

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	04/11/2022 14:44 (SGT)
Reported by	Driver
Date of Accident	03/11/2022 10:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD1796A

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MING FA PRIVATE LIMITED
Company Reg No	2XXXXX848K
Email Address	[REDACTED]
Mobile Phone No	[REDACTED]
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyz52l
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	15681

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	ARIYAMUTHU JAYABALA RAMALINGAM
Passport No/FIN	GXXXXX554R
Date Of Birth	[REDACTED]
Occupation	Outdoor

Date Of Driving Pass	15/12/2016
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	[REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

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	Bukit Panjang North Neighbourhood Police Post
Police Station Address	Blk 27 Marsiling Drive Singapore 730027
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6078X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6078X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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

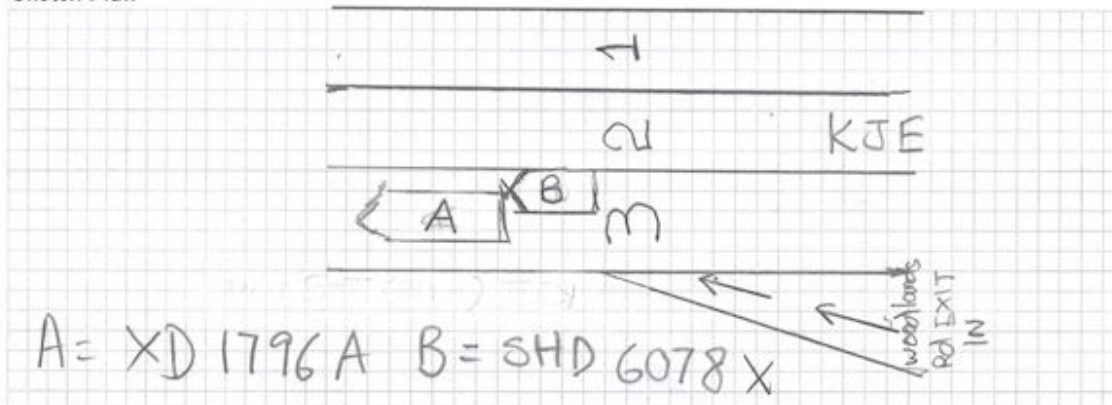
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

李光華 摩嘜燒焊
LEE KUAN HWA MOTOR SERVICE
39, Westwood Avenue, Singapore 648719
TEL: 6269 9192 FAX: 6269 2239 H/P: 9631 1712
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Vehicle A was travelling straight along KJE on the extreme left lane when a vehicle B from behind hit onto the rear and caused damages to the rear right portion & tyre burst. Passenger of vehicle B was injured and sent to hospital by Ambulance.

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

李光華 摩哆燒焊
LEE KUAN HWA MOTOR SERVICE
39, Westwood Avenue, Singapore 648719
TEL: 6269 9192 FAX: 6269 2239 H/P: 9631 1712

Witnessed by Reporting Centre
Personnel


**SINGAPORE
POLICE FORCE**


T/20221103/2073

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

1 of 3

Report No. T/20221103/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2022 16:12	Vide Report No.: J/20221103/0052	Station Diary No.: 10
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Informant's Particulars

Name of Informant: ARIYAMUTHU JAYABALA RAMALINGAM			Address: [REDACTED]	
ID Type / ID No.: FIN NO [REDACTED]			Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]	
Nationality: INDIAN			Email:	
Sex: Male	Age: 31	Date of Birth: [REDACTED]	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Other heavy truck and lorry drivers			Driving Licence Information: Class: 2B,3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/11/2022 10:05	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit: 90 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
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
SHD6078X	Car	TOYOTA	PRIUS	Maroon	Seriously Damaged	1
XD1796A	Lorry	ISUZU	CYZ52L	Blue	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221103/2073

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

2 of 3

Report No. T/20221103/2073

CONTINUATION OF REPORT

Driver			
Name	YEO SWEE CHOON		ID No. [REDACTED]
Related Vehicle	SHD6078X (Car)		Contact No. [REDACTED]
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ARIYAMUTHU JAYABALA RAMALINGAM		ID No. [REDACTED]
Related Vehicle	XD1796A (Lorry)		Contact No. [REDACTED]
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: 20/10/2027
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above-mentioned date, time and place, while I was driving my vehicle XD1796A on the 3rd lane heading towards Tuas, a Taxi SHD6078X suddenly hit onto my vehicle right rear area. I then immediately stop my vehicle and waited for Police to arrive. That is all.



**SINGAPORE
POLICE FORCE**



T/20221103/2073

3 of 3

Report No. T/20221103/2073

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

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 /
SR STAFF SGT TANG CHIN
WEE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/11/2022 16:12

Officer In Charge Of Case:
TP / GIT /
STAFF SGT YAN MINGSHENG DANIEL
Contact No.: 65476252

Classification Of Case:

NP168