

# 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 .....	02/03/2023 17:41 (SGT)
Reported by .....	Driver
Date of Accident .....	01/03/2023 14:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TUAS SOUTH AVENUE 14
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMD1915D
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	DREAM LEASING PTE LTD
Company Reg No .....	2XXXXX953H
Email Address .....	dreamcarrentalsg@gmail.com
Mobile Phone No .....	(Phone) +65-81288789
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	6
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 .....	Private car
Transmission .....	Auto
CC .....	1998

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SD22V11018/VPZ/R00

### DRIVER

Name of Driver .....	ARIVAZHAGAN RAMALINGAM
NRIC No .....	SXXXX990J
Date Of Birth .....	04/05/1981
Occupation .....	Outdoor

Date Of Driving Pass .....	22/06/2011
Driving experience .....	11 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81685425
Alt. Phone Number .....	-
Email Address .....	dreamcarrentalsg@gmail.com
Address .....	APT BLK 531 JURONG WEST STREET 52
Address complement .....	# 03-415
Postcode .....	640531
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	No
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) .....	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 .....	-

#### 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 THE ATTACHED STATEMENT - T/20230301/2148

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	WC8236X
Vehicle Manufacturer .....	Isuzu
Vehicle Model .....	Cyh52s

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SUN JIANG HUA
Passport No/FIN .....	GXXXX468N
Contact Number .....	(Phone) +65-83870868
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 .....	ARIVAZHAGAN RAMALINGAM
Gender .....	Male
Phone No .....	(Phone) +65-81685425
Address .....	APT BLK 531 JURONG WEST STREET 52
Address Complement .....	# 03-415
Post Code .....	640531
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN ON THE LEFT SIDE SHOULDER, BACK OF NECK AND BACK PAIN
Injured person in which vehicle? .....	SMD1915D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

IMPORTANT NOTICE

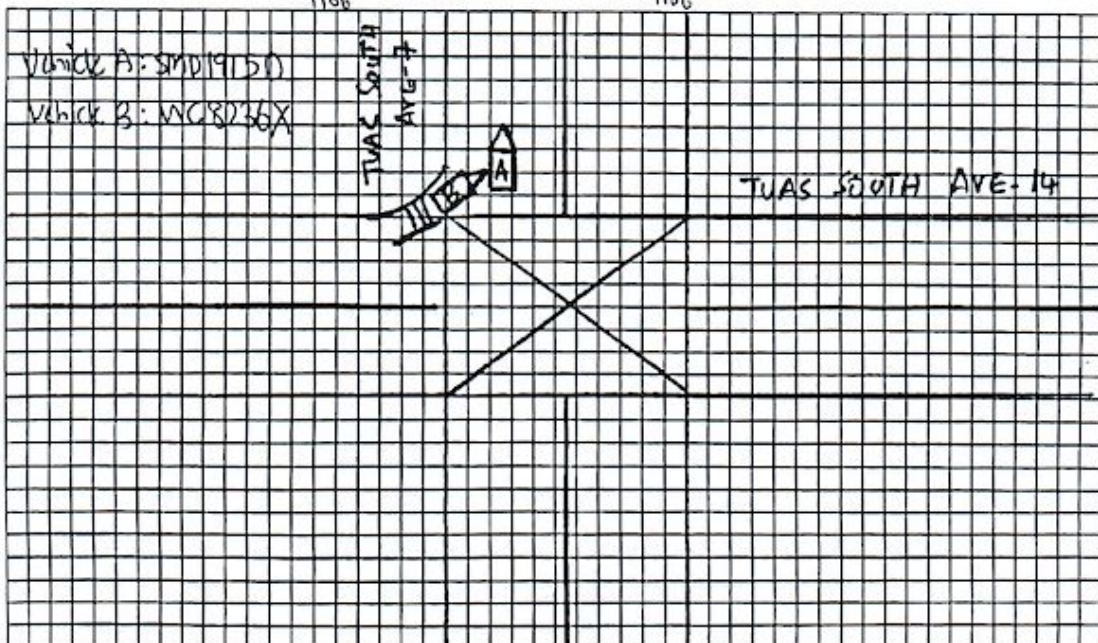
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. The 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.
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  
02/03/2023  
1106

Driver's Signature (if driver is not the policyholder) / Date & Time  
02/03/23  
1106

Witnessed by Reporting Centre Personnel





**Describe Circumstances of the Accident**

Refer to Police Report: 7/20230301/2148

**Declaration**

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



Policyholder's Signature /  
Date & Time 02/03/2023  
1106

Driver's Signature (If driver is not  
the policyholder) / Date & Time  
02/03/2023  
1106

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**

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



2 of 4

Report No. T/20230301/2148

**CONTINUATION OF REPORT**

Driver Name	ARIVAZHAGAN RAMALINGAM	ID No.	S8184990J
Related Vehicle	SMD1915D (Car)	Contact No.	81685425
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/03/2023	Date Discharge	01/03/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver Name	SUN JIANGHUA	ID No.	G2128478N
Related Vehicle	WC8236X (CONCRETE TRUCK)	Contact No.	83870868
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 1/3/2023 at about 1430hours, I was driving a rental car bearing plate number SMD1915D (Grey Mazda 6, which was rented by my company namely Tialoc Singapore Pte Ltd) along Tuas South Avenue 7. I was going straight when suddenly there was another concrete truck bearing plate number WC8236X, (Company namely "Topmix") which was coming from the direction of Tuas South Avenue 14 at a filter lane.

I then saw the concrete truck approaching from the filter lane and slowed down my car, I even horned at the concrete truck driver to signal out to him. He managed to slow down however the truck still accelerated forward. Thus, the front right side of the truck had collided with my rental car's left side.

I then stopped my car at the side of the road and went down to make a check. The other driver and I then exchanged particulars.

I then suffered some pain on the left side of my shoulders, back of my neck and the back. I wish to state that this is the first time such incident had happened. My rental car sustained damages mainly on the left side of the car, whereby the door and window and side mirror were cracked and smashed. I am unsure of the total cost of damages. I then informed the rental company (Dream Car Leasing) of the accident, and they advised me to make a Police report.

I am unsure if there was any CCTV located around the vicinity. I am unsure if there was any in-car camera inside the rental car.





























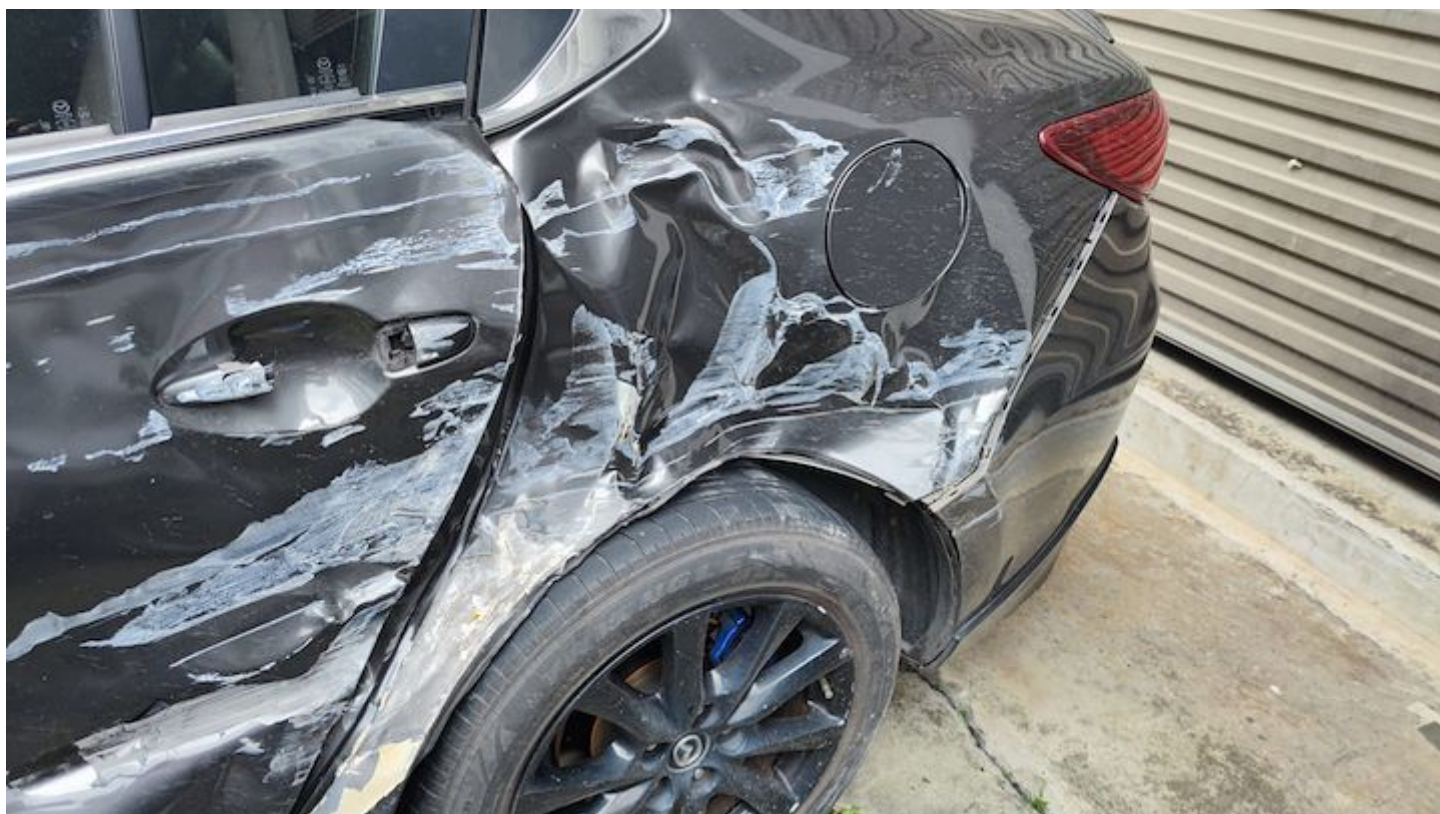
















































**SINGAPORE  
POLICE FORCE**



T/20230301/2148

1 of 4

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

Report No. T/20230301/2148

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/03/2023 22:45	Vide Report No.:	Station Diary No.: 160
--	------------------	---------------------------

**Informant's Particulars**

Name of Informant: ARIVAZHAGAN RAMALINGAM			Address: APT BLK 531 JURONG WEST STREET 52 #03-415 SINGAPORE 040531		
ID Type / ID No.: NRIC NO / S8164990J			Contact No.: Home/Office: Mobile: 81685425		
Nationality: INDIAN			Email:		
Sex: Male	Age: 41	Date of Birth: 04/05/1981	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: SITE MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

General Information		Drink Drive:	Date/Time of Accident:	Type of Location:
Type of Accident:	Injury Others	No	01/03/2023 14:30	Straight Road
Location:				
TUAS SOUTH AVENUE 7				
Lamp Post Number: 48S1				
Weather:		Road Surface:	Road Speed Limit:	
Clear		Dry		
Traffic Flow:		Traffic Control:	Traffic Volume:	
Two Way		Not Controlled	Light	
Type of Collision:			Anyone conveyed by ambulance:	
Between Moving Vehicles - Head To Side			No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD1915D	Car	MAZDA	MAZDA6	Grey	Seriously Damaged	0
WC8236X	CONCRETE TRUCK	ISUZU		White	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**

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



2 of 4

Report No. T/20230301/2148

**CONTINUATION OF REPORT**

Driver Name	ARIVAZHAGAN RAMALINGAM	ID No.	S8184990J
Related Vehicle	SMD1915D (Car)	Contact No.	81685425
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/03/2023	Date Discharge	01/03/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver Name	SUN JIANGHUA	ID No.	G2128478N
Related Vehicle	WC8236X (CONCRETE TRUCK)	Contact No.	83870868
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 1/3/2023 at about 1430hours, I was driving a rental car bearing plate number SMD1915D (Grey Mazda 6, which was rented by my company namely Tialoc Singapore Pte Ltd) along Tuas South Avenue 7. I was going straight when suddenly there was another concrete truck bearing plate number WC8236X, (Company namely "Topmix") which was coming from the direction of Tuas South Avenue 14 at a filter lane.

I then saw the concrete truck approaching from the filter lane and slowed down my car, I even horned at the concrete truck driver to signal out to him. He managed to slow down however the truck still accelerated forward. Thus, the front right side of the truck had collided with my rental car's left side.

I then stopped my car at the side of the road and went down to make a check. The other driver and I then exchanged particulars.

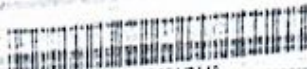
I then suffered some pain on the left side of my shoulders, back of my neck and the back. I wish to state that this is the first time such incident had happened. My rental car sustained damages mainly on the left side of the car, whereby the door and window and side mirror were cracked and smashed. I am unsure of the total cost of damages. I then informed the rental company (Dream Car Leasing) of the accident, and they advised me to make a Police report.

I am unsure if there was any CCTV located around the vicinity. I am unsure if there was any in-car camera inside the rental car.





SINGAPORE  
POLICE FORCE



T/20230301/2148

3 of 4

Report No. T/20230301/2148

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649618  
Tel No. 1800-2689999

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20230301/2148

4 of 4

Report No: T/20230301/2148

**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 /  
STAFF SGT NUR SYAFIAH  
BINTE ABDUL LATIFF

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/03/2023 22:45

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Classification Of Case:

NP168