

# 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 .....	26/01/2023 16:48 (SGT)
Reported by .....	Driver
Date of Accident .....	25/01/2023 11:15 (SGT)
Exact Location of Accident .....	Aft Sembawang Air Base, Singapore
Additional Location Information .....	SEMBAWANG ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SME799Z
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	BIS MOTORING PTE LTD
Company Reg No .....	201735055D
Email Address .....	KEIFTAN@BISMOTORING.COM.SG
Mobile Phone No .....	(Phone) +65-86881311
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Carens
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1699

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2002451400

### DRIVER

Name of Driver .....	G SELVARAJ S/O N GANAPATHY PILLAI
NRIC No .....	S0755739F
Date Of Birth .....	20/03/1954
Occupation .....	Outdoor

Date Of Driving Pass .....	20/02/1990
Driving experience .....	32 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97485470
Alt. Phone Number .....	-
Email Address .....	gselvarajpillai@gmail.com
Address .....	652 YISHUN AVE 4
Address complement .....	#05-513
Postcode .....	760652
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Chain Collision
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	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 .....	GRAB PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO: T20230126/2046

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YQ3531D
Vehicle Manufacturer .....	Isuzu
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SRITHAR
Contact Number .....	(Phone) +65-90501542
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	MSIG Insurance (Singapore) Pte. Ltd.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLF1333J
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Wish
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TEO GEOK LAM
Contact Number .....	(Phone) +65-92991721
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 .....	G SELVARAJ S/O N GANAPATHY PILLAI
Gender .....	Male
Phone No .....	(Phone) +65-97485470
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS MEDICAL LEAVE
Injured person in which vehicle? .....	SME799Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## IMPORTANT NOTICE

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN

SKETCH PLAN

SEMPAWANG ROAD (BUS STOP)

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VEH A - SME 799 Z

VEH B - YQ 3531 D

VEH C - SLP 1333 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT NO: T/20230126/2046

DECLARATION

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

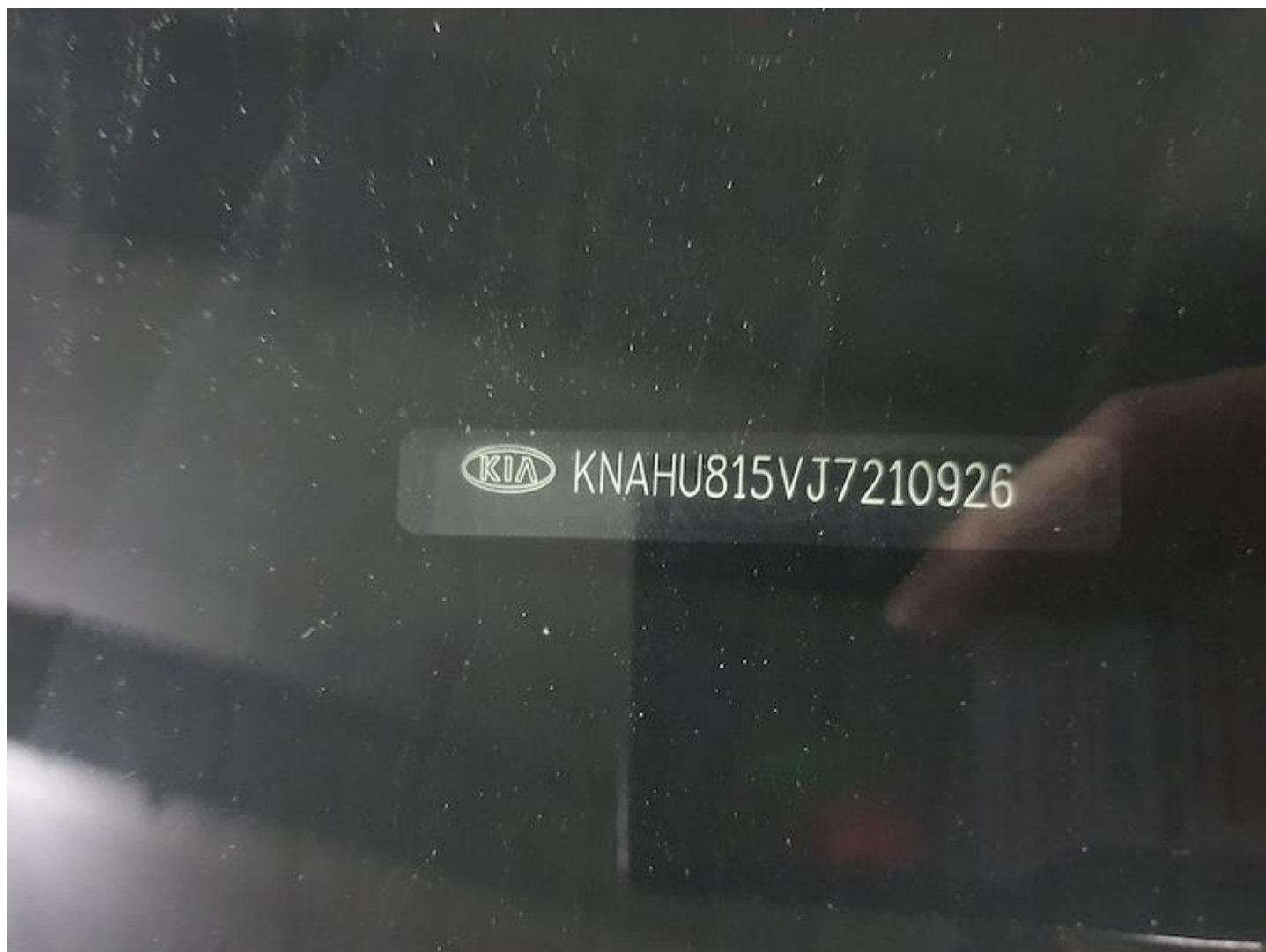
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIARMC SketchPlanForm\_V3





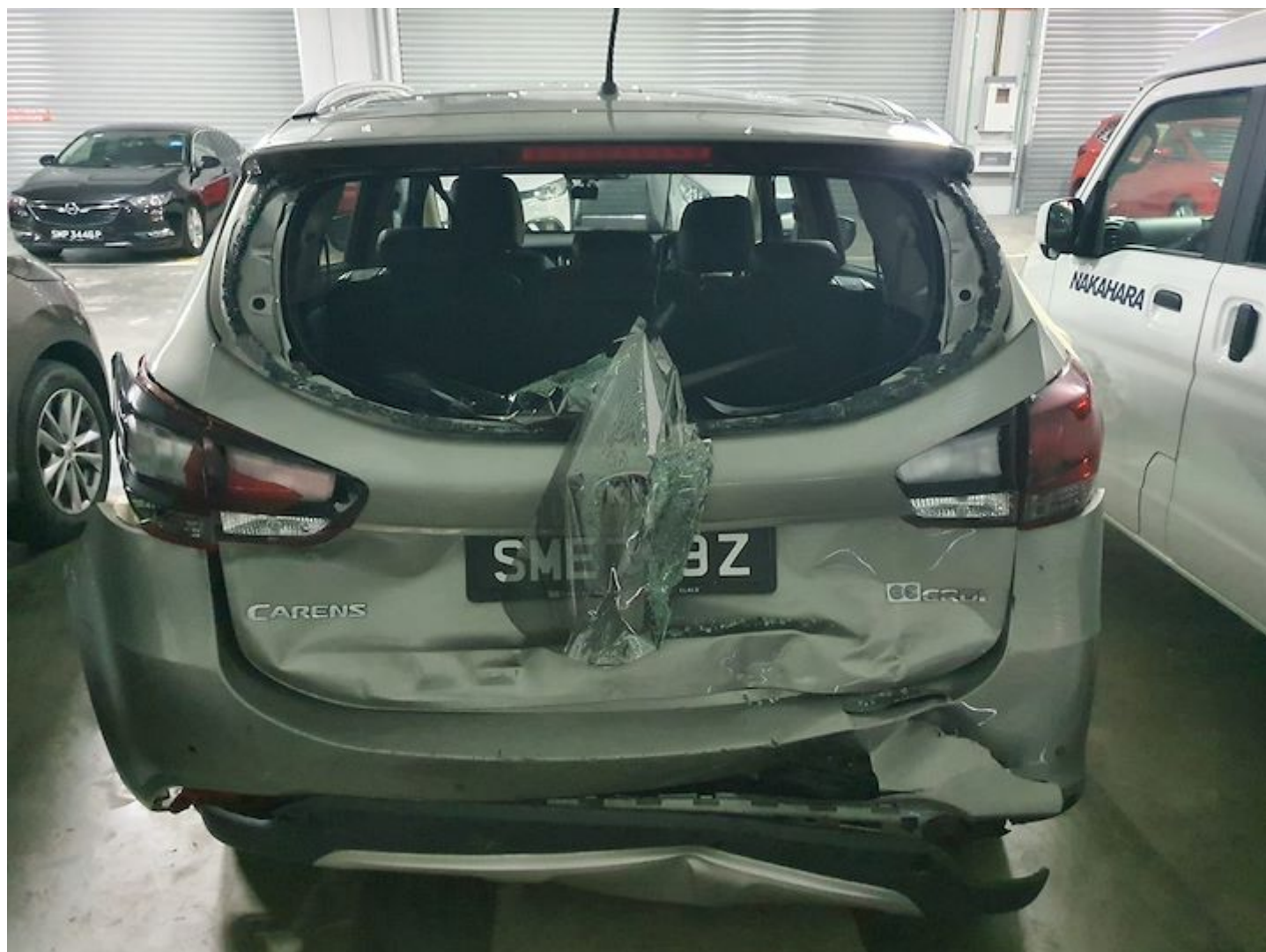





























**SINGAPORE  
POLICE FORCE**


T/20230126/2046

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20230126/2046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/01/2023 13:22	Vide Report No.:	Station Diary No.: 63
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**Informant's Particulars**

Name of Informant: G SELVARAJ S/O N GANAPATHY PILLAI			Address: APT BLK 652 YISHUN AVENUE 4 #05-513 SINGAPORE 760652		
ID Type / ID No.: NRIC NO / S0755739F			Contact No.: Home/Office: Mobile: 97485470		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 20/03/1954	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/01/2023 11:15	Type of Location: Straight Road
Location:  SEMBAWANG ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF1333J	Car	TOYOTA				0
SME799Z	Car	KIA	CARENS		Seriously Damaged	1
YQ3531D	Lorry	ISUZU				0





**SINGAPORE  
POLICE FORCE**



T/20230126/2046

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20230126/2046

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TOH GEOK LAM	ID No.	NIL
Related Vehicle	SLF1333J (Car)	Contact No.	92991721
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	G SELVARAJ S/O N GANAPATHY PILLAI	ID No.	S0755739F
Related Vehicle	SME799Z (Car)	Contact No.	97485470
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (YISHUN)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/01/2023	Date Discharge	25/01/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Jason Hyung Ling Tian	ID No.	S7003285F
Related Vehicle	SME799Z (Car)	Contact No.	97450972
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





**SINGAPORE  
POLICE FORCE**



T/20230126/2046

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20230126/2046

**CONTINUATION OF REPORT**

Driver			
Name	SRITHAR	ID No.	NIL
Related Vehicle	YQ3531D (Lorry)	Contact No.	90501542
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

**Brief Details.**

On 25/01/23 at about 1115hrs, my car/SME799Z was stationary along Sembawang Rd towards Yishun, lane 3 of 4, as the traffic light was red. It is just after Sembawang Air Base bustop. There was another stationary car/SLF1333J in front of me. Suddenly I felt a big impact from the rear hence my car surged forward and hit onto SLF133J. I exit my vehicle and discovered a lorry/YQ3531D had collided it's front against the rear portion of my car.

I got the particulars of the lorry driver namely Srithar/HP: 90501542. The driver in front of me is namely Toh Geok Lam/HP: 92991721.

There was a passenger/Jason Hyung Ling Tian/S7003285F/HP: 97450972 in my car and he was also injured. There were no traffic police and ambulance at scene.

There is an in-car camera in my car.

After the accident I seek medical assistant from National Healthcare Group Polyclinics Yishun and was given 3 days MC.



**SINGAPORE  
POLICE FORCE**

T/20230126/2046

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Report No. T/20230126/2046

**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:

L /

SGT 2 MUHAMMAD RAIHAN BIN  
ROSLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/01/2023 13:22

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

Classification Of Case:

NP168

