

# 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 ..... 16/01/2023 18:40 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 15/01/2023 10:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CHANGI SOUTH STREET 1  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP5825Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SMITECH ENGINEERING PTE LTD  
Company Reg No ..... 1XXXXX278K  
Email Address ..... phbms@yahoo.com  
Mobile Phone No ..... (Phone) +65-85711684  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Canter  
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 ..... 2998

### INSURANCE COMPANY

Name of Insurance Company ..... ERGO Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCG22007959

### DRIVER

Name of Driver ..... HASNAN BIN ABDUL MOIN  
NRIC No ..... SXXXX745I  
Date Of Birth ..... 27/01/1965  
Occupation ..... Outdoor

Date Of Driving Pass .....	22/08/1985
Driving experience .....	37 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85711684
Alt. Phone Number .....	-
Email Address .....	phbms@yahoo.com
Address .....	APT BLK 205 PASIR RIS STREET 21
Address complement .....	# 11-386
Postcode .....	510205
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 .....	Side Swipe
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 .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230115/7072

#### 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 .....	GBH569K
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Cabstar
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SUBRAMANIYAN DEEPARAJA
Passport No/FIN .....	GXXXX857K
Contact Number .....	(Phone) +65-84376044
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 .....	HASNAN BIN ABDUL MOIN
Gender .....	Male
Phone No .....	(Phone) +65-85711684
Address .....	APT BLK 205 PASIR RIS STREET 21
Address Complement .....	# 11-386
Post Code .....	510205
Approximate Age Years Old .....	-
Injuries Sustained .....	OUTPATIENT SICK LEAVE FOR 5 DAYS
Injured person in which vehicle? .....	YP5825Z
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 Police for investigation.
6. The 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.
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.

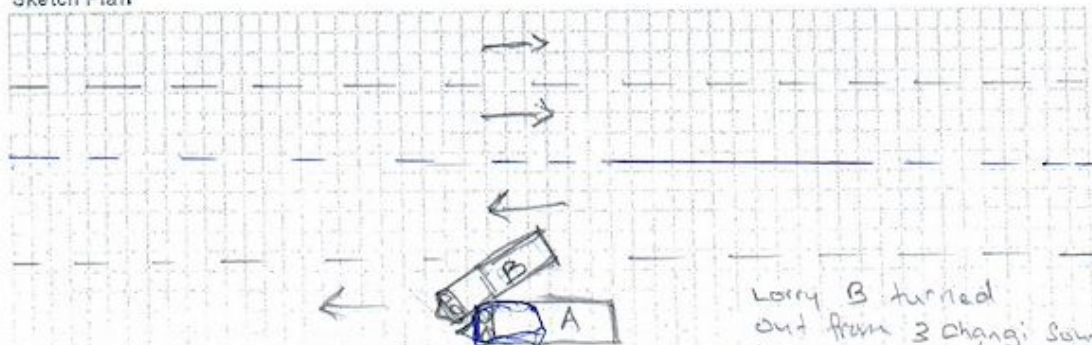


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Lorry A YP 58252

Lorry B GBH 569 K

Lorry B turned out from 3 Changi South St 1

SANTA UNITED INTERNATIONAL HOLDINGS PTE LTD  
3 Changi South St 1



## Describe Circumstances of the Accident

Refer to the police report No: T/20230115/2072

## 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

16/1/23  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20230115/2072

2 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20230115/2072

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SUBRAMANIYAN DEEPARAJA	ID No.	G2442857K
Related Vehicle	GBH569K (Lorry)	Contact No.	84376044
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
<b>Driver</b>			
Name	HASNAN BIN ABDUL MOIN	ID No.	S1722745I
Related Vehicle	YP5825Z (Lorry)	Contact No.	85711684
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 15/01/2023 at about 1045hrs, I parked my lorry (YP5825Z) along Changi South St 1 to use my phone to update the vehicle refuel book by the company.

Subsequently, there was a lorry (GBH569K) had just turned out from the building (Santa United International Holdings, No. 3 Changi South St 1) and did a left turn and had hit my front right-side lorry causing my lorry front right bumper and right headlight to dislodged. His vehicle suffered dent on his front left bumper.

I then alighted from my lorry from the passenger side as the driver side door was stuck. I then asked the driver was he using his phone when he did the turn which he kept quiet. I then asked him how we are going to settle the matter.

He then contacted his supervisor (Eileen, +65 91258006) and inform her of the matter. I then spoke to the supervisor via WhatsApp, and we agreed to settle the accident via insurance claim. We then exchanged particulars, took picture of the damages, and left the vicinity.

I then went to see a doctor at Mount Alvernia Hospital and was given a 5-day MC (M230000106642) from 15/01/2023 to 19/01/2023 and had also reported the accident to my insurance company.

I wish to state that after the other driver had hit my lorry, he tried to reverse twice. I had to horn at him to



**SINGAPORE  
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T/20230115/2072

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Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 4

Report No. T/20230115/2072

**CONTINUATION OF REPORT**

stop.

I also wish to state that there are no damages to government property, no traffic police or ambulance attended to our accident.







































































**SINGAPORE  
POLICE FORCE**



T/20230115/2072

Police Station Of Origin:  
Pasir Ris N.P.C  
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Tel No: 1800-5852999

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Report No. T/20230115/2072

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/01/2023 21:33	Vide Report No.:	Station Diary No.: 62
--------------------------------------------	------------------	--------------------------

**Informant's Particulars**

Name of Informant: HASNAN BIN ABDUL MOIN			Address: APT BLK 205 PASIR RIS STREET 21 #11-386 SINGAPORE 510205		
ID Type / ID No.: NRIC NO / S1722745I			Contact No.: Home/Office: Mobile: 85711684		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 27/01/1965	Type of Informant: Driver		
Race: Indonesian			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Special Vehicle	Drink Drive: No	Date/Time of Accident: 15/01/2023 10:45	Type of Location: OUTSIDE SANTA UNITED INTERNATIONA L HOLDINGS
Location:  CHANGI SOUTH STREET 1				
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
GBH569K	Lorry				Slightly Damaged	0
YP5825Z	Lorry				Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230115/2072

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Police Station Of Origin:  
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519457  
Tel No: 1800-5852999

Report No. T/20230115/2072

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Driver</b>			
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Related Vehicle	GBH569K (Lorry)	Contact No.	84376044
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
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Name	HASNAN BIN ABDUL MOIN	ID No.	S1722745I
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Report No. T/20230115/2072

**CONTINUATION OF REPORT**

stop.

I also wish to state that there are no damages to government property, no traffic police or ambulance attended to our accident.





**SINGAPORE  
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T/20230115/2072

4 of 4

Report No. T/20230115/2072

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1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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 MCLEO HO JIANFEI

Signature Of Interpreter:  
Not applicable

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

Signature Of Informant:

Date/Time:  
15/01/2023 21:33

Classification Of Case:

NP168