

# 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 19:45 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 15/01/2023 17:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TUAS WEST ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN6012G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... EVEREST E&C PTE. LTD.  
Company Reg No ..... 2XXXXX221N  
Email Address ..... jmartauto@gmail.com  
Mobile Phone No ..... (Phone) +65-85544276  
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 ..... Lonpac Insurance Bhd  
Policy Number / Cover Note Number ..... Z22VC05013098

### DRIVER

Name of Driver ..... JAYA RAJ SUSAI AROCKIYA RAJ  
Passport No/FIN ..... GXXXX366R  
Date Of Birth ..... 09/03/1995  
Occupation ..... Outdoor

Date Of Driving Pass .....	02/04/2019
Driving experience .....	3 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85544276
Alt. Phone Number .....	-
Email Address .....	jmartauto@gmail.com
Address .....	500 OLD CHUA CHU KNG ROAD,SUNGEI TENGAH LODGE
Address complement .....	# 07-76
Postcode .....	698924
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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	VELU ELAKKUMANAN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-1800792999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT

#### 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 .....	XD7284X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	VELU ELAKKUMANAN
Gender .....	Male
Phone No .....	(Phone) +65-84222966
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	INJURED AND BLEEDING FROM HEAD
Injured person in which vehicle? .....	YN6012G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN

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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.

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.

*J. 2017*  
16/11/23



*J. 2017*  
16/11/23

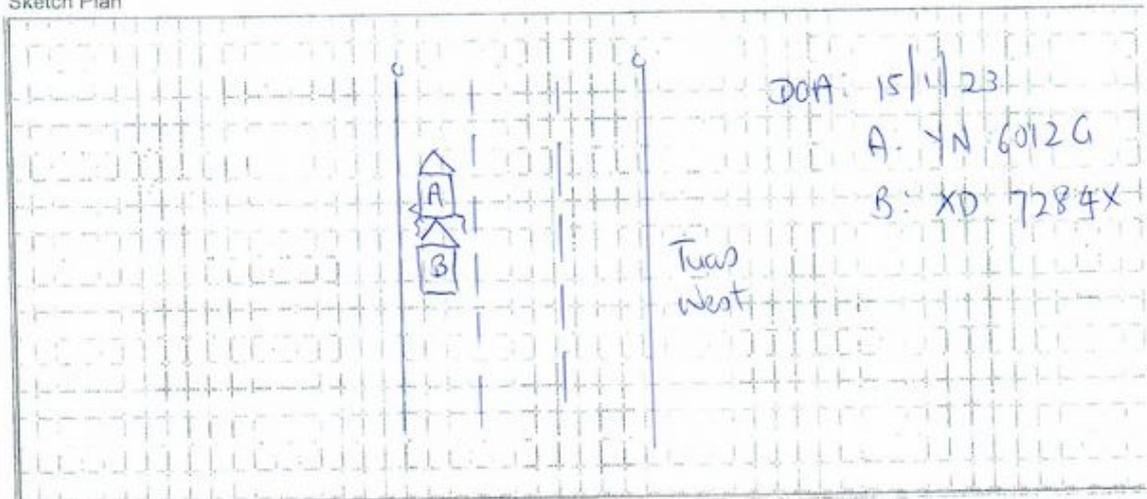
*John* 16/11/23

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

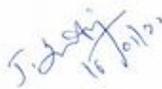
Refer to Police Report

Declaration

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

  
16/10/23

Policyholder's Signature / Date & Time

  
16/10/23

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

  
16/11/23

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



**SINGAPORE  
POLICE FORCE**



T/20230115/2068

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20230115/2068

## CONTINUATION OF REPORT

Driver			
Name	SIAN BOON	ID No.	S82877501
Related Vehicle	XD7284X (TRAILER)	Contact No.	86615904
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	JAYA RAJ SUSAI AROCKIYA RAJ	ID No.	G8554366R
Related Vehicle	YN6012G (Lorry)	Contact No.	85544276
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 20/08/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	VELU ELAKKUMANAN	ID No.	G8463138N
Related Vehicle	YN6012G (Lorry)	Contact No.	84222966
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	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	Slight

**Brief Details.**

On 15/01/2023 at about 1717hrs, I was driving my company's lorry V1) YN6012G along Tuas West Road (heading towards the direction of Jalan Ahmad Ibrahim). I had one passenger namely Velu Elakkumanan G8463138N (A1) seated at the back of V1. I was driving V1 and had subsequently stopped at the traffic light junction as the traffic light had turned red. Shortly after stopping V1, I felt a great impact coming from the rear of V1. The impact had caused V1 to surge forward. I managed to regain control over V1 and immediately stopped V1.

After stopping V1, I alighted to make a check when I discovered that V2) XD7284X had collided into the rear of V1. The collision had caused a serious dent on the rear of V1. I also discovered that A1 was injured and was bleeding from his head. I had then called the ambulance for assistance.



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Report No. T/20230115/2068

**CONTINUATION OF REPORT**

The ambulance arrived shortly after and had conveyed A1 to Ng Teng Fong General Hospital. A1 was conveyed in a conscious state. Shortly after that, the traffic police also arrived at scene and conducted their preliminary investigation at scene. I was then instructed by the police officer to lodge a police report reference to J/20230115/0133.

I wish to state that I am not injured in the accident. V1 is also not equipped with any in-built vehicle camera.





































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Date Treatment	NIL	Date Discharge	NIL
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Driver			
Name	JAYA RAJ SUSAI AROCKIYA RAJ	ID No.	G8554366R
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Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 20/08/2023
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Name	VELU ELAKKUMANAN	ID No.	G8463138N
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Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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**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: J / STAFF SGT SARIFFAH MIRDAWATI BINTE ZULAKIRUDIN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / SGT 3 INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415	

Signature Of Informant:	
Date/Time: 15/01/2023 20:33	
Classification Of Case:	

NP168