

# 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 .....	17/01/2023 16:03 (SGT)
Reported by .....	Driver
Date of Accident .....	14/01/2023 08:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CARPRK OF BLOCK 925 TAMPINES STREET 91
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBC4240H
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	VOA POOL PTE LTD
Company Reg No .....	2XXXXX883H
Email Address .....	lowyuanliang@gmail.com
Mobile Phone No .....	(Phone) +65-92200027
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
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 .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	MP005091

### DRIVER

Name of Driver .....	VEERAMUTHU VEERABATHIRAN
Passport No/FIN .....	GXXXX312K
Date Of Birth .....	28/07/1993
Occupation .....	Indoor

Date Of Driving Pass .....	18/12/2017
Driving experience .....	5 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-84338121
Alt. Phone Number .....	-
Email Address .....	lowyuanliang@gmail.com
Address .....	BLK 925 TAMPINES STREET 91
Address complement .....	# 04-977
Postcode .....	520925
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230117/7030

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNE3192S
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

## SKETCH PLAN

## IMPORTANT NOTICE

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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' law yers/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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/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

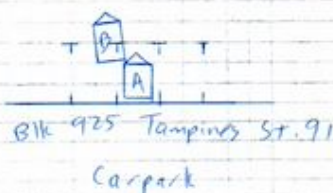
Witnessed by Reporting Centre Personnel

Sketch Plan

Carpark of Blk 925 Tampines Street 91



(A) - GBC4240H  
(B) - SNE31925



## Describe Circumstances of the Accident

— Refer to police report attached —

Report No.: T/20230117/7030



## Declaration

(We declare the foregoing particulars are true in every respect)



Policy holder's Signature / Date & Time

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

17/1/2023

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20230117/7030

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20230117/7030

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	LOW YUAN LIANG	ID No.	S9110486E
Related Vehicle	GBC4240H (Van)	Contact No.	92200027
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On the 13/01/2023, my employee drove the Vehicle GBC4240H back to his house at Blk 925 Tampines St 91, parked his Vehicle and everything was intact. When he went back to his Vehicle, he realised that there were damages on the left front portion of the Vehicle, and there was a note on the windscreen. We tried calling the number but the person on the other end told us that he was not involved in any accident. The Vehicle who hit into us had left a fake number on the note. We proceeded to view our in car camera and we managed to retrieve the number plate of the Vehicle who hit into us. The number plate is SNE3192S.













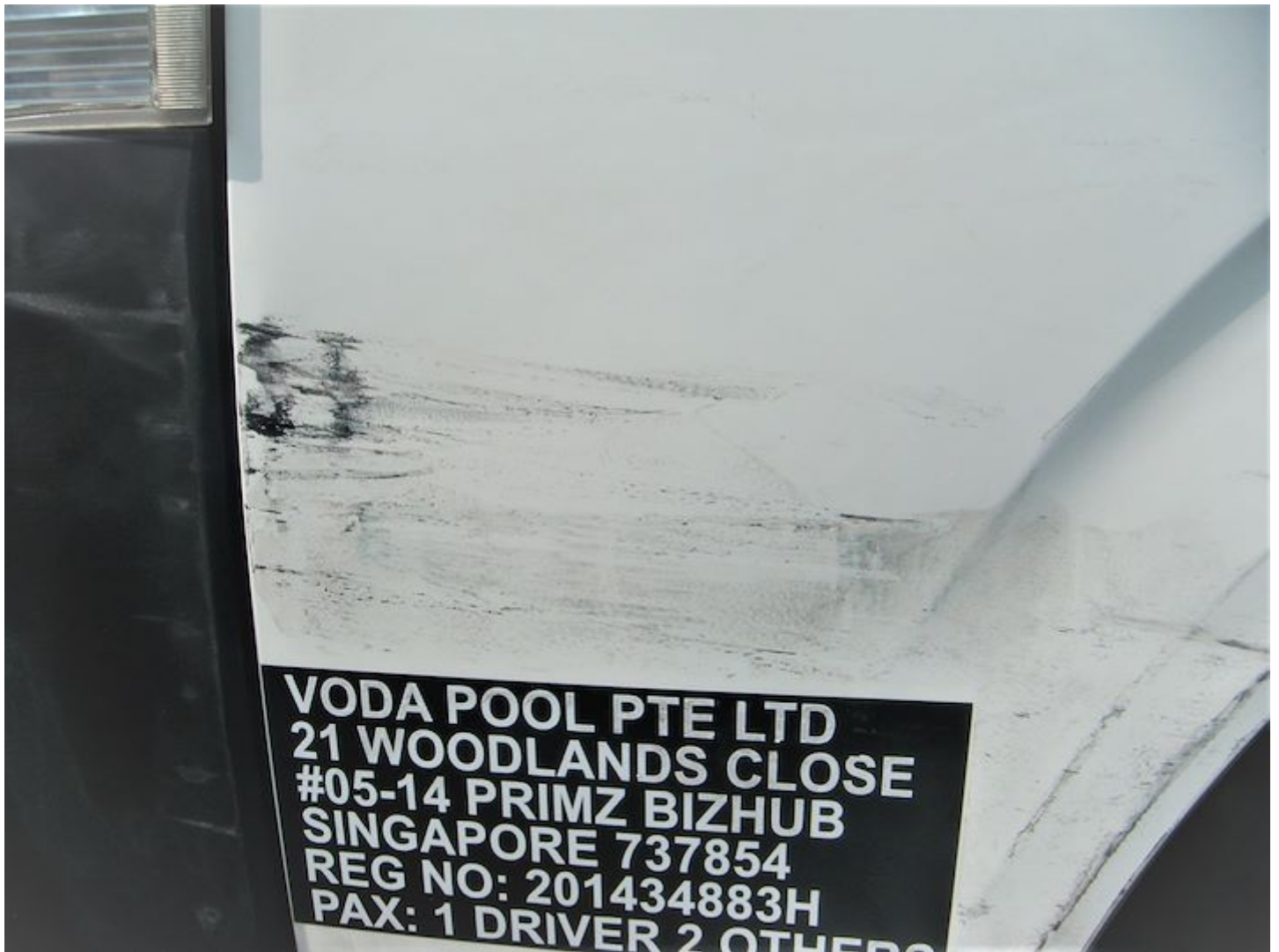










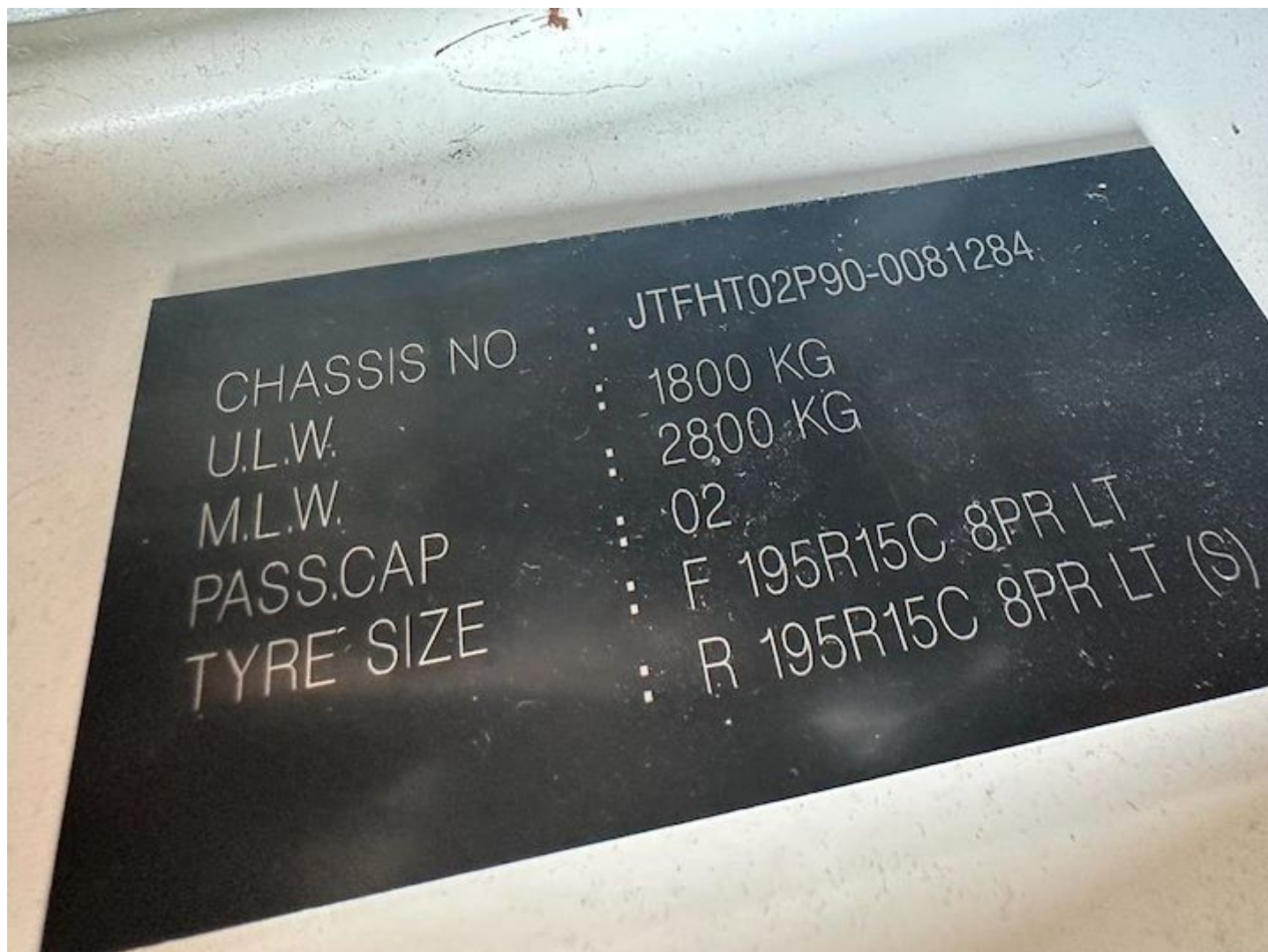


VODA POOL PTE LTD  
21 WOODLANDS CLOSE  
#05-14 PRIMZ BIZHUB  
SINGAPORE 737854  
REG NO: 201434883H  
PAX: 1 DRIVER 2 OTHERS













**SINGAPORE  
POLICE FORCE**



T/20230117/7030

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20230117/7030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/01/2023 14:57		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOW YUAN LIANG			Address: 59 STRATHMORE AVENUE #02-91 SINGAPORE 142059		
ID Type / ID No.: NRIC NO / S9110486E			Contact No.: Home/Office:		Mobile: 92200027
Nationality: SINGAPORE CITIZEN			Email: lowyuanliang@gmail.com		
Sex: Male	Age: 31	Date of Birth: 20/03/1991	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DIRECTOR			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/01/2023 08:00	Type of Location: Car Park
Location:  TAMPINES STREET 91				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC4240H	Van					0
SNE3192S	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230117/7030

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20230117/7030

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	LOW YUAN LIANG	ID No.	S9110486E
Related Vehicle	GBC4240H (Van)	Contact No.	92200027
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On the 13/01/2023, my employee drove the Vehicle GBC4240H back to his house at Blk 925 Tampines St 91, parked his Vehicle and everything was intact. When he went back to his Vehicle, he realised that there were damages on the left front portion of the Vehicle, and there was a note on the windscreen. We tried calling the number but the person on the other end told us that he was not involved in any accident. The Vehicle who hit into us had left a fake number on the note. We proceeded to view our in car camera and we managed to retrieve the number plate of the Vehicle who hit into us. The number plate is SNE3192S.



**SINGAPORE  
POLICE FORCE**



T/20230117/7030

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20230117/7030

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
SUFYAN BIN KHAIRI  
Contact No.: 65476148

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
17/01/2023 14:57

Classification Of Case: