

# 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 ..... 05/01/2023 13:13 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 17/10/2022 20:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... LORONG 19 GEYLANG  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBB8061L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... UCLEAR POOL WATER SERVICES  
Company Reg No ..... 5XXXX172W  
Email Address ..... dhinasam877@gmail.com  
Mobile Phone No ..... (Phone) +65-82285372  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Cabstar  
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 ..... 2953

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Policy Number / Cover Note Number ..... Z22VC05011120

### DRIVER

Name of Driver ..... GUNASEKARAN DHINAKARAN  
Passport No/FIN ..... GXXXX661W  
Date Of Birth ..... 09/09/1995  
Occupation ..... Outdoor

Date Of Driving Pass .....	19/07/2019
Driving experience .....	3 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83021178
Alt. Phone Number .....	-
Email Address .....	dhinasam877@gmail.com
Address .....	793 WOODLANDS AVENUE 6
Address complement .....	-
Postcode .....	730793
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 .....	No Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	No
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 .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Geylang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008486999
Alt. Police Station Phone No .....	(Fax) +65-68486799
Police Station Address .....	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

SKETCH PLAN

IMPORTANT NOTICE

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

6. 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

5/1/23

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

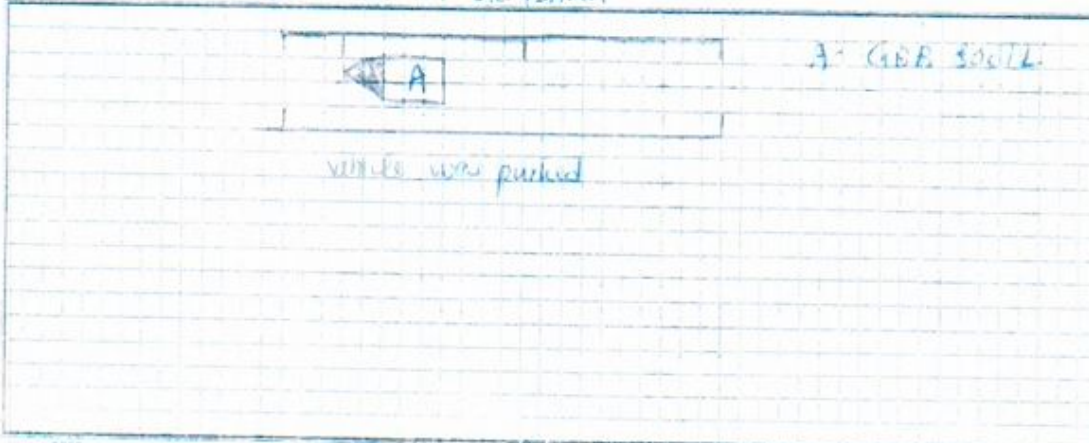
5/1/23

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

05/01/2023

Sketch Plan

Accident in Geylang



Describe Circumstance of the Accident

- Please Refer to the attached police report

1/2022 1210/2051-

Declaration

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



5/1/23

Policyholder's Signature / Date & Time

*[Signature]* 2/1/23  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 05/01/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

4/20222

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**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20221210/2031

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Report No. T/20221210/2031

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	GUNASEKARAN DHINAKARAN		ID No. G2930661W
Related Vehicle	NIL		Contact No. 83021178
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

**Brief Details.**

On 17/10/2022 before 2100hrs, I remember that I parked my vehicle along Lorong 19 Geylang parallel parking to go to my place. I then only came to my vehicle the next day.

There were no scratches and no damages done to my company vehicle. I do not remember being in an accident as well. Subsequently, I received a letter from my boss stating that I was involved in a hit-and-run accident. He then advised me to make a police report.

TP reference number: TP/IP29052/2022  
T/20221018/2008

IO in-charge: IO Irman Bin Mohamad Said, HP: 6547 6145, 9737 0069

I wish to state that I am sure that I was not involved in an accident and did not damage to the company's vehicle.






























**SINGAPORE  
POLICE FORCE**


T/20221210/2031

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Report No. T/20221210/2031

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/12/2022 11:05	Vide Report No.: T/20221018/2008	Station Diary No.: 38
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**Informant's Particulars**

Name of Informant: GUNASEKARAN DHINAKARAN			Address: 793 WOODLANDS AVENUE 6 SINGAPORE 730793	
ID Type / ID No.: FIN NO / G2930661W			Contact No.: Home/Office:	Mobile: 83021178
Nationality: INDIAN			Email:	
Sex: Male	Age: 27	Date of Birth: 09/09/1995	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: CONSTRUCTION TRUCK DRIVER			Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				Type of Location:
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/10/2022 20:00	
Location:  LORONG 19 GEYLANG				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB8061L	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T	Blue	No Damage	0

**Details of Person Involved**

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




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20221210/2031

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Report No. T/20221210/2031

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	GUNASEKARAN DHINAKARAN		ID No. G2930661W
Related Vehicle	NIL		Contact No. 83021178
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

**Brief Details.**

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**SINGAPORE  
POLICE FORCE**

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Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20221210/2031

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Report No. T/20221210/2031

**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:  
G /  
SGT 2 TAN JIN XUAN, GINA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

SINGAPORE  
POLICE FORCE

NP168

SIGNATURE

Signature Of Informant:

Date/Time:  
10/12/2022 11:05

Classification Of Case: