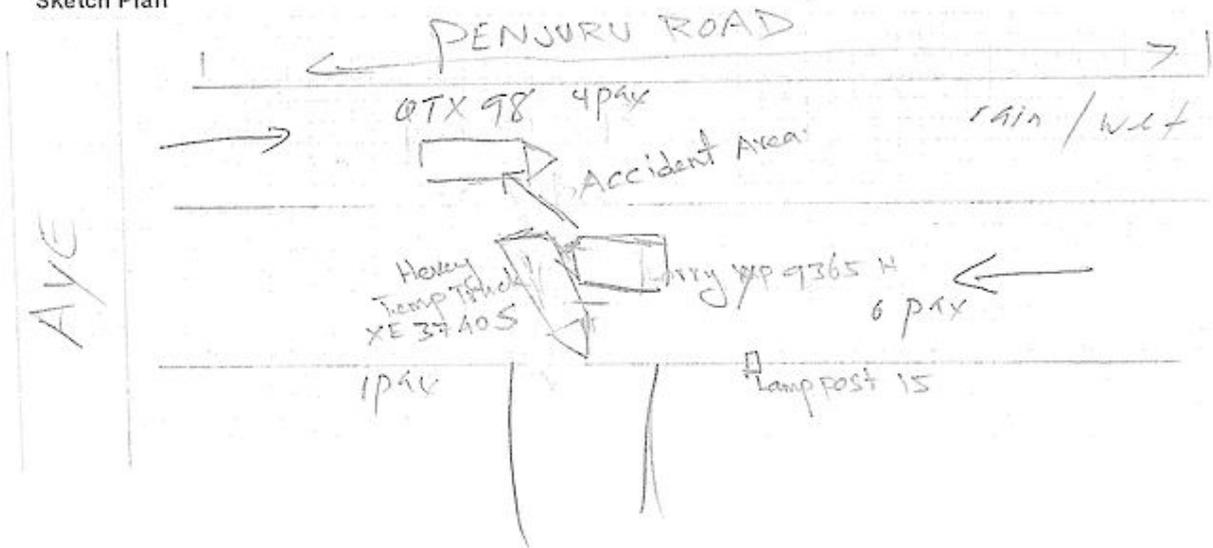
*Ferdinand Saperon*  
 Ferdinand Saperon  
 Policyholder's Signature / Date & Time  
 31/12/22



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

*[Signature]*  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

















**SINGAPORE  
POLICE FORCE**



T/20221231/2027

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20221231/2027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/12/2022 10:55		Vide Report No.: D/20221231/0030		Station Diary No.: 71	
<b>Informant's Particulars</b>					
Name of Informant: VENUGOPAL VENKATESAN			Address: 58 PENJURU PLACE #03-72 JURONG PENJURU DORMITORY SINGAPORE 608562		
ID Type / ID No.: FIN NO / G7983389X			Contact No.: Home/Office: Mobile: 87626848		
Nationality: INDIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 10/06/1985	Type of Informant: Driver		
Race: Indian		Language:		Institution / School Name:	
Occupation: Driver		Driving Licence Information: Class: 2B,3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/12/2022 06:05	Type of Location: Straight Road
Location:  PENJURU ROAD				
Lamp Post Number: 15				
Weather: Raining		Road Surface: Wet		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: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QTX98	Car				Slightly Damaged	4
XE3740S	Lorry				Slightly Damaged	1
YP9365H	Lorry				Seriously Damaged	6



**SINGAPORE  
POLICE FORCE**



T/20221231/2027

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20221231/2027

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RADHAKRISHNAN SILAMBARASAN	ID No.	G8105570Q
Related Vehicle	XE3740S (Lorry)	Contact No.	82607250
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
Driver			
Name	VENUGOPAL VENKATESAN	ID No.	G7983389X
Related Vehicle	YP9365H (Lorry)	Contact No.	87626848
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 31/12/2022 at about 0555hrs, I was driving along Penjuru Rd. Suddenly, V2) XE3740S was turning right from the opposite side of the traffic. As I was travelling on the opposite side of the traffic from V1 and I was already quite close to V1, I did not expect V1 to turn right at that situation. However, V1 turned right, As a result, I could not stop my vehicle V1) YP9365H on time and tried to dodge incoming V2. As such, I collided with the rear part of V2. In addition, there was another vehicle, V3) QTX98 travelling on the opposite side from my traffic. When I dodged my V1 to avoid the collision with V2, I also collided with V3.

I would like to state that traffic police attended to my accident. However, no ambulance was at scene as no one was injured. Also, I have an in-car camera that recorded the accident.

Driver of V3) Loo Mun Mou



**SINGAPORE  
POLICE FORCE**



T/20221231/2027

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20221231/2027

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: J/ SCSGT(1) LUCAS KUMAR 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 31/12/2022 10:55
Officer In Charge Of Case: TP / GIT / STAFF SGT MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:

NP168



**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: \_\_\_\_\_ Vehicle Registration No: YP 9365 H  
 Name (as shown in NRIC): \_\_\_\_\_ NRIC/FIN/Passport No: \_\_\_\_\_  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 31/12/22 Time of Accident: 0605 hrs  
 Place of Accident: perjuru ROAD  
 Insurance Company: MCCOM

**(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:

3rd party claim

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: