



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 17:27 (SGT)
Reported by	Driver
Date of Accident	14/01/2023 23:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE LAMP POST NUMBER 87 NEAR LOYANG AVE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6020Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WEE GUAN ENGINEERING PTE LTD
Company Reg No	199804158D
Email Address	alex.chia@weeguan.com.sg
Mobile Phone No	(Phone) +65-96868669
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FV51JJD4RDEA
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12882

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	2022-V0105675-VCV-R004

DRIVER

Name of Driver	RAJAVEL SENTHILKUMAR
Work Permit No	G7715384K
Date Of Birth	30/03/1985
Occupation	Outdoor



Date Of Driving Pass	18/04/2017
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87120280
Alt. Phone Number	-
Email Address	alex.chia@weeguan.com.sg
Address	APT BLK 613 BUKIT PANJANG RING ROAD #10-856 (S) 670613
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	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?	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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

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 INSURED

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME7329B
Vehicle Manufacturer	Mercedes
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DANIEL HO POH YIN
NRIC No	S7909175H
Contact Number	(Phone) +65-83110040
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

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.
- (b) 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.



D. Sukhul

16/01/23

12.15 PM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: X06030Y

B: SIME 7379B

Describe Circumstances of the Accident

At the above mentioned date and time, my vehicle X0620Y with TMA was stationary along TPE near Exit 2 Lyang Ave. I at the most right lane doing work. My vehicle there was TMA warning signage situated on rear of my vehicle to keep away from my vehicle. Out of sudden, I felt an big impact from my vehicle behind. I came down from my vehicle I realized vehicle B was hit into my vehicle rear portion I caused damages to my vehicle.

Please Refer To Police Report REF No. T/20230115/2040.

Declaration

We declare the foregoing particulars are true in every respect.



Z. Sunkyl

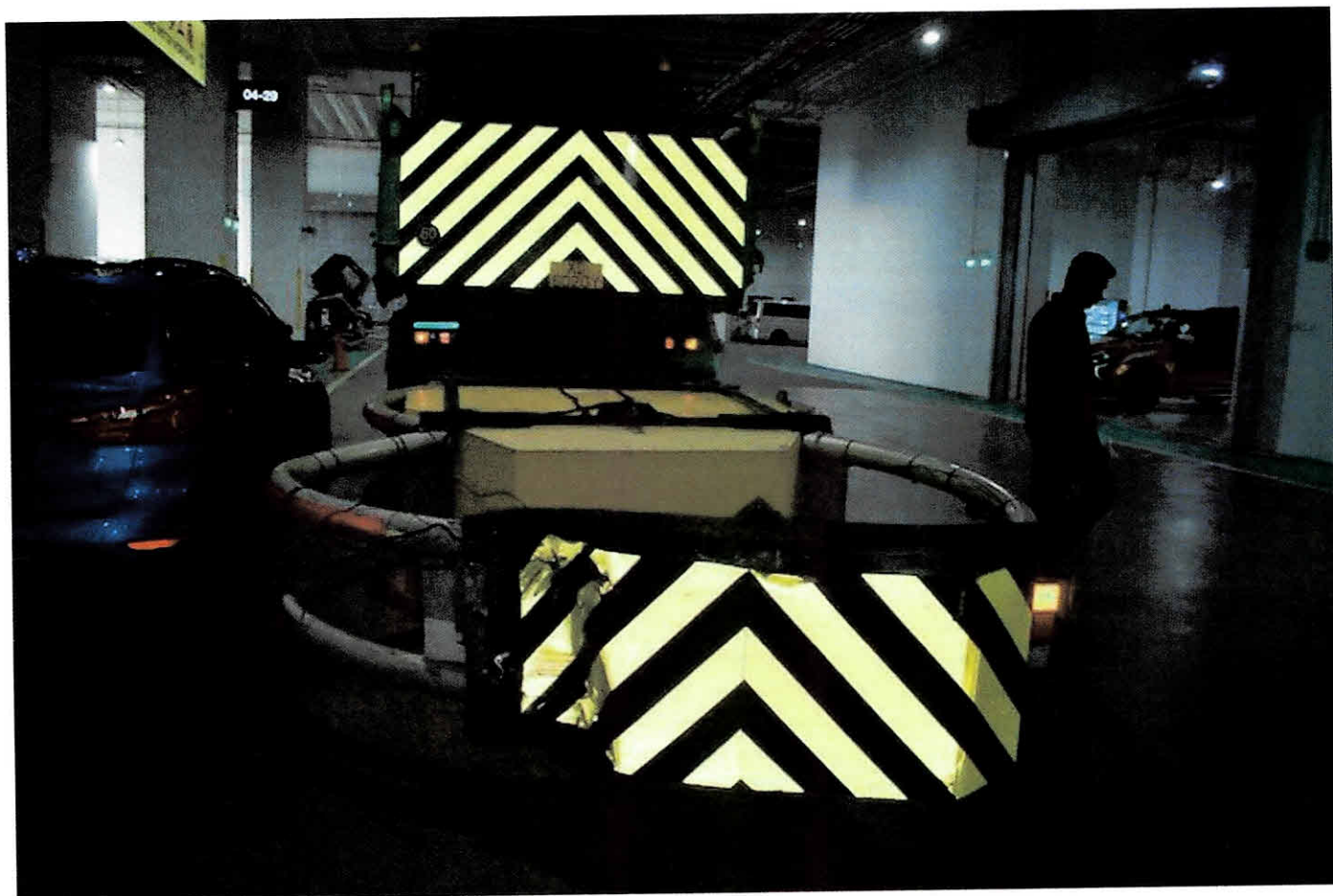
Policyholder's Signature / Date & Time

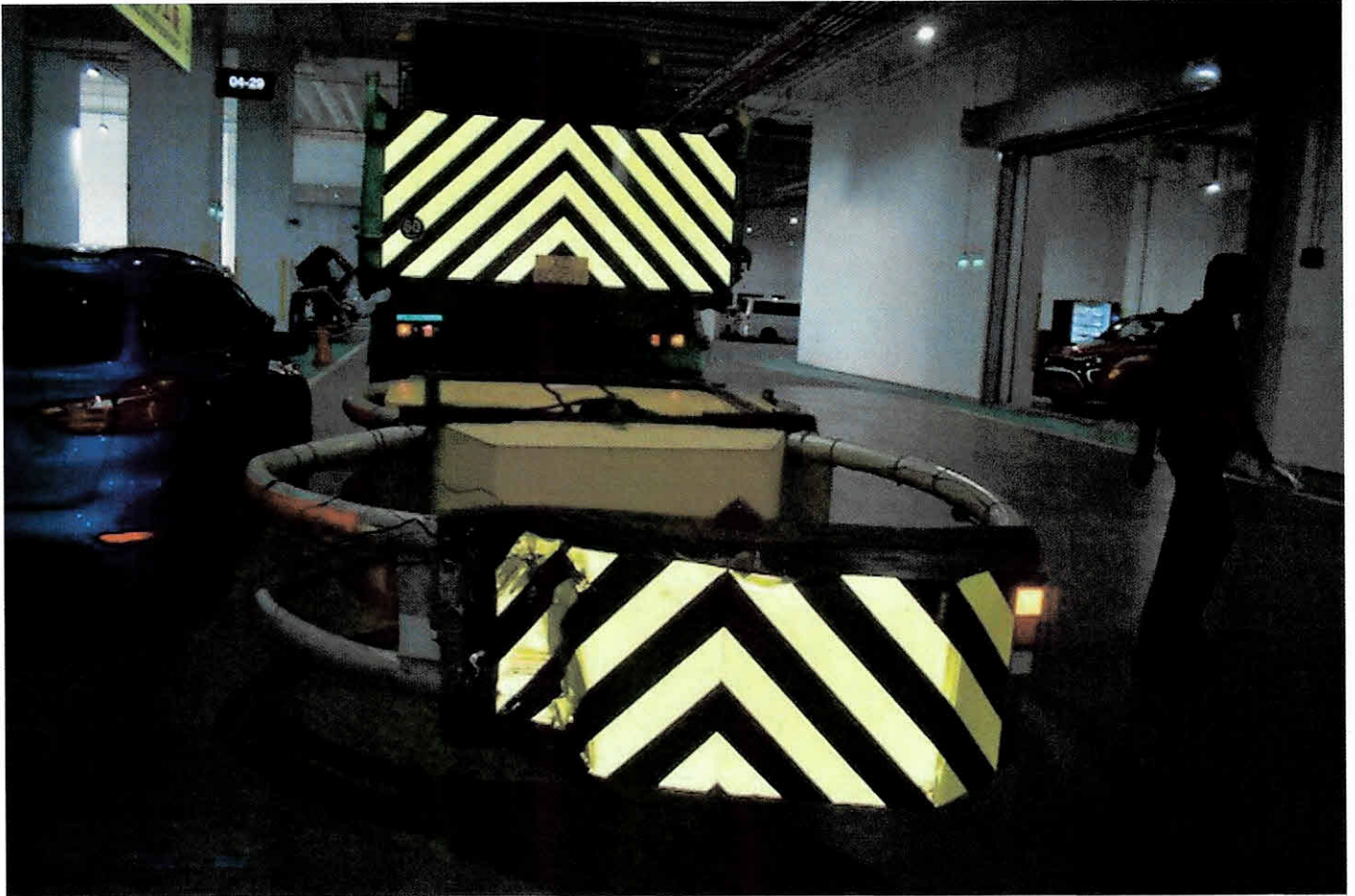
Z. Sunkyl

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

16/01/23 12.15 PM

Witnessed by Reporting Centre Personnel







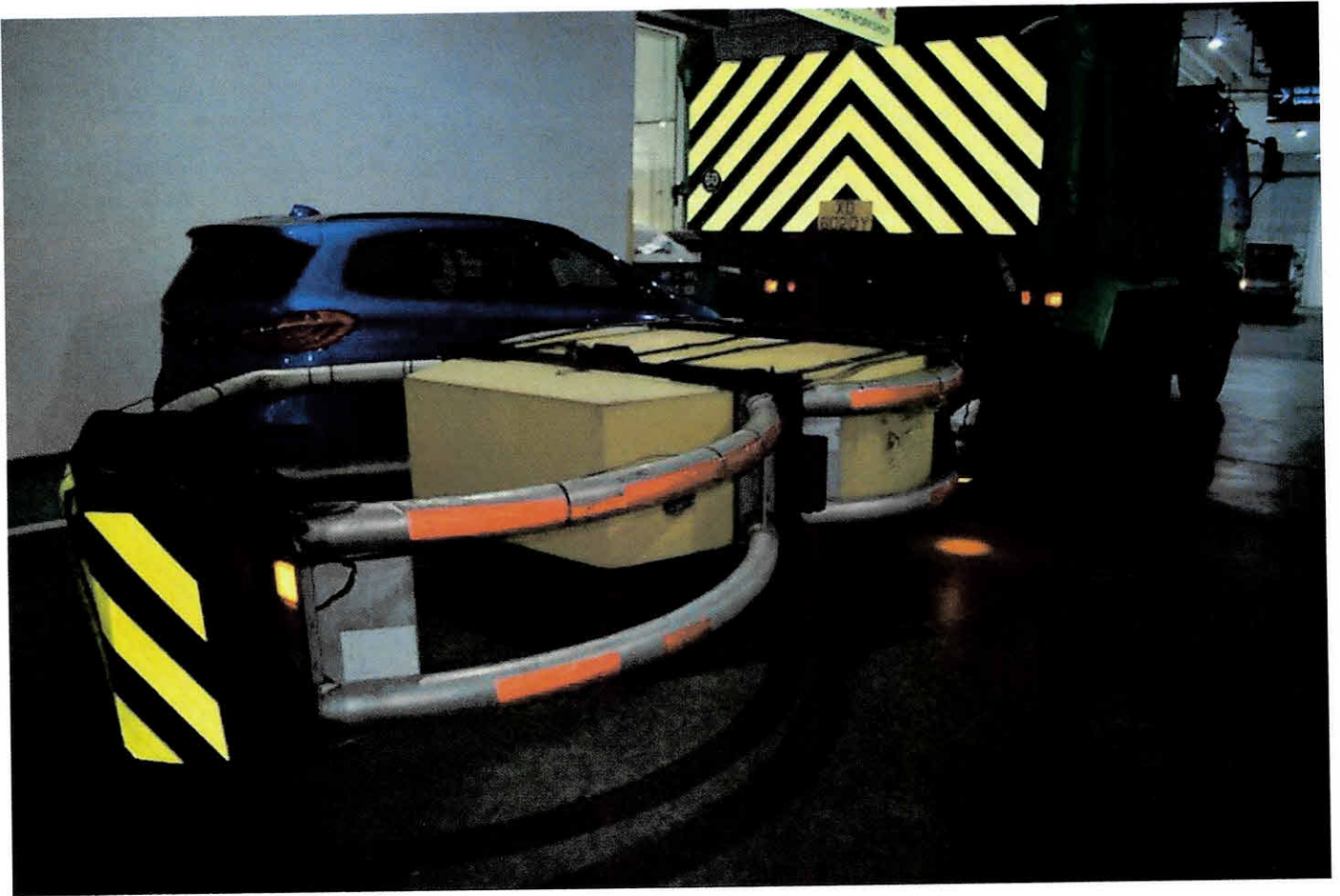


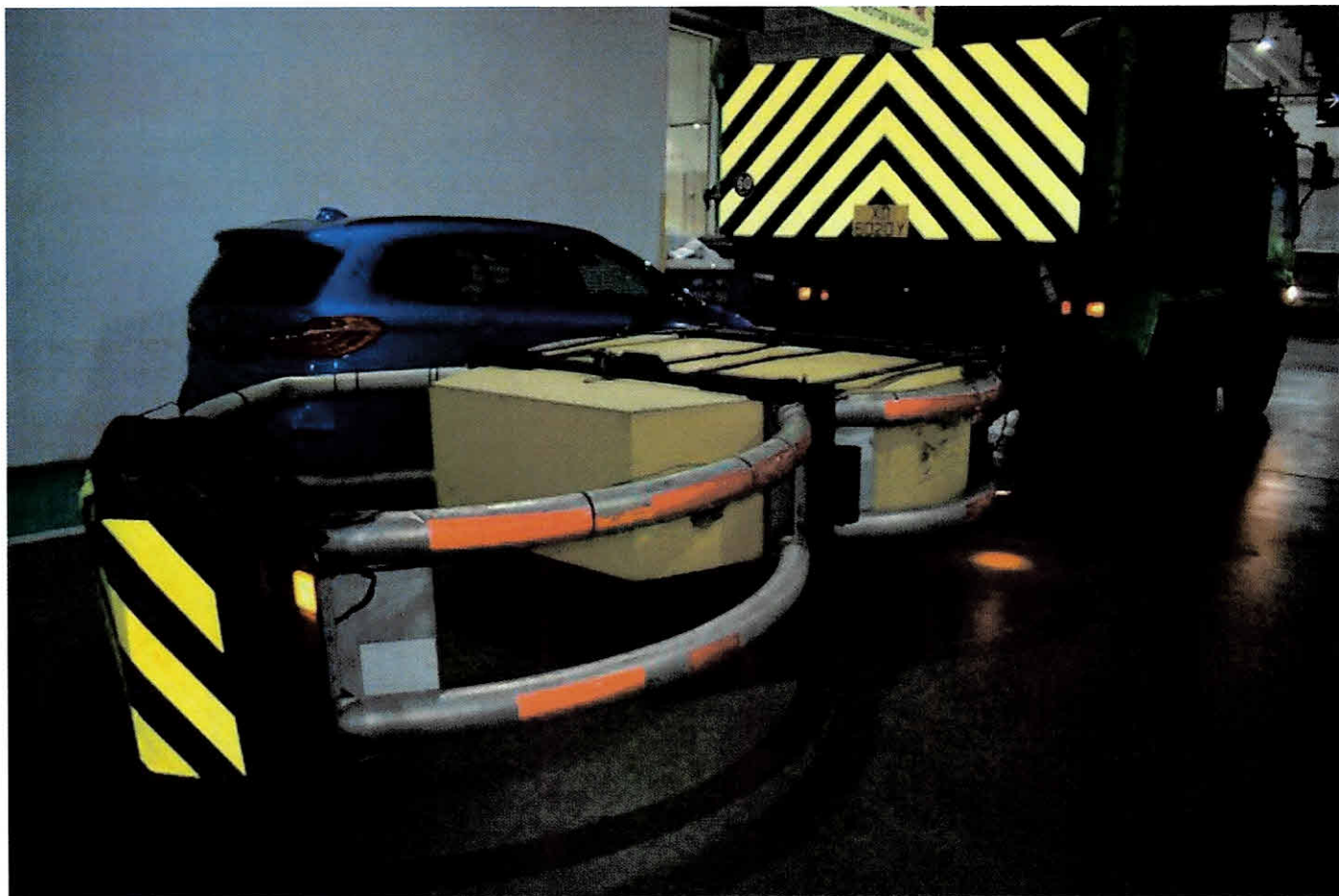


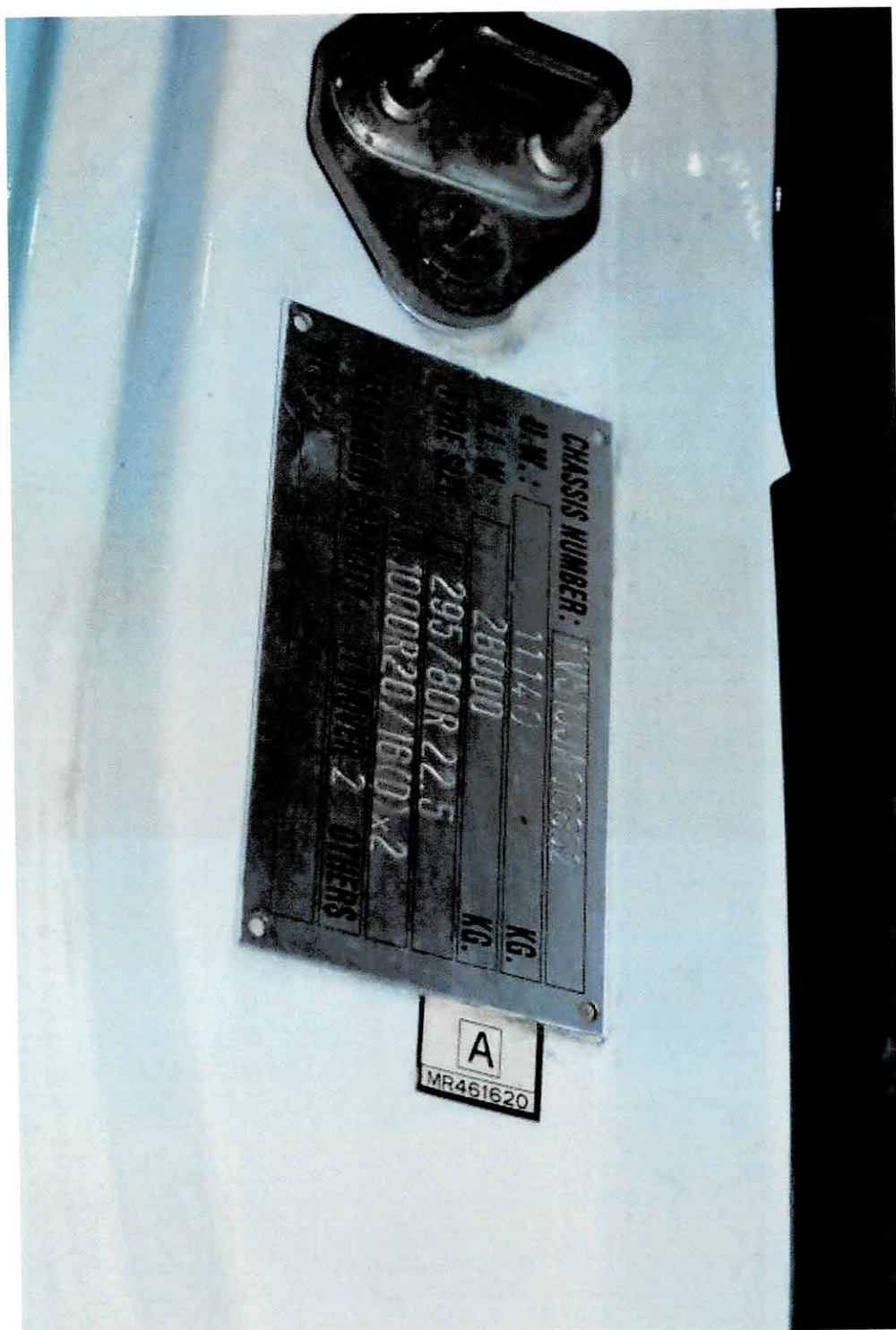




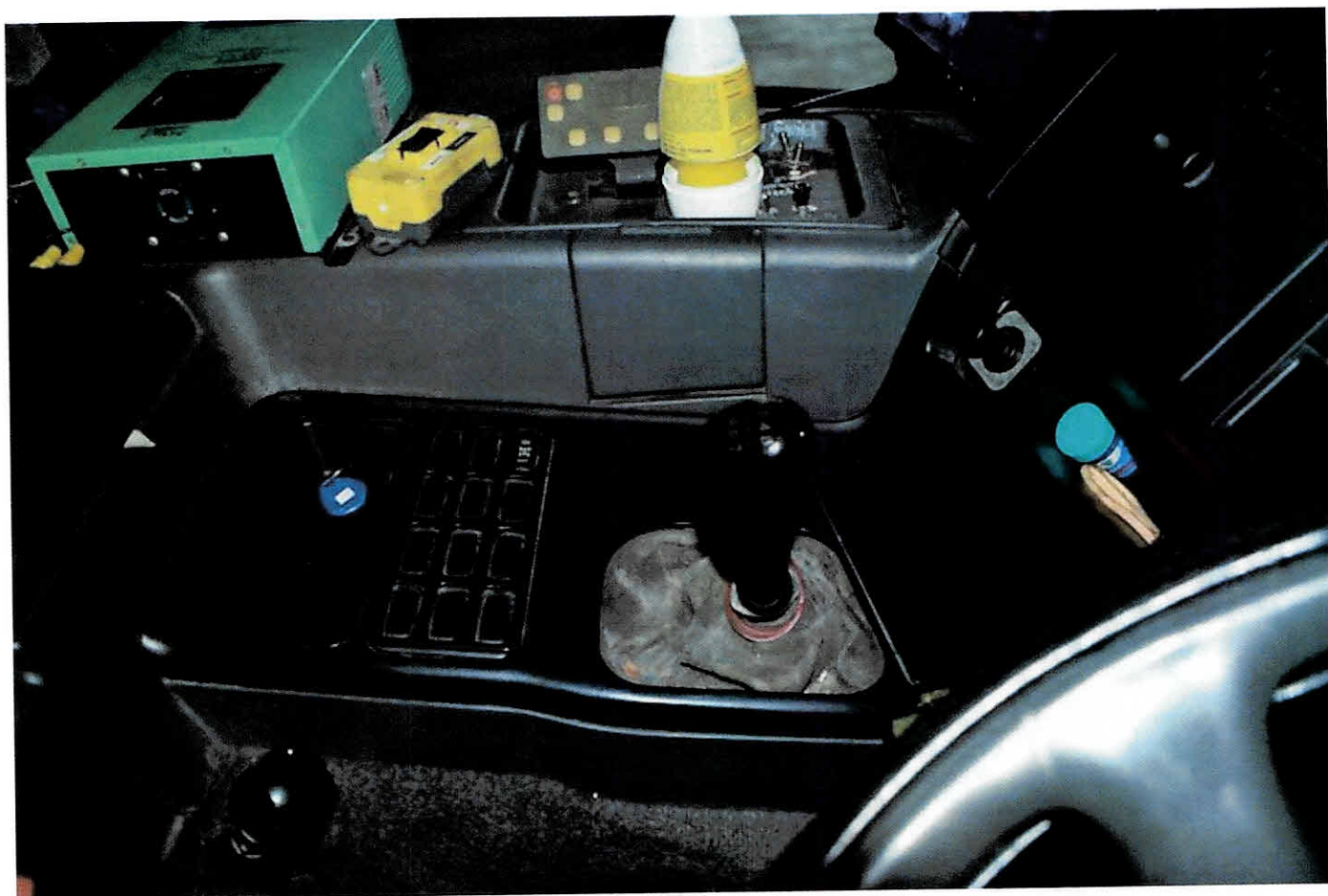


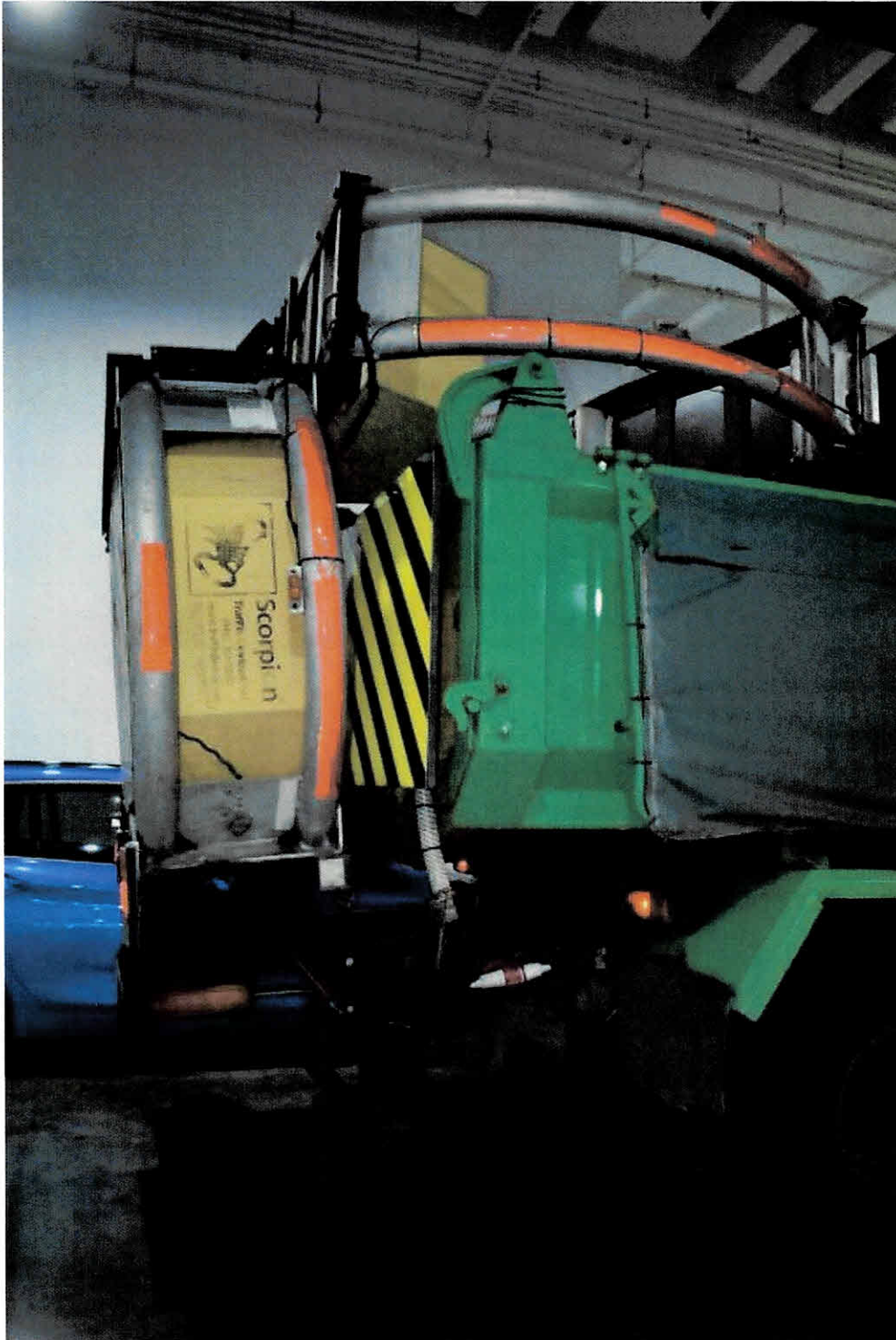




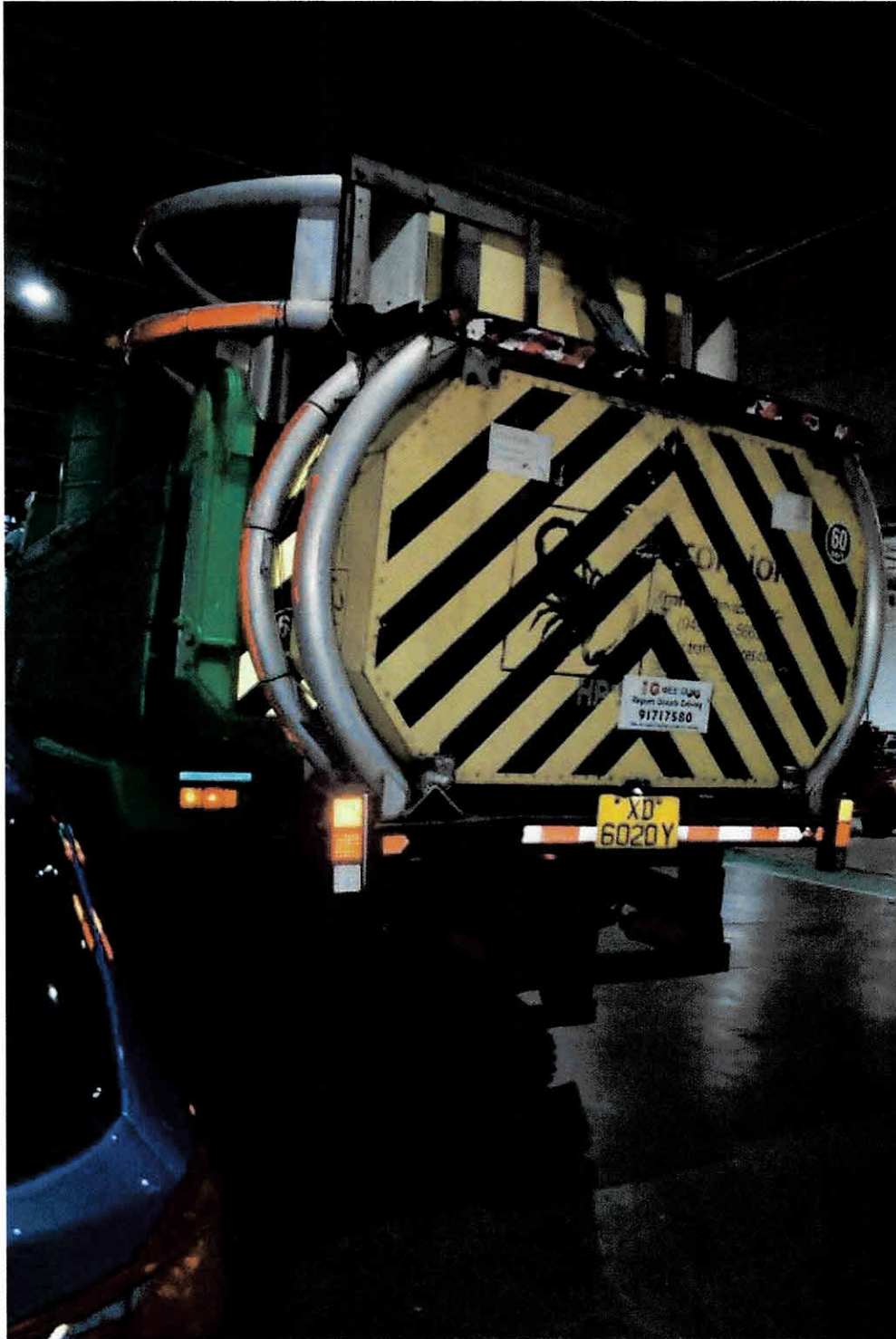


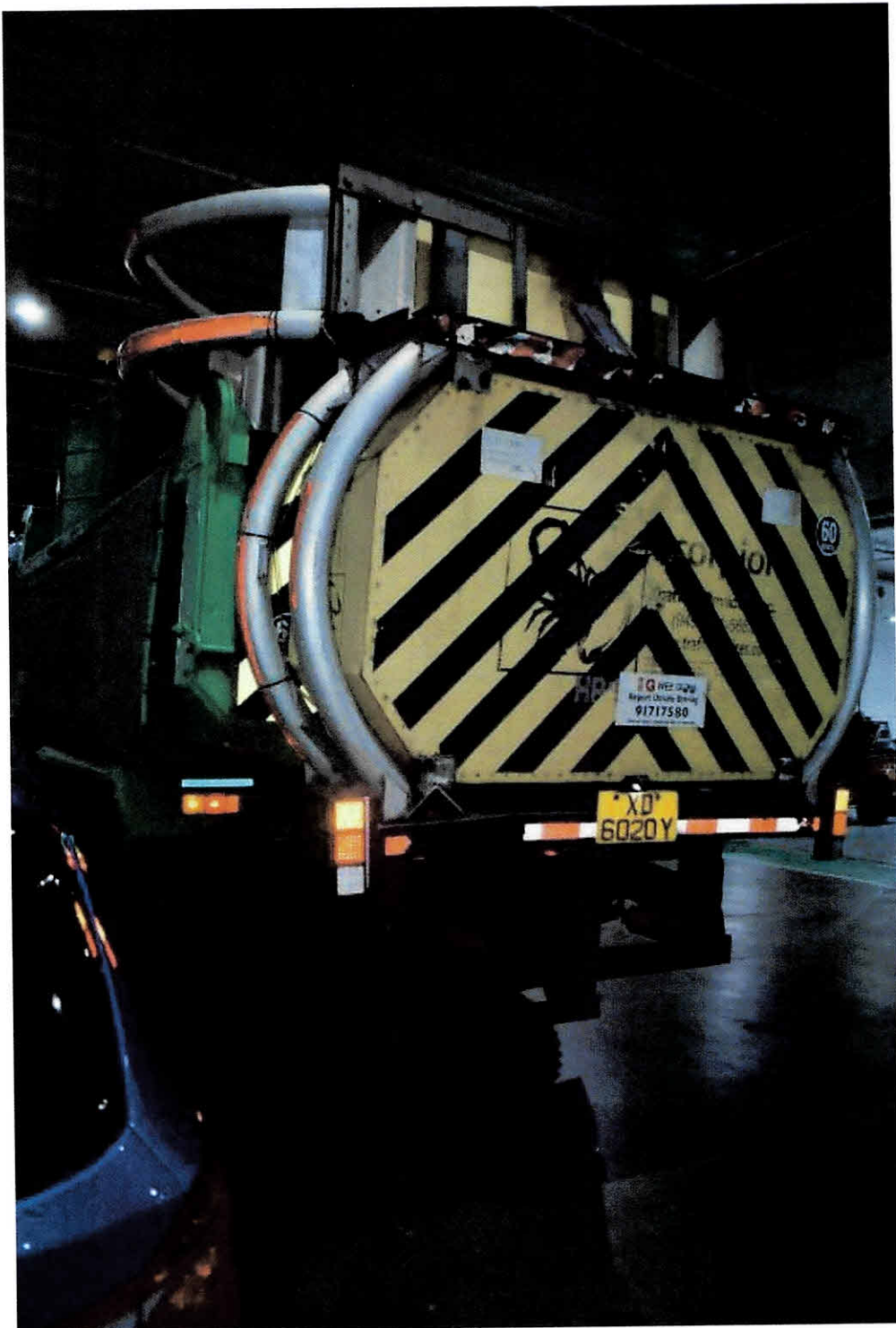
















**SINGAPORE
POLICE FORCE**



T/20230115/2040

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Report No. T/20230115/2040

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2023 15:09		Vide Report No.: G/20230114/0295		Station Diary No.: 76	
Informant's Particulars					
Name of Informant: RAJAVEL SENTHILKUMAR			Address: APT BLK 613 BUKIT PANJANG RING ROAD #10-856 SINGAPORE 670613		
ID Type / ID No.: FIN NO / G7715384K			Contact No.: Home/Office: Mobile: 87120280		
Nationality: INDIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 30/03/1985	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Other heavy truck and lorry drivers			Driving Licence Information: Class: 2B,3,4 Date of Expiry: 03/04/2026		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/01/2023 23:15	Type of Location:
Location: TAMPINES EXPRESSWAY				
Lamp Post Number: 87		Road Surface:		Road Speed Limit:
Weather:		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
SME7329B	Car				Seriously Damaged	0
XD6020Y	Lorry				Slightly Damaged	0



SINGAPORE
POLICE FORCE



T/20230115/2040

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Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20230115/2040

CONTINUATION OF REPORT

Brief Details.

On 14/01/2023 at about 2315hrs at TPE towards PIE 1.8Km L/P 87. I was in my truck waiting for my other worker to finish up their works. Out of sudden, the white vehicle collided onto my back of my truck.

Thereafter, TP and ambulance arrive at scene. We both exchange particular and thereafter, the driver of the white vehicle was conveyed to the hospital.

This report is for insurance claim purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20230115/2040

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Report No. T/20230115/2040

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 /
SGT 2 ALAN YAP PENG KWEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/01/2023 15:09

Officer In Charge Of Case:

TP / GIT /
SGT 3 MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

Classification Of Case:

NP158



SCHEDULE COMMERCIAL VEHICLE

ORIGINAL

POLICY INFORMATION

Policy No. : 2022-V0105675-VCV-R004 Date of Issue : 11/08/2022
 Previous Policy : - Intermediary : B0000061
 Insured : WEE GUAN ENGINEERING PTE LTD
 Address : 37 KRANJI LINK
 SINGAPORE 728643
 Period of Insurance : From 19/09/2022 to 18/09/2023 (both dates inclusive)

PREMIUM

Gross Premium : SGD 2,250.00
 GST : SGD 157.50
 Total Amount Due : SGD 2,407.50

DETAILS OF COVER

Risk Number 001 : Owner : WEE GUAN ENGINEERING PTE LTD
 Vehicle Number : XD6020Y
 Vehicle Make : MITSUBISHI FV51JJA4RDEA
 Vehicle Body Type : TIPPER TRUCK
 Year of Manufacture : 2012
 Tonnage / Seating : 16.59
 Engine Number : 6M70451891
 Chassis Number : FV51JJA00852
 Cover Type : Comprehensive Any Workshop
 Hire Purchase : UNITED OVERSEAS BANK LIMITED
 NCD / Fleet Discount : 20.00%
 Excess : S\$1,500.00 SECTION I
 Additional Benefits : -