

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 11:18 (SGT)
Reported by	Driver
Date of Accident	31/01/2023 09:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE (CITY) BEFORE BRADDELL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5566U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TECHNICON ENGINEERING PTE LTD
Company Reg No	200403501E
Email Address	TEPL88@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-65700912
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	1760

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5109413233-03

DRIVER

Name of Driver	SELVAM VINOTH
Work Permit No	G2192674X
Date Of Birth	15/02/1993
Occupation	Outdoor

Date Of Driving Pass	22/04/2015
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98518124
Alt. Phone Number	-
Email Address	VINOTHTECHNICON@GMAIL.COM
Address	252 WOODLANDS INDUSTRIAL PARK E5
Address complement	-
Postcode	757308
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	Clear
Road Surface	Dry

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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	Karunanidhi Manikandan
Gender	Male

PASSENGER 2

Name	Muthu Murugesan
Gender	Male

PASSENGER 3

Name	Lakshmanan Bharath
Gender	Male

PASSENGER 4

Name	Selvam Ramu
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report

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 SHD3589H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 Name of Driver UNKNOWN
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PA20Y
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 Name of Driver UNKNOWN
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SELVAM VINOTH
 Gender Male
 Phone No (Phone) +65-98518124
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBK5566U
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person Karunanidhi Manikandan

Gender	-
Phone No	(Phone) +65-83027537
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK5566U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	Muthu Murugesan
Gender	Male
Phone No	(Phone) +65-81430030
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK5566U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	Lakshmanan Bharath
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK5566U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 5

Name of injured person	Selvam Ramu
Gender	Male
Phone No	(Phone) +65-96131808
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK5566U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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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.



Policyholder's Signature / Date & Time
 06/02/23
 (1100HR)

Driver's Signature (if driver is not the policyholder) / Date & Time
 06/02/23
 (1100HR)

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

Sketch Plan

A - GRK5566U
 B - SHD3589H
 C - PA20Y

CRECITY
 BEFORE
 BRADDELL

Describe Circumstance of the Accident

Refer to Police report



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



Policyholder's Signature / Date & Time

06/2/23
(10011P)

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

06/2/23
(10011P)

MO SHAN KASMEIR BIN ABDULLAH

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


















**SINGAPORE
POLICE FORCE**


T/20230202/2075

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20230202/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2023 16:29	Vide Report No.: E/20230131/0041	Station Diary No.: 61
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Informant's Particulars

Name of Informant: SELVAM VINOTH			Address: APT BLK 252 WOODLANDS INDUSTRIAL PARK E5 #03-01 WOODLANDS BIZHUB SINGAPORE 757308	
ID Type / ID No.: FIN NO / G2192674X			Contact No.: Home/Office: Mobile: 98518124	
Nationality: INDIAN			Email:	
Sex: Male	Age: 29	Date of Birth: 15/02/1993	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: SUPERVISOR			Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/01/2023 09:15	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK5566U	Lorry					4
PA20Y	Bus/Coach/Mi nibus					0
SHD3589H	Taxi					2



**SINGAPORE
POLICE FORCE**



T/20230202/2075

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No. T/20230202/2075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SELVAM VINOTH	ID No.	G2192674X
Related Vehicle	GBK5566U (Lorry)	Contact No.	98518124
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	31/01/2023	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On 31/1/23 at about 0915hrs I was driving my company lorry (GBK5566U) along CTE towards AYE with 4 passengers (3 seated at the rear and 1 beside me) on the far most left lane. While I was near to lamp post 1665, there was a taxi (SHD3589H) moving slowly as such I also slowed down. Suddenly I felt an impact from the rear of my lorry. The impact caused my lorry to surge forward and collide onto the front taxi. I stopped my vehicle and came to know that a private bus (PA20Y) had collided onto my lorry. The front taxi had also hit onto another vehicle in front.

Traffic police and ambulance was called in reference to E/20230131/0041. My passengers and I were conveyed to Tan Tock Seng Hospital. The details of my passengers as follows:

- a) Karunanidhi Manikandan, G2573090P, HP: 83027537
- b) Muthu Murugesan, G2437783R, HP: 81430030
- c) Lakshmanan Bharath, G4111097Q
- d) Selvam Ramu, M1313592U

I was given 4 days of medical leave. My company lorry was towed away.

**SINGAPORE
POLICE FORCE**

T/20230202/2075

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20230202/2075

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:

F /
SGT 2 RAMESH S/O
KOLILINGAM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/02/2023 16:29

Officer In Charge Of Case:
TP / GIT /
SI GOH WEI LI
Contact No.: 65476394

Classification Of Case:

NP168