

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	23/02/2023 11:13 (SGT)
Reported by	Driver
Date of Accident	21/02/2023 07:40 (SGT)
Exact Location of Accident	Admiralty Rd W, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8106B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GATHERGATES SWITCHGEAR PTE. LTD.
Company Reg No	2XXXXX049R
Email Address	ponnarasank.7@gmail.com
Mobile Phone No	(Phone) +65-90077308
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPCVE000001

DRIVER

Name of Driver	KRISHNAMOORTHY PONNARASAN
Passport No/FIN	GXXXX662R
Date Of Birth	27/03/1993
Occupation	Outdoor

Date Of Driving Pass	09/10/2019
Driving experience	3 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90077308
Alt. Phone Number	-
Email Address	ponnarasank.7@gmail.com
Address	BLK 608 WOODLANDS RING ROAD #12-245
Address complement	-
Postcode	730608
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	VJE2602
Vehicle Category	Motorcycle

PASSENGER 1

Name	COLLEQUE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230221/7012

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	VJE2602
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	UNKNOWN RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	VJE2602
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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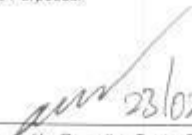
8. Consent under the Personal Data Protection Act (PDPA)

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.

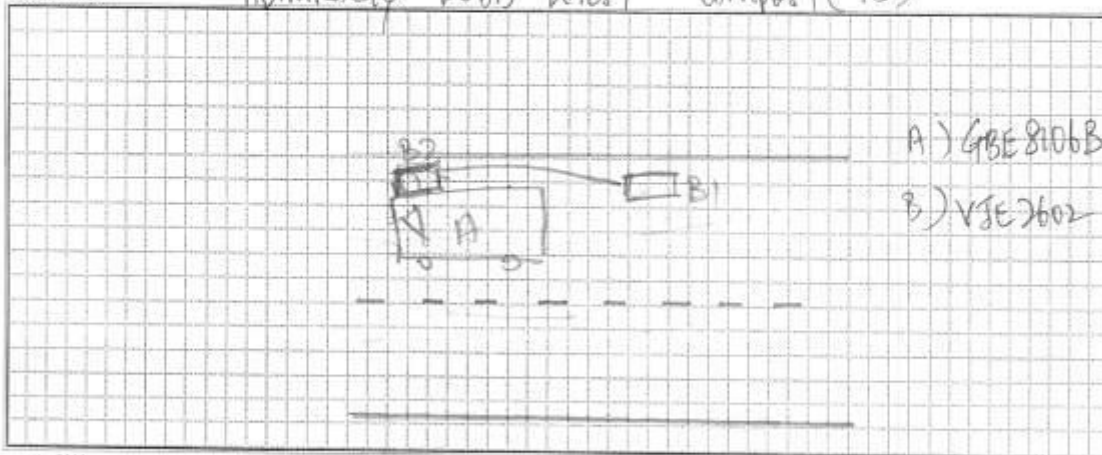

Policyholder's Signature / Date & Time

K. Ponnammal 23/2/2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 23/02/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

ADMIRALTY ROAD WEST LAMPPOST (95)



vJun2022

Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT 7/20230221/7012

Declaration

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



Policyholder's Signature / Date & Time

K. Roman asen 23/2/2023 09:40

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

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

23/02/2023









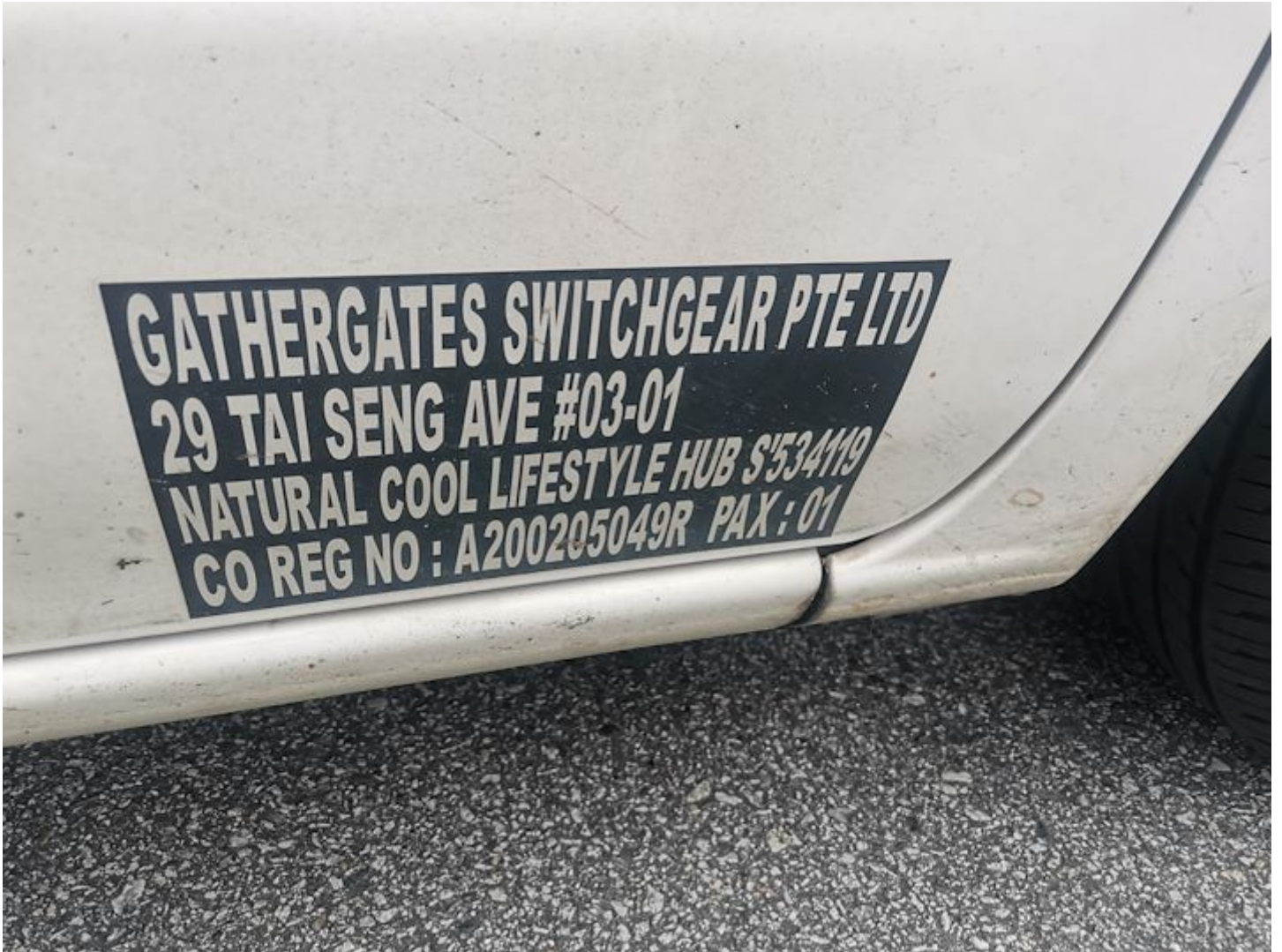



















**SINGAPORE
POLICE FORCE**


T/20230221/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230221/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2023 09:58		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KRISHNAMOORTHY PONNARASAN			Address: 608 WOODLANDS RING ROAD #12-245 SINGAPORE 730608		
ID Type / ID No.: FIN NO / G3222662R			Contact No.: Home/Office: Mobile: 90077308		
Nationality: INDIAN			Email: ponnarasank.27@gmail.com		
Sex: Male	Age: 29	Date of Birth: 27/03/1993	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Programmer			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/02/2023 07:40	Type of Location: Straight Road
Location: ADMIRALTY ROAD WEST				
Lamp Post Number: 95				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 10 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE8106B	Van	NISSAN	NV200	White	Slightly Damaged	0
VJE2602	Motorcycle			Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230221/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No, T/20230221/7012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE8106B	GatherGates SwitchGear Pte Ltd			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KRISHNAMOORTHY PONNARASAN	ID No.	G3222662R
Related Vehicle	GBE8106B (Van)	Contact No.	90077308
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Around 0740hrs, 21 February 2023, I was driving my company van(Vehicle detail, Brand: Nissan, Model: NV200, License Plate Number: GBE8106B) along Admiralty road west. At that point of time, there are 2 lane at the road, I was at the left lane and starting to switch to the right lane. After switching to the right lane, suddenly there was a motorcyclist riding his motorcycle(Vehicle detail, License Plate Number: VJE2602) on my right side and hit until my company van right side mirror, and the motorcyclist fell and sustain a few abrasion. I called for police assistance and they also call for ambulance to arrive to the scene. The ambulance tend to the motorcyclist injury and bring him to hospital. My company van sustain slight damage on the right side mirror and some scratch on the vehicle right side.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230221/7012

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Report No. T/20230221/7012

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
NUR HAFIZAH BINTE NORIZAN
Contact No.: 96189347

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/02/2023 09:58

Classification Of Case:

This report is lodged at Woodlands West NPC Kiosk 2
NP168

Gathergates
Power Up Your World

21st February 2023

TO: **Whom It May Concern,**

Dear Sir/Madam,

RE: **LETTER OF AUTHORISATION**

Please kindly assist Mr Krishnamaorthy Ponnarasan, S Pass No. O 37028878 to file an accident report for Vehicle no. GBE8106B on behalf of Gathergates Switchgear Pte Ltd.

Thank-you.

Yours truly,



Hasnah MOHD LANI
Admin Executive

Gathergates Switchgear Pte Ltd
A Member of Nitto Kogyo Corporation
Registration No. 200205049R

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Singapore 758203