

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 16:48 (SGT)
Reported by Driver
Date of Accident 10/01/2023 14:40 (SGT)
Exact Location of Accident 51 Grange Rd, Singapore 249564
Additional Location Information GRANGE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE6874E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHH CONSTRUCTION & SECURITY SYSTEMS PTE LTD
Company Reg No 199101772R
Email Address VINCENT_CHI@CHHSYS.COM
Mobile Phone No (Phone) +65-83320766
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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 Auto
CC 1461

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VC05010450

DRIVER

Name of Driver KUMAR JEYAPAL
Passport No/FIN G2614956N
Date Of Birth 17/05/1996
Occupation Outdoor

Date Of Driving Pass	20/06/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86963257
Alt. Phone Number	-
Email Address	VINCENT_CHI@CHHSYS.COM
Address	NA
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	Collided into Motorcyclist
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)	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	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

AS PER POLICE REPORT NO. T/20230111/2019

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	FY5077T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MOHD FAIZAN KHAN BIN FERAZ KHAN
Contact Number	(Phone) +65-98209462
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	MOHD FAIZAN KHAN BIN FERAZ KHAN
Gender	Male
Phone No	(Phone) +65-98209462
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FY5077T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	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.**
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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)

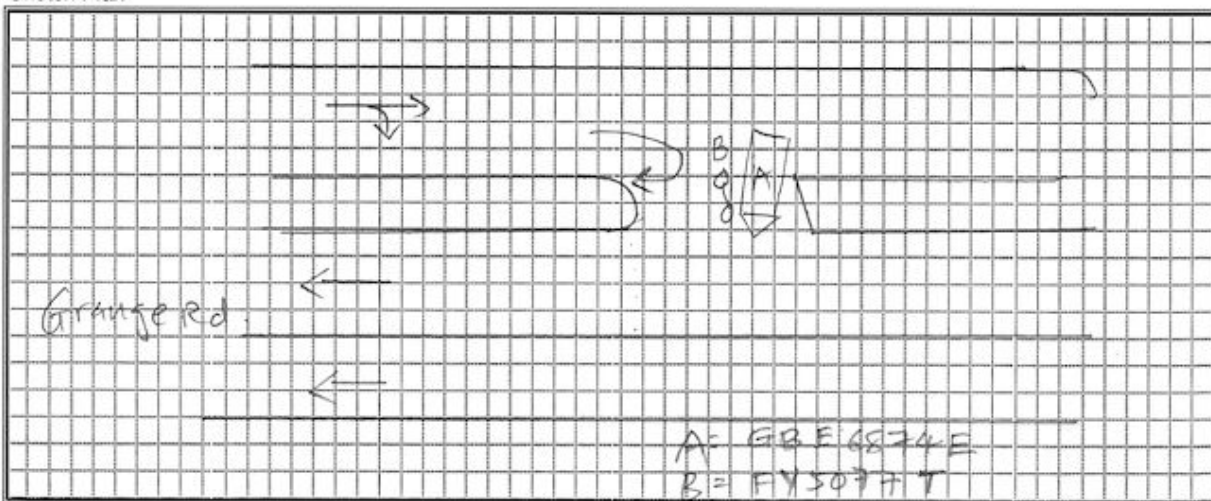
I understand, acknowledge, agree and consent that:

- (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


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


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

Sketch Plan

vJun2022

1

Describe Circumstance of the Accident

As per Police Report no. T/2023 0111/2019.

Declaration

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



Policyholder's Signature / Date & Time

K. Jeyaraj 11/01/23

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



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









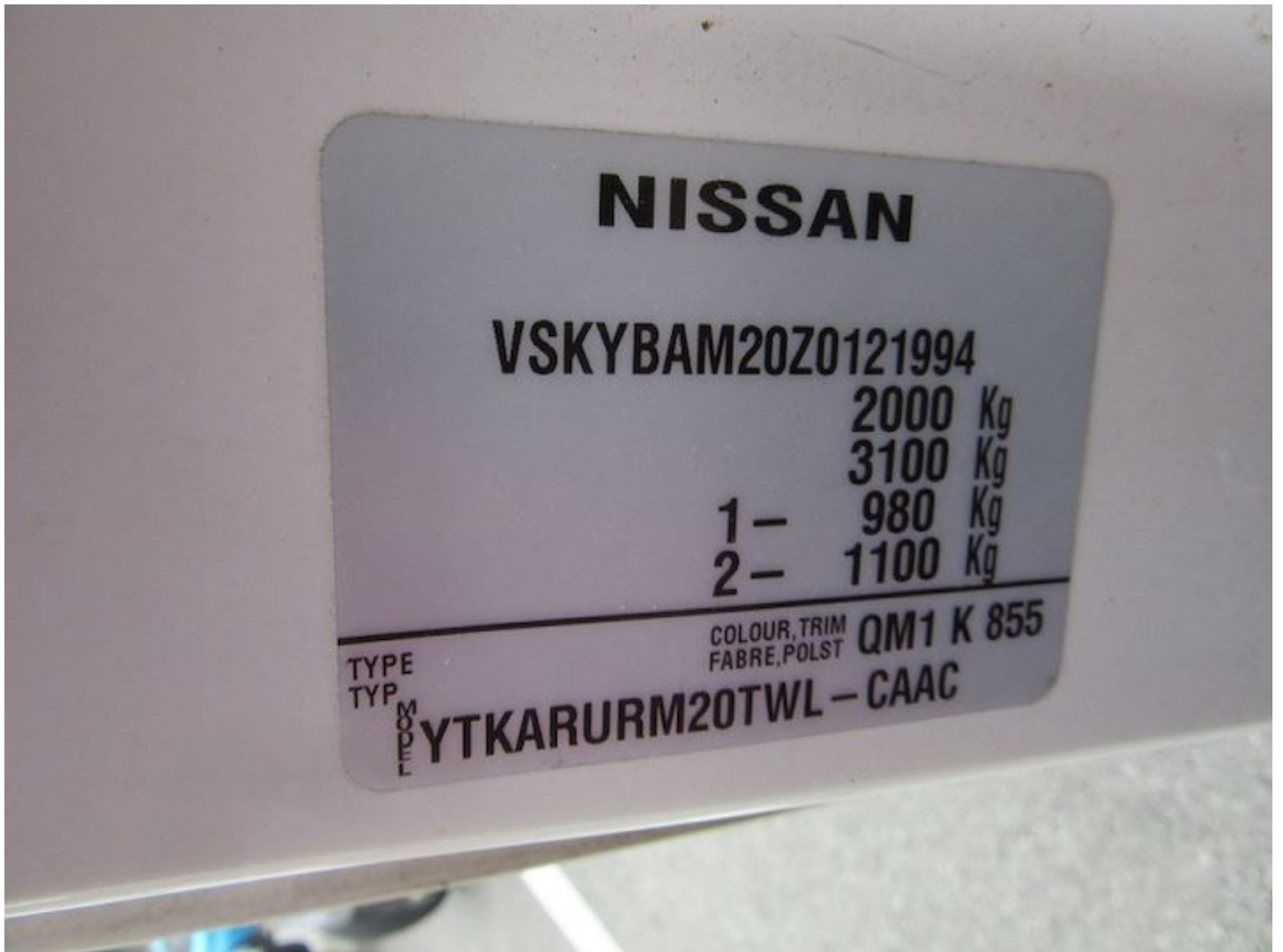














**SINGAPORE
POLICE FORCE**



T/20230111/2019

1 of 4

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

Report No. T/20230111/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2023 10:50		Vide Report No.:		Station Diary No.: 37	
Informant's Particulars					
Name of Informant: KUMAR JEYAPAL			Address:		
ID Type / ID No.: FIN NO / G2614956N			Contact No.: Home/Office: Mobile: 8696 3257		
Nationality: INDIAN			Email: vincent_chi@chhsys.com		
Sex: Male	Age: 26	Date of Birth: 17/05/1996	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 2B,3 Date of Expiry: 03/05/2023		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2023 14:40	Type of Location: Straight Road
Location: NORTH BUONA VISTA DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FY5077T	Motorcycle				Slightly Damaged	0
GBE6874E	Van	NISSAN	NV200	White	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE6874E	LONPAC INSURANCE BHD.	Z22VC05010450	09/03/2022	08/03/2023



**SINGAPORE
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Police Station Of Origin:
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Report No. T/20230111/2019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD FAIZAN KHAN BIN FERAZ KHAN	ID No.	S8319187B
Related Vehicle	FY5077T (Motorcycle)	Contact No.	9820 9462
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	03	Degree of Injury	Slight
Driver			
Name	KUMAR JEYAPAL	ID No.	G2614956N
Related Vehicle	GBE6874E (Van)	Contact No.	8696 3257
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 03/05/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the mentioned person, currently working as a technician for company called 'CHH construction & security systems pte. ltd.' I have been working here for about 6 years.

On 10/01/2023 at about 1424hrs, I have just collected materials for electrical works at a shop called 'Choon Chiang marketing'. I was supposed to go to No.14, Cable road after the collection of electrical equipment, as I wanted to fix an electrical power point there.

On the same day at about 1450hrs to 1510hrs, I was at the vicinity of Ministry Of Education building, and I wanted to make a 'U-turn' at 'Grange road'. There was a motorcycle in front of my van, which has reached the assigned place to do u-turns. I checked for traffic to see whether I am free to move into the road.

As there were no cars at that point of time, I immediately moved into Grange road. However, I have not made the proper checks when I moved into it. As such, I hit onto the motorcycle bearing the licence plate of FY5077T.

After the accident happened, I went out of my van to help the rider. He mentioned that he felt pain on his right leg. We then exchanged particulars, numbers, and took pictures of the accident. After all the processes were done, we wanted to drive off from scene and continue our day. However, his motorcycle cannot be started as it is faulty from the accident.



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Report No. T/20230111/2019

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20230111/2019

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Report No. T/20230111/2019

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

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 Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/01/2023 10:50

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

Classification Of Case:

NP168