

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 14/02/2023 13:55 (SGT)
Reported by Driver
Date of Accident 11/02/2023 17:00 (SGT)
Exact Location of Accident Yishun Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH3061M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CAUGHT IN SPACE PTE. LTD.
Company Reg No 2XXXXX306R
Email Address simbuforklift@gmail.com
Mobile Phone No (Phone) +65-90257174
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model K2500
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 2497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00038062204

DRIVER

Name of Driver KARUTHA PILLAI SILAMBARASAN
Passport No/FIN GXXXX490R
Date Of Birth 28/01/1987
Occupation Outdoor

Date Of Driving Pass	25/09/2017
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90366572
Alt. Phone Number	-
Email Address	simbuforklift@gmail.com
Address	BLK 128 BUKIT MERAH VIEW #07-26
Address complement	-
Postcode	150128
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?	Yes
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)	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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JMM9811
Vehicle Category	Private car

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230213/2108

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	JMM9811
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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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDT6663U
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)	-

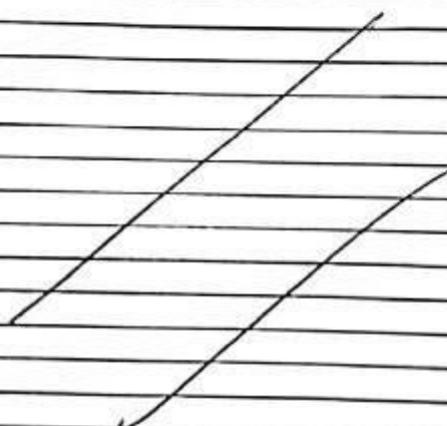
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KARUTHA PILLAI SILAMBARASAN
Gender	Male
Phone No	(Phone) +65-90366572
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH3061M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident

Please refer to police report T/2023/0213/2108



Declaration

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

Witnessed by Reporting Centre Personnel (Name as in NRICID card)



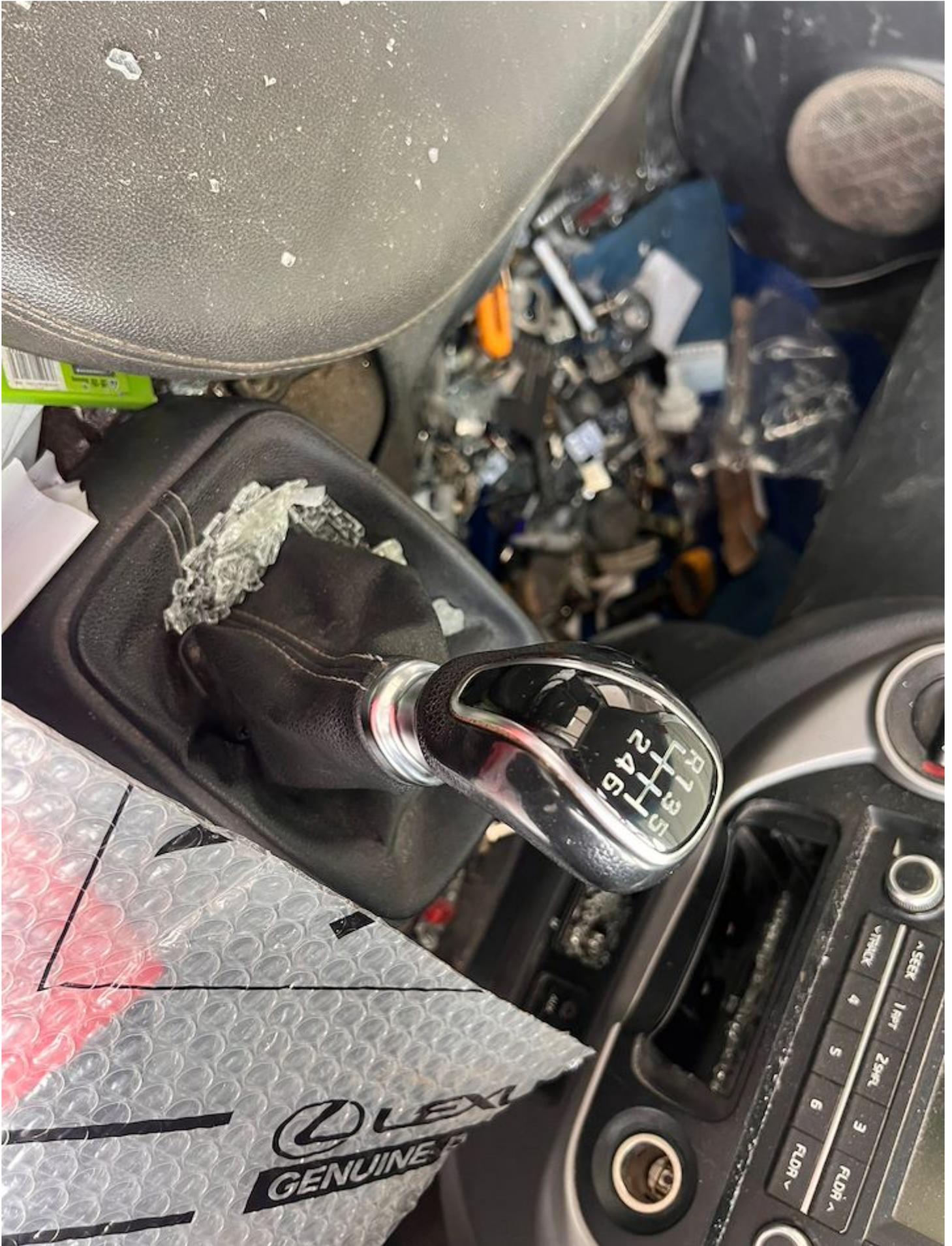



















**SINGAPORE
POLICE FORCE**


T/20230213/2108

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20230213/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2023 17:48	Vide Report No.: T/20230213/2018	Station Diary No.: 127
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Informant's Particulars

Name of Informant: KARUTHA PILLAI SILAMBARASAN		Address: APT BLK 128 BUKIT MERAH VIEW #07-26 BUKIT MERAH VIEW SINGAPORE 150128	
ID Type / ID No.: FIN NO / G8236490R		Contact No.: Home/Office: Mobile: 90366572	
Nationality: INDIAN		Email:	
Sex: Male	Age: 36	Date of Birth: 28/01/1987	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/02/2023 17:00	Type of Location: Straight Road
Location: YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
GBH3061M	Lorry				Seriously Damaged	0
JMM9811	Car				Seriously Damaged	2
SDT6663U	Car				Slightly Damaged	2



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T/20230213/2108

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Tel No: 1800-7679999

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Report No: T/20230213/2108

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KARUTHA PILLAI SILAMBARASAN	ID No.	G8236490R
Related Vehicle	GBH3061M (Lorry)	Contact No.	90366572
Hospital/Clinic	KHOO TECK PHUAT	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/02/2023	Date Discharge	12/02/2023
No. of Days granted Medical Leave	06	Degree of Injury	Slight

Brief Details.

On the above-mentioned date time and location. I was driving my vehicle (GBH3061M) on the right lane. When the vehicle in front of me (SDT6663U) jam braked in front of me. A vehicle then rear ended me due to me braking. I was then conveyed to KTPH for my injuries where I had cuts on my face and was given a 6-day MC. My vehicle suffered damages to its front and back. The vehicle that rear ended me is JMM9811. I also hit the vehicle (SDT6663U) in front of me.

I wish to state that traffic police and ambulance was at the scene of the incident.
I wish to state that my vehicle has an in car camera however it was not working.
I wish to state that there is a report regarding this matter ref:L/20230211/0110

I wish to state that there were amendments in the previous report ref:T/20230213/2018 thus I am making this report.



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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20230213/2108

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Report No. T/20230213/2108

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 / SC2 SHAHID ISHMAEL ISHAK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/02/2023 17:48
Officer In Charge Of Case: TP / GIT / SGT 2 PHUA TIAK YEE Contact No.: 65476200	Classification Of Case:

NP168