

# 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 .....	01/02/2023 17:59 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	31/01/2023 15:50 (SGT)
Exact Location of Accident .....	Woodlands Ave 12, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK7694U
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CRYSTAL PLUMBING & INTERIOR DESIGN STUDIO PTE. LTD
Company Reg No .....	201717123N
Email Address .....	CRYSTALPLUMBING2672@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96417073
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5128299093

### DRIVER

Name of Driver .....	IQBAL SINGH
Passport No/FIN .....	G8067219K
Date Of Birth .....	05/09/1986

Occupation .....	Outdoor
Date Of Driving Pass .....	19/02/2021
Driving experience .....	1 YEAR AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98947597
Alt. Phone Number .....	-
Email Address .....	IQBALSINGHSGP@GMAIL.COM
Address .....	51 ADMIRALTY RD WEST
Address complement .....	#02-18 COCHRANE LODGE 1
Postcode .....	757443
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 .....	Chain Collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	5
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 .....	BOOPATHI TAMILARASAN
Gender .....	Male

#### 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

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

#### 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 .....	XD1875E
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	YQ5972B
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	GBE7775B
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	SLX5129Z
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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... IQBAL SINGH  
 Gender ..... Male  
 Phone No ..... (Phone) +65-98947597  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... 5 DAYS MC  
 Injured person in which vehicle? ..... GBK7694U  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... BOOPATHI TAMILARASAN  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... 5 DAYS MC  
 Injured person in which vehicle? ..... GBK7694U  
 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 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

*tu*

*Iqbal Singh*

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

*Ch*

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



Sketch Plan

	A - RBK 7694U
	B - XD 1875E
	C - YQ 5972B
	D - WBE 7775B
	E - SLX 5129Z

## Declaration

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



Policyholder's Signature / Date & Time

Label Singh

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



Witnessed by Reporting Centre Personnel  
(Name as in NR/CID card)





**SINGAPORE  
POLICE FORCE**



T/20230131/7070

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

1 of 3

Report No. T/20230131/7070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/01/2023 18:59		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: IQBAL SINGH			Address:		
ID Type / ID No.: FIN NO / G8067219K			Contact No.: Home/Office:		Mobile: 98947597
Nationality: INDIAN			Email: iqbalsinghsgp@gmail.com		
Sex: Male	Age: 36	Date of Birth: 05/09/1986	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: Plumber		Driving Licence Information: Class: 3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/01/2023 15:50	Type of Location: Straight Road
Location:  WOODLANDS AVENUE 12				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK7694U	Van					1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230131/7070

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

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Report No. T/20230131/7070

**CONTINUATION OF REPORT**

Driver			
Name	IQBAL SINGH	ID No.	G8067219K
Related Vehicle	GBK7694U (Van)	Contact No.	98947597
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	31/01/2023	Date	31/01/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the above mentioned date time and location, I was traveling straight with 1 passenger on board. As the vehicle Infront slow down hence I follow suit. Seconds later I felt a huge impact from the rear and as I alighted I realized it was a chain collision of 5 vehicles. Vehicle(b) collided onto the rear of my vehicle (a) causing damages to my vehicle(a)

Vehicle(b) collided onto vehicle(a) from the rear, pushing it to collide with vehicle(c) and than vehicle(c) collided onto vehicle (d) and vehicle(d) collide onto vehicle (e)

My passenger and I felt pain on our neck, back, hand and leg. So we went to our family physicians clinic to seek consultation and was given 5 days mc each.

Vehicle(a) gbk7694u

Vehicle(b) xd1875e

Vehicle(c) yq5972b

Vehicle(d) gbe7775b

Vehicle (e) slx5129l

Passenger :boopathi tamilarasan 5days mc





**SINGAPORE  
POLICE FORCE**



T/20230131/7070

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

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Report No. T/20230131/7070

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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

Date/Time:  
31/01/2023 18:59

Classification Of Case:

NP168