SN08232E0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 14/02/2023 13:55 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (14/02/2023 13:55 (SGT))

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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 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

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC

INSURANCE COMPANY

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

2497

DRIVER

Name of Driver KARUTHA PILLAI SILAMBARASAN Passport No/FIN G8236490R Date Of Birth 28/01/1987 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	25/09/2017 5 YEARS AND 5 MONTHS Male (Phone) +65-90366572 - simbuforklift@gmail.com BLK 128 BUKIT MERAH VIEW #07-26 - 150128 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	
Vehicle Registration Number Vehicle Category	JMM9811 Private car
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Woodlands East Neighbourhood Police Centre (Phone) +65-18007679999 3 Woodlands Drive 63 Singapore 737890 No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20230213/2108	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

JMM9811

Vehicle Registration Number

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

SKETCH PLAN

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 Pokcyholder and/or the Actual Driver.
- Information provided must be as <u>truthilly and accurate as possible</u>. Any wiful misrepresentation or withinking of material facts may allow insurance companies to <u>recursive policy fability</u>.
- 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 Traffic Police Department for Investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre estate(shed by the General Insurance Association of Singapore (GIA) for erchving and that copies of this report will for a fee be made available upon application by interested perses.
- By the bodgement 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/aw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of

(i) processing, handling ensitor 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 anguines by me.
- (iv) administering my claims (including the making 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

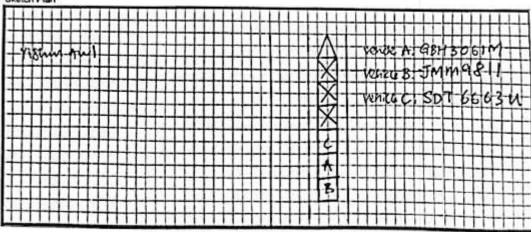
(c) my Personal Information may/can be disclosed by any of the histories and/or GIA to their bind-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

phi

Driver's Signature (if driver is not the policyholder) / Date A Time Warning Control Personnel

Sketch Plan



1

Powered by GamScanner

				1		
Phase ref	er to	Pulke	whit	T/20031	2213/20d	-
						-
			_/			
	7 - 3	-0.5				
		-/		/		
		/				
	-/		/			
			/			-
		/				
		-				
						-
						7
						-
ion						
H live	ers are true in every	respect			/	
7 121		0			/ 17	, 2023



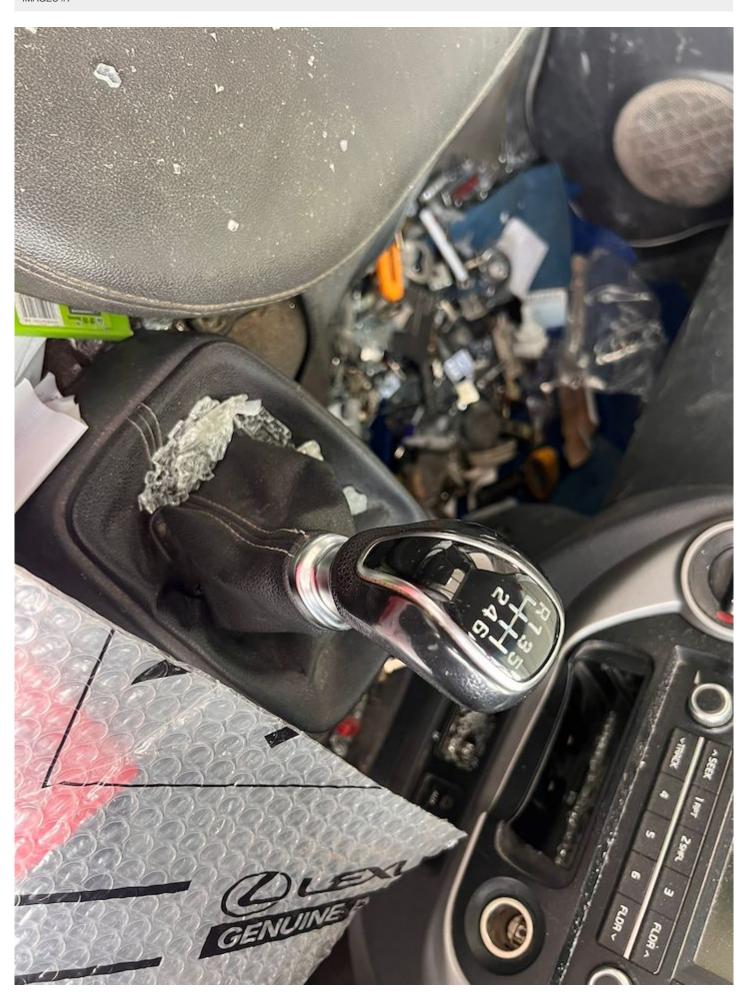


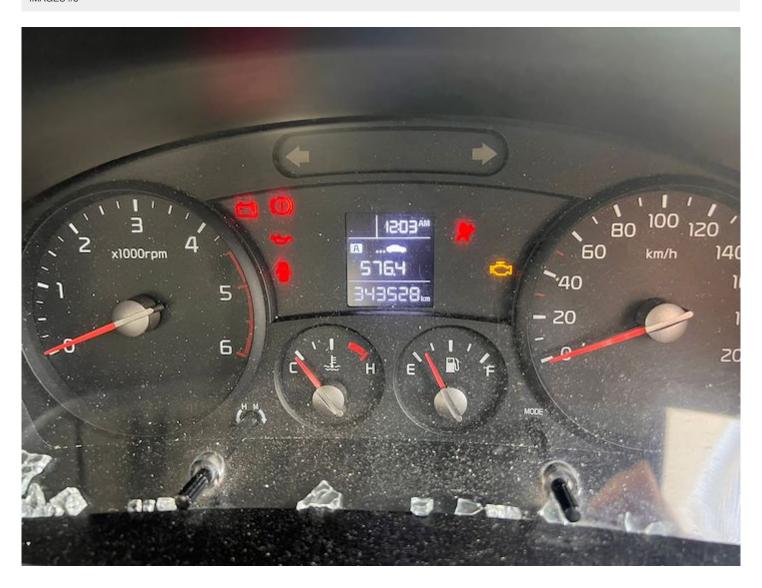




















T/20230213/2108

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/Tin 13/02/20	ne Report N 023 17:48	Made:	Vide Report No.: T/20230213/2018	Station Diary No. 127		
Informa	nt's Partic	ulars		Manual Control of the		
	f Informant: HA PILLAI S	SILAMBARASAN	Address: APT BLK 128 BUKIT MERAF VIEW SINGAPORE 150128	I VIEW #07-26 BUKIT MERAH		
ID Type FIN NO	/ ID No.: / G8236490)R	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:		

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 AVE	NUE 1				
Weather: Clear		Road Surface: Dry	5	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Two Way Type of Collis				Anyone conveyed by ambulance: Yes	

Vehicle No.	Type	Make	Model	Color	Condition	No of Deserve
GBH3061M	Lorry	100000000000000000000000000000000000000		COICI		No of Passenge
	2011				Seriously	0
JMM9811	Cas				Damaged	
DIVINISO I I	Car				Seriously	2
DDTOOOLL	_				Damaged	
SDT6663U	Car				Slightly	2
					Damaged	4





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 2 of 3 Report No. T/20230213/2108

CONTINUATION OF REPORT

Details of Perso	n Involved	SUA SE	ST. STREET		97		
Any Pedestrian Ir	nvolved: No	11 - 15/10	11-11-11-11-11-11-11-11-11-11-11-11-11-				
No. of Pedestrians Injured: NIL			Use of	Use of Pedestrian Crossing: NA			
Driver	The state of the s	A SERVICE TO	THE EVEL AND		1000 A	200710	
Name	KARUTHA PILLAI SILAMBARASAN			ID No).	G8236490R	
Related Vehicle	GBH3061M (Lorry)			Conta	act No.	90366572	
Hospital/Clinic	KHOO TECK PHUAT		Class Drivin Licen Expiry	g	Class: NIL Date of Expiry: NIL		
Date Treatment	11/02/2023	11/02/2023 Date I			12/02	/2023	
No. of Days gran	ted 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.





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

J of 3 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:	Shir
Signature Of Interpreter: Not applicable	Date/Time; 13/02/2023 17:48	al.
Officer In Charge Of Case; TP / GIT / SGT 2 PHUA TIAK YEE Contact No.: 65476200	Classification Of Case:	
IP168		