

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	11/01/2023 16:03 (SGT)
Reported by	Driver
Date of Accident	10/01/2023 17:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Turf Club Avenue
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1771X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Astec Technology Pte Ltd
Company Reg No	2XXXXX512R
Email Address	admin@astec.com.sg
Mobile Phone No	(Phone) +65-86088824
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00075252203

DRIVER

Name of Driver	Sellappan Kaviarasan
Passport No/FIN	GXXXX220L
Date Of Birth	07/05/1981
Occupation	Outdoor

Date Of Driving Pass	16/01/2015
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-86088824
Alt. Phone Number	-
Email Address	kavi@astec.com.sg
Address	Blk 477B Upper Serangoon View
Address complement	#13-570
Postcode	532477
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	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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	-

PASSENGER 1

Name	Islam Shaiful
Gender	Male

PASSENGER 2

Name	Kunju Elangovan @ Elango
Gender	Male

PASSENGER 3

Name	Ponnusamy Vetrichelvan
Gender	Male

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

Refer to Police Report no. T/20230111/2013.

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 XE949C
 Vehicle Manufacturer Isuzu
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver Ong Seng Tee
 NRIC No SXXXX640J
 Contact Number (Phone) +65-98562432
 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 Ponnusamy Vetrichelvan
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBF1771X
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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.

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

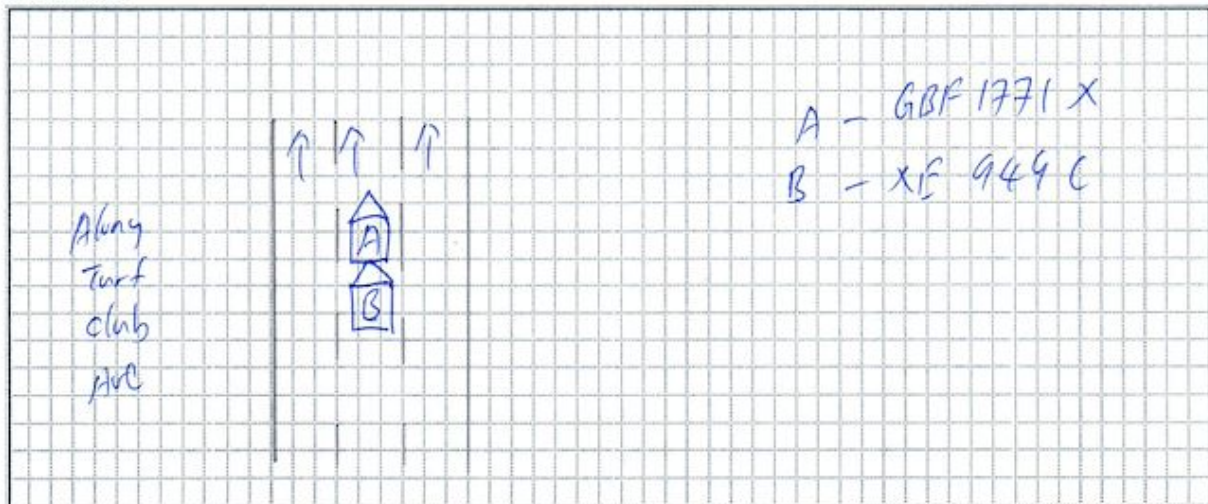


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

please refer to police report T/20230111/2013

Declaration

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

 *[Signature]*
Policyholder's Signature / Date & Time

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

[Signature] 11/01/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)























11/01/2023 12:53









11/01/2023 12:54

















**SINGAPORE
POLICE FORCE**



T/20230111/2013

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

Report No. T/20230111/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2023 09:26	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: SELLAPPAN KAVIARASAN			Address: APT BLK 477B UPPER SERANGOON VIEW #13-570 HOUGANG CAPEVIEW SINGAPORE 532477		
ID Type / ID No.: FIN NO / G7414220L			Contact No.: Home/Office: Mobile: 8608 8824		
Nationality: INDIAN			Email: kavi@astec.com.sg		
Sex: Male	Age: 41	Date of Birth: 07/05/1981	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Construction Worker			Driving Licence Information: Class: 2B,3		Date of Expiry: 14/01/2025

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2023 17:20	Type of Location: Road area
Location: TURF CLUB AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF1771X	Van	TOYOTA		Silver	Slightly Damaged	3
XE949C	Truck	OTHERS	PALIFT	Pink	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF1771X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNW000752 52203	19/07/2022	18/07/2023



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Report No. T/20230111/2013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ISLAM SHAFUL	ID No.	G6736548N
Related Vehicle	GBF1771X (Van)	Contact No.	9345 4838
Hospital/Clinic	ANTEH DISPENSARY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/01/2023	Date Discharge	10/01/2023
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	KUNJU ELANGO VAN @ ELANGO	ID No.	G7018345K
Related Vehicle	GBF1771X (Van)	Contact No.	8389 1145
Hospital/Clinic	ANTEH DISPENSARY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/01/2023	Date Discharge	10/01/2023
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	SELLAPPAN KAVIARASAN	ID No.	G7414220L
Related Vehicle	GBF1771X (Van)	Contact No.	8608 8824
Hospital/Clinic	ANTEH DISPENSARY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 14/01/2025
Date Treatment	10/01/2023	Date Discharge	10/01/2023
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight



**SINGAPORE
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T/20230111/2013

Police Station Of Origin:
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Report No. T/20230111/2013

CONTINUATION OF REPORT

Passenger			
Name	PONNUSAMY VETRICHILVAN		ID No. G2341778U
Related Vehicle	GBF1771X (Van)		Contact No. 8352 0588
Hospital/Clinic	ANTEH DISPENSARY		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	10/01/2023	Date Discharge	10/01/2023
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	ONG SENG TEE		ID No. S1720640J
Related Vehicle	XE949C (Truck)		Contact No. 9856 2432
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

Brief Details.

On 10/01/2023 at about 1720hrs, the mentioned men and I wanted to go Kranji Lane from No.95, Holland Rd, as we wanted to collect our material for fabrication there. As such, we made our destination there with me as the driver. 2 men were seated at the passenger side of the van, and 1 more beside me.

On the same day at about 1722hrs, I was driving along Turf Club Avenue when there was a lorry in front of mine slowing down. As such, I had to slow down too. However, in the midst slowing down, I suddenly felt an impact coming from the rear of my van. After everything has stopped, I then went of the vehicle with all my passengers to investigate what has happened.

Apparently, there was a huge truck which has just hit onto my van. The truck driver of the other vehicle also went out and apologised to me. He informed that he was unable to control the brakes of his truck and he was too near to my vehicle, and later collided into my van. He later gave me his particulars and told me that he can pay for the damages, but I was later told by my boss to lodge a police report instead.

After the accident has been summarised, I drove to the workshop to get my vehicle repaired. However, around driving 1km away from the accident site, I was prompted by another lorry driver, pointing downwards to the engine area near driver seat. When I went out to investigate, there was an oil leak there, and I called 'Jin Pew Motor Workshop', contact: 6747 8125, to inform what has happened to my vehicle and get it towed away.

After the accident, all of us who were in my vehicle went to see the doctor. All of us went to get treated, and only PONNUSAMY VETRICHILVAN received 2 days of medical leave as his back was feeling painful. He claims to have fallen down during the accident in the van.



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Report No. T/20230111/2013

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
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1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20230111/2013

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 /
STAFF SGT LUQMAN MOHD
MANSOR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:

Date/Time:
11/01/2023 09:26

Classification Of Case:

NP168