

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 06/02/2023 22:26 (SGT)
Reported by Driver
Date of Accident 06/02/2023 07:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLE (CTE) 9KM
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF6911B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AH BOON CIVIL ENGINEERING & BUILDING CONTRACTOR
PTE LTD
Company Reg No 198301650R
Email Address ENQUIRY@ABC-JS.COM
Mobile Phone No (Phone) +65-63688866
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model LORRY
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 0

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VC05013439

DRIVER

Name of Driver IRULANDI DHANABALAN
Passport No/FIN F7944317N
Date Of Birth 10/04/1967

Occupation	Outdoor
Date Of Driving Pass	15/04/1997
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93397021
Alt. Phone Number	-
Email Address	ENQUIRY@ABC-JS.COM
Address	C/O 2B SUNGEI KADUT DRIVE
Address complement	-
Postcode	729555
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?	Yes
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)	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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	WWC8399
Vehicle Category	Commercial vehicle

PASSENGER 1

Name	TOTAL 13 INCLUDING DRIVER (3 FRONT; 10 REAR)
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number WWC8399
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver WONG TIAN FOO
Passport No/FIN F8792506X
Contact Number (Phone) +65-84502897
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.



Bales

Policyholder's Signature / Date & Time

Bales

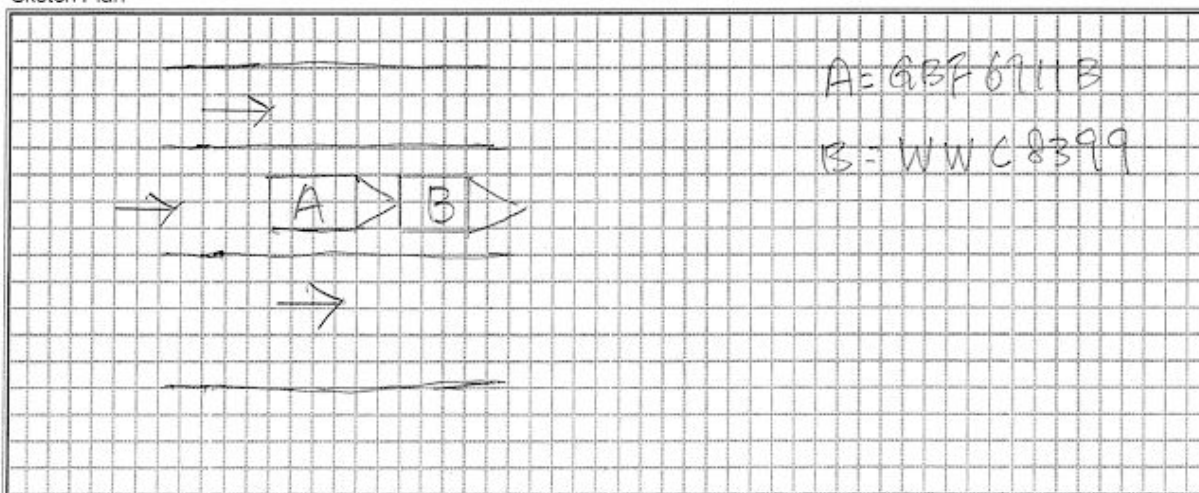
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]



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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

Please Refer to Police Report.

Declaration

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



Balan

Policyholder's Signature / Date & Time

Balan

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

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

































**SINGAPORE
POLICE FORCE**



T/20230206/2059

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20230206/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2023 14:11	Vide Report No.: L/20230206/0048	Station Diary No.: 54
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Informant's Particulars

Name of Informant: IRULANDI DHANABALAN			Address: APT BLK 2B SUNGEI KADUT DRIVE #03-01 SINGAPORE 729555		
ID Type / ID No.: FIN NO / F7944317N			Contact No.: Home/Office: Mobile: 93397021		
Nationality: INDIAN			Email:		
Sex: Male	Age: 55	Date of Birth: 10/04/1967	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: SUPERVISOR/DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 06/02/2023 07:15	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		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
GBF6911B	Lorry				Slightly Damaged	12
WWC8399	Van					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230206/2059

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20230206/2059

CONTINUATION OF REPORT

Driver			
Name	IRULANDI DHANABALAN	ID No.	F7944317N
Related Vehicle	GBF6911B (Lorry)	Contact No.	93397021
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	WONG TIAN FOO	ID No.	G8792506X
Related Vehicle	WWC8399 (Van)	Contact No.	84502897
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 6/02/2023 at about 0715hrs, I was driving vehicle GBF6911B along SLE towards CTE. I was driving on lane 2 of the said road and was at the 9KM mark when suddenly the vehicle (WWC8399) in front jammed brake. As such, I slammed my brake but was unable to stop my vehicle, resulting the front side of my vehicle to knock onto the rear side of vehicle WWC8399.

My vehicle were slightly damage on the front side due to the collision. There were 12 passengers (2 at the front seat and 10 on the rear) during the accident. No one was injured due to the accident. There is in-car camera installed in my vehicle. Traffic police arrived at scene and took the memory card of my vehicle in-car camera. TP officer then issued me with the report number, L/20230206/0048. and told me to lodge a police report with regards to the accident. Hence, I am lodging this report.



**SINGAPORE
POLICE FORCE**



T/20230206/2059

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20230206/2059

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:

E /
SR STAFF SGT MUHAMMAD
HAFIZ BIN ZUHURI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/02/2023 14:11

Officer In Charge Of Case:

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

Classification Of Case:

NP168



SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: 2/ 20230206 / 0048

I, ISS 709424 AMIR
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of 7P4Q 10 451 26 3
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 one Thint ware dash cam Olysr 10 micro SD 8GB.
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Irulandi Dhanabalan F7944317N
(Name, NRIC or Passport No. / Rank and No.)

of 28 Sungai Ladang Dr #03-01 (729555)
(Address / Police Station / NPC / NPP)

on 6.2.23 at 0855
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

Balay
(Signature)
I-DHANABALAN F7944317N
(Name, NRIC or Passport No. / Rank and No.)

ISS AMIR
(Signature)
ISS AMIR
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: P.O. Rahim Tel: 6547 6904