

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 27/02/2023 10:56 (SGT)
Reported by Driver
Date of Accident 24/02/2023 11:20 (SGT)
Exact Location of Accident Jurong Pier Way, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG982E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner RANGER FIRE SYSTEMS PTE. LTD.
Company Reg No 2XXXXX083K
Email Address raja@rangerfiresystems.com.sg
Mobile Phone No (Phone) +65-62557039
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
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 2488

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Policy Number / Cover Note Number DMCPHQ22-001636

DRIVER

Name of Driver RAVICHANDRAN RAJASEKAER
Passport No/FIN GXXXX615W
Date Of Birth 26/05/1991
Occupation Outdoor

Date Of Driving Pass	14/05/2019
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87434667
Alt. Phone Number	-
Email Address	raja@rangerfiresystems.com.sg
Address	6B SELETAR NORTH LINK #04-183
Address complement	-
Postcode	797447
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	Collision - Head to Rear
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?	No
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	JPH6599
Vehicle Category	Commercial vehicle

PASSENGER 1

Name	KUTTHAIYAN ARUNKUMAR
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230224/2045

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	JPH6599
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RUSLI BIN ABDUL RAHIM
Passport No/FIN	0XXXXXXX7868
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	RAVICHANDRAN RAJASEKAER
Gender	Male
Phone No	(Phone) +65-87434667
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG982E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


INJURED 2

Name of injured person	KUTTHAIYAN ARUNKUMAR
Gender	Male
Phone No	(Phone) +65-83456550
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG982E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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.

	<p><i>Peng Siau</i> 29/02/2023</p>	<p><i>21/02/2023</i></p>
<p>Policyholder's Signature / Date & Time</p>	<p>Driver's Signature (if driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan</p> <div style="border: 1px solid black; padding: 5px; width: 50px; margin: 10px auto;"> <div style="text-align: center;">△ A</div> <div style="text-align: center;">△ B</div> </div>	<p><i>Supong Puan Way</i></p>	<p>A= GBG 982E B= JPH 6599</p>


Describe Circumstances of the Accident

Please Refer Police Report

No. : T/20230224/2045

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

Bejerson
24/02/2023
Driver's Signature (If driver is not the policyholder) / Date & Time

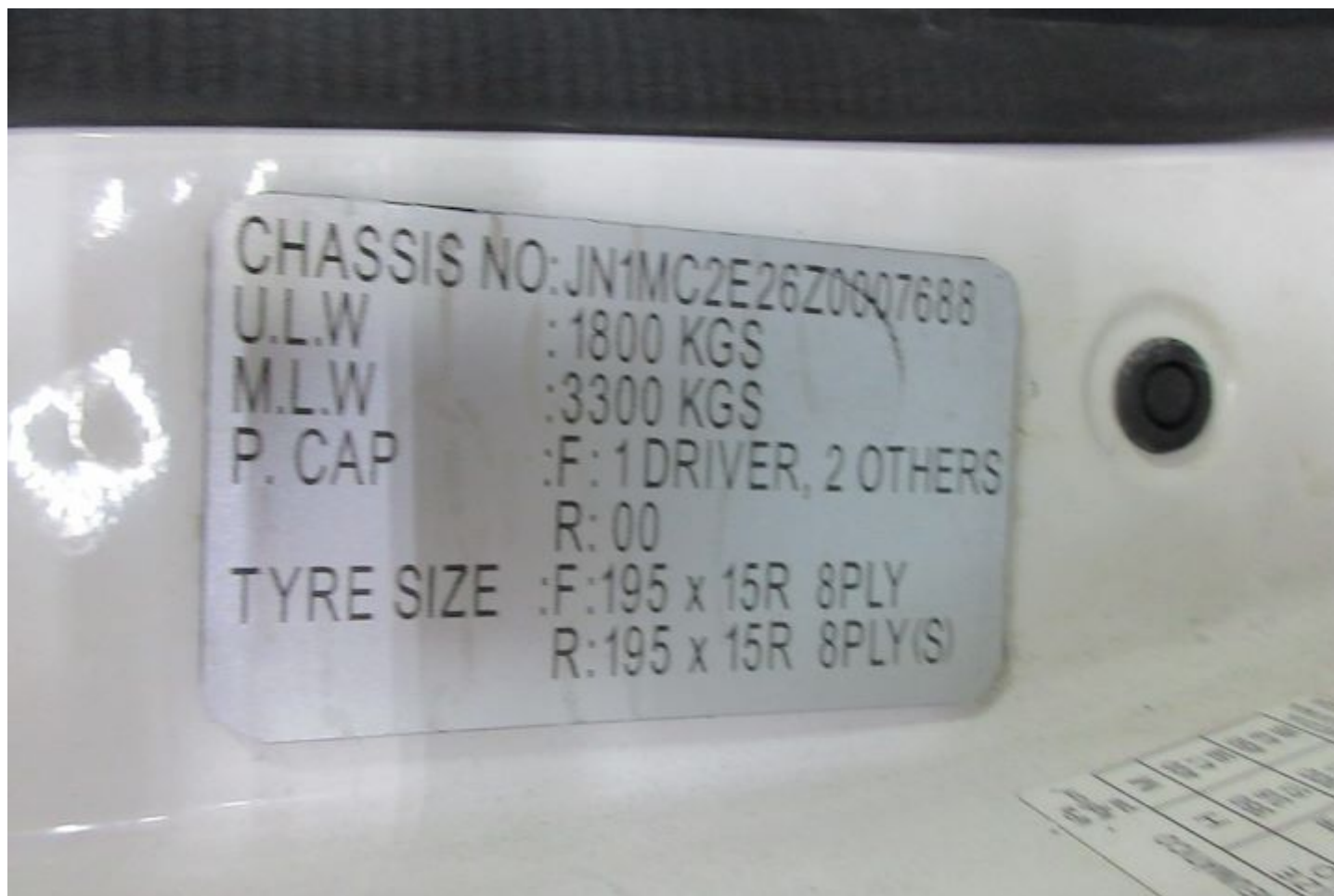
[Signature] 27/02/2023
Witnessed by Reporting Centre Personnel






































**SINGAPORE
POLICE FORCE**


T/20230224/2045

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20230224/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2023 12:48		Vide Report No.:		Station Diary No.: 60	
Informant's Particulars					
Name of Informant: RAVICHANDRAN RAJASEKAER			Address:		
ID Type / ID No.: FIN NO / G2055615W			Contact No.: Home/Office: Mobile: 87434667		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 26/05/1991	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 24/02/2023 11:20	Type of Location: Straight Road
Location: JURONG PIER WAY				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG982E	Van	NISSAN		White	Slightly Damaged	1
JPH6599	Lorry	MITSUBISHI		Blue	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20230224/2045

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20230224/2045

CONTINUATION OF REPORT

Passenger			
Name	KUTTHAIYAN ARUNKUMAR		ID No. G7412727X
Related Vehicle	GBG982E (Van)		Contact No. 83456550
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	RAVICHANDRAN RAJASEKAER		ID No. G2055615W
Related Vehicle	GBG982E (Van)		Contact No. 87434667
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	RUSLI BIN ABDUL RAHIM		ID No. NIL
Related Vehicle	JPH6599 (Lorry)		Contact No. 01123617868
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24.02.2023 at about 1120hrs, I was driving my company's van; GBG982E after exiting Jurong Island and was travelling along Jurong Pier Way. However a vehicle; JPH6599 collided onto the rear of my van. We exchanged particulars and the officer at the said site advised me to lodge a police report. Both my passenger and I sustained aching pain on our shoulders and back. We have yet to seek any medical attention. We will proceed to see a doctor after lodging this report.

My van have no build-in camera.



**SINGAPORE
POLICE FORCE**



T/20230224/2045

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
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Report No. T/20230224/2045

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20230224/2045

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20230224/2045

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:

J /
SR STAFF SGT MOHAMMED
AMIRULHAFIZ BIN RAMLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/02/2023 12:48

Officer In Charge Of Case:

TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168