

# 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 .....           | 200310306R                |
| 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 ..... | G8236490R                   |
| 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 |
|-----------------------------------|---------|

|   |             |
|---|-------------|
| 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

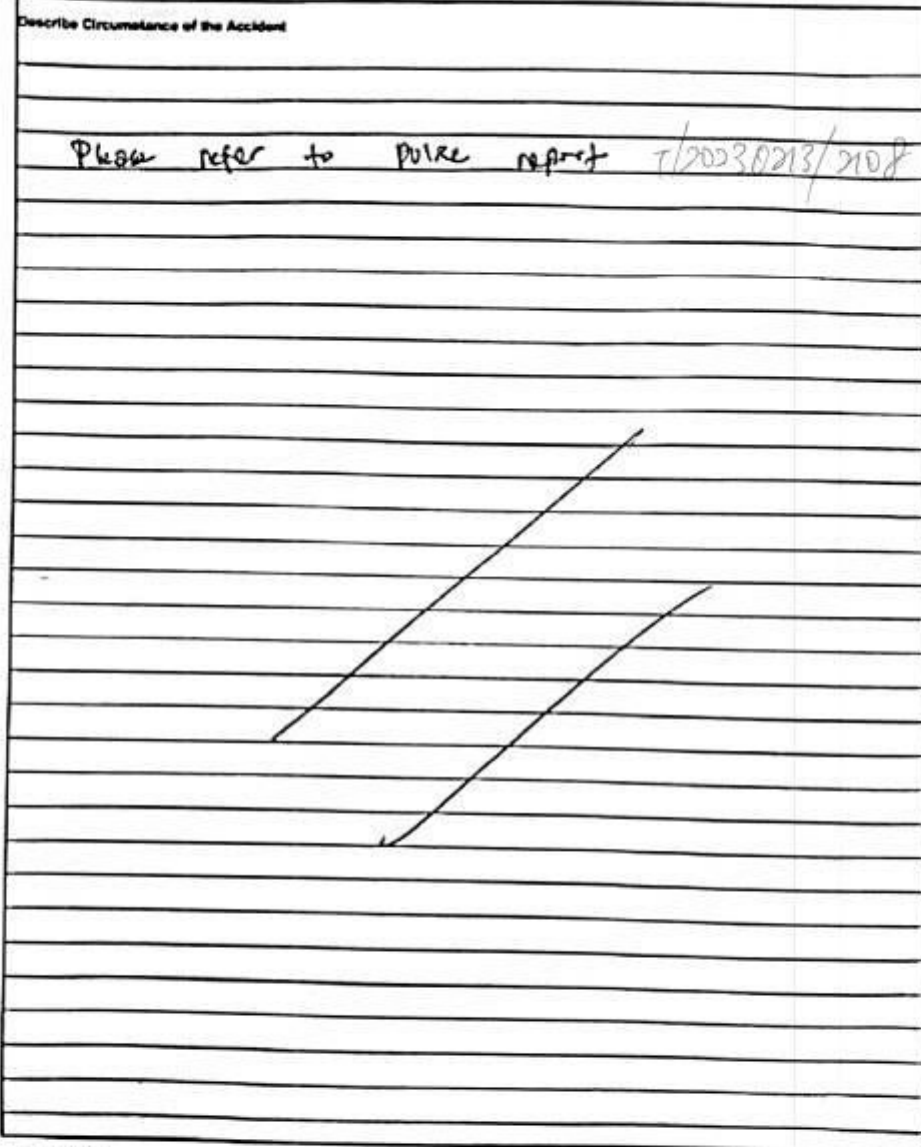
##### INJURED 1

|   |                             |
|---|-----------------------------|
| 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/20230213/2108



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

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

*[Signature]* 14/02/2023





































**SINGAPORE  
POLICE FORCE**



T/20230213/2108

1 of 3

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

Report No. T/20230213/2108

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                           |
|--|-------------------------------------|---------------------------|
| Date/Time Report Made:<br>13/02/2023 17:48 | Vide Report No.:<br>T/20230213/2018 | Station Diary No.:<br>127 |
|--|-------------------------------------|---------------------------|

**Informant's Particulars**

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

**General Information of the Accident**

|  |                              |                                    |   |   |
|--|------------------------------|------------------------------------|---|---|
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>11/02/2023 17:00 | Type of Location:<br>Straight Road      |
| Location:<br><br>YISHUN AVENUE 1                             |                              |                                    |   |   |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry               | Road Speed Limit:                             |   |
| Traffic Flow:<br>Two Way                                     |                              | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                      |   |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                              |                                    |   | Anyone conveyed by<br>ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make | Model | Color | Condition            | No of Passenger |
|-------------|-------|------|-------|-------|----------------------|-----------------|
| GBH3061M    | Lorry |      |       |       | Seriously<br>Damaged | 0               |
| JMM9811     | Car   |      |       |       | Seriously<br>Damaged | 2               |
| SDT6663U    | Car   |      |       |       | Slightly<br>Damaged  | 2               |





**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

**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<br>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.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands East N.P.C.  
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