

## 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 .....	01/03/2023 19:14 (SGT)
Reported by .....	Driver
Date of Accident .....	28/02/2023 14:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALEXANDRA ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBJ4059D
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CRETE SECURITY SERVICES PTE LTD
Company Reg No .....	200303145W
Email Address .....	sujatha@cretesecurity.com.sg
Mobile Phone No .....	(Phone) +65-90968981
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	HIACE DX 2.8 AUTO
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2754

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	P000039191

#### DRIVER

Name of Driver .....	DARSANRAJ SAMRAJ
Passport No/FIN .....	G2413990K
Date Of Birth .....	04/12/1993
Occupation .....	Outdoor

Date Of Driving Pass .....	09/11/2022
Driving experience .....	3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82036964
Alt. Phone Number .....	-
Email Address .....	sujatha@cretesecurity.com.sg
Address .....	C/O CRETE GENERAL CONTRACTORS PTE LTD
Address complement .....	-
Postcode .....	-
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 .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
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 .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Queenstown Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004719999
Alt. Police Station Phone No .....	(Fax) +65-64715299
Police Station Address .....	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

#### 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 .....	SKV15L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YAN GUI MEI
NRIC No .....	S7924961J
Contact Number .....	(Phone) +65-90692258
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 .....	GX688G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SUNDARAJAN BUSKARAN
Passport No/FIN .....	G7401906X
Contact Number .....	(Phone) +65-92950206
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	DARSANRAJ SAMRAJ
Gender .....	Male
Phone No .....	(Phone) +65-82036964
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBJ4059D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	SUNDARAJAN BUSKARAN
Gender .....	Male
Phone No .....	(Phone) +65-92950206
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GX688G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 3

Name of injured person .....	PASSENGER
Gender .....	Male
Phone No .....	-

Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GX688G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

VEH NO: GBJ 4059D  
 INSURER: Allianz  
 DATE OF ACC: 28/12/23 @ 14:45

## IMPORTANT NOTICE

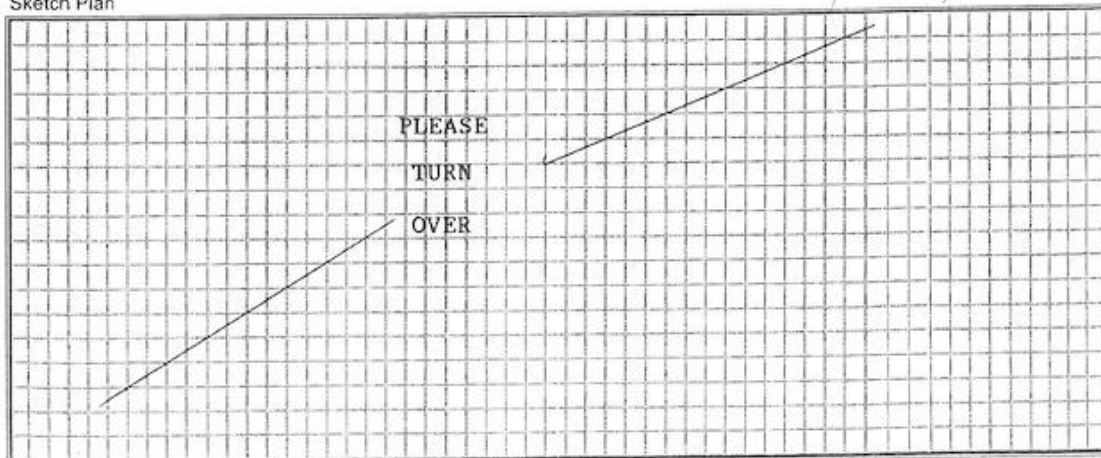
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6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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 &amp; Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) (45)

Sketch Plan



Describe Circumstance of the Accident

\*\* NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Only

( ) Claim OD/ TP at other workshop ( )

Sketch Plan

Alexandra Rd

A- GBJ 4059D

B- SKV 15L

C- Gx688G

1 2 3 4

Refer to Police Report No: T/20230301/2047

Declaration

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

Policyholder's Signature / Date & Time

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

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















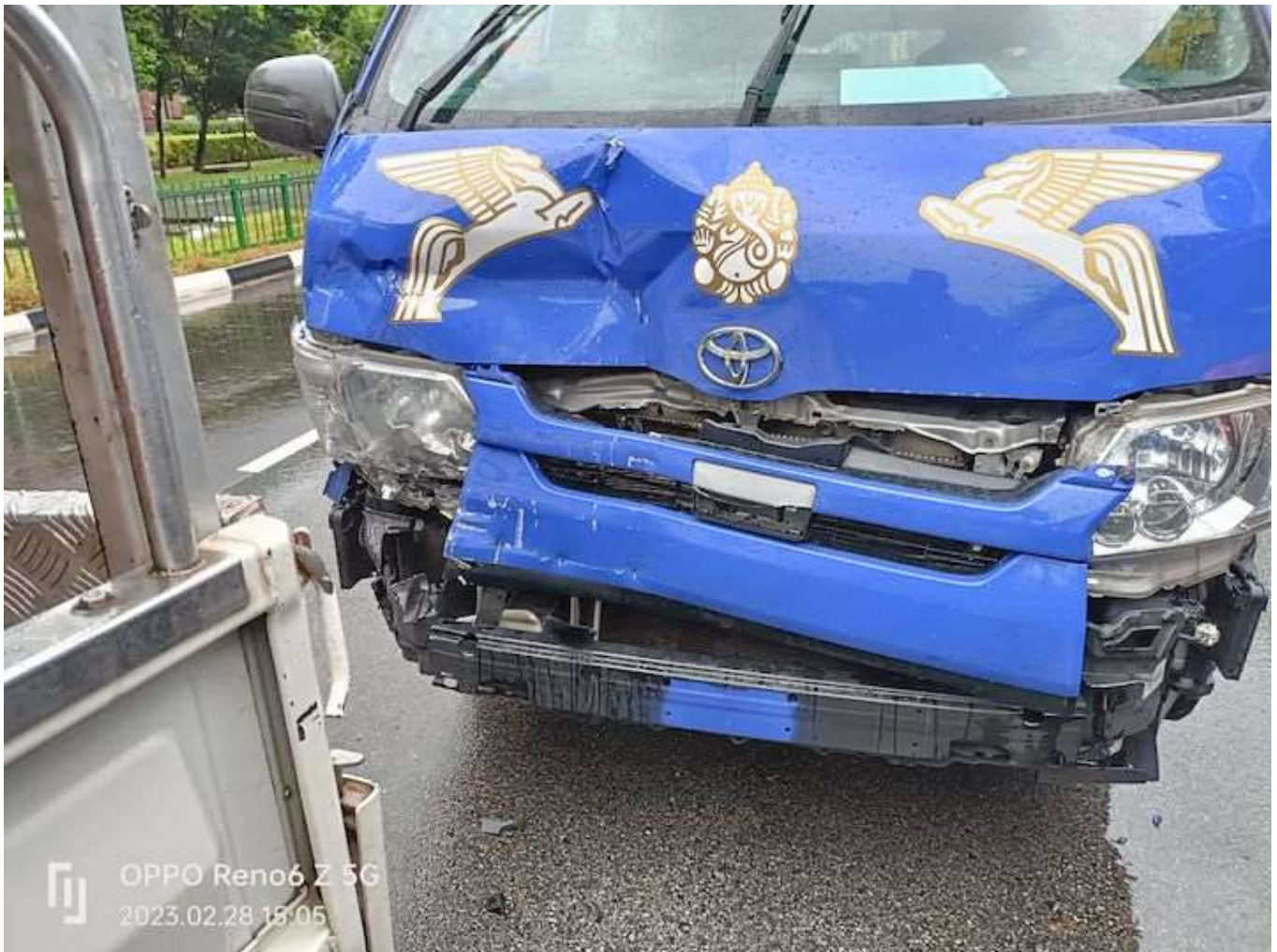


















**SINGAPORE  
POLICE FORCE**



T/20230301/2047

1 of 4

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20230301/2047

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/03/2023 12:38		Vide Report No.: D/20230228/0064		Station Diary No.: 32	
<b>Informant's Particulars</b>					
Name of Informant: DARSANRAJ SAMRAJ			Address: 1 YISHUN INDUSTRIAL STREET 1 #08-36 A'POSH BIZHUB SINGAPORE 768160		
ID Type / ID No.: FIN NO / G2413990K			Contact No.: Home/Office: Mobile: 82036964		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 29	Date of Birth: 04/12/1993	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/02/2023 02:45	Type of Location: Straight Road
Location: ALEXANDRA ROAD				
Lamp Post Number: 119				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ4059D	Van				Seriously Damaged	0
GX688G	Lorry				Slightly Damaged	2
SKV15L	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230301/2047

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20230301/2047

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	DARSANRAJ SAMRAJ	ID No.	G2413990K
Related Vehicle	GBJ4059D (Van)	Contact No.	82036964
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
<b>Driver</b>			
Name	SundarajanBuskaran	ID No.	G7401906X
Related Vehicle	GX688G (Lorry)	Contact No.	92950206
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
<b>Driver</b>			
Name	Yan Gui Mei	ID No.	S7924961J
Related Vehicle	SKV15L (Car)	Contact No.	90692258
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/02/2023	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 28/02/2023 at about 1425hrs, While I was driving along Alexandra Road towards Pasir Panjang Road, a BMW car (SKV15L) suddenly brake in front of me. In order to avoid collision, I went to the right lane. However when I did the turn, there was a lorry in front of me (GX688G) which has already made a stop due to red light. the BMW was a female driver who was not injured and also her vehicle was scraped at the side rear by my vehicle.

As I Make the turn to the right, the lorry (GX688G) was hit by my vehicle at his rear and it was slightly bent. Also Due to this, my vehicle has a damaged on the front and was damaged too. . There was no





**SINGAPORE  
POLICE FORCE**



T/20230301/2047

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Report No. T/20230301/2047

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Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**CONTINUATION OF REPORT**

injury on both me and the lorry driver. However one of the lorry's passenger was slightly injured and being conveyed to the hospital.

I wish to lodge this report as my record purpose. I was also on the middle of the 3 lane way.

**SINGAPORE  
POLICE FORCE**

T/20230301/2047

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20230301/2047

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:

D /

SGT 2 NADHRAH BINTE YUSRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/03/2023 12:38

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT LEE GUANG HUI

Contact No.: 65476423

Classification Of Case:

NP168

Date : 01/03/2023

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) DARSHANRAJ SAMRAJ

NRIC/FIN G 2413990K, our employee / employee of CRETE SECURITY SERVICES PTE LTD to drive our m/vehicle no. G BJ4059D

and to file the accident report (Third Party claims/Own Damage Claims/Reporting Only) which occurred on (date) 28/02/2023 @ (time) 2 :25PM along (location) Alexandra road.

\* Relationship between Insured and driver's company: SAME BOSS.

Thank you.

Regards,

X [Signature]



**\* SIGN & STAMP at the above \***

Name of Owner : SUJATHA RAJAMANI

NRIC / ROC : S7933381F

Contact No : 9096 8981

Email : suajatha@cretesecurity.com.sg



Allianz Insurance Singapore Pte. Ltd.

## COVER NOTE

In consideration of the Insured having agreed to pay the agreed Premium in respect of the Motor Vehicle described in the Schedule below, the Insurance is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive / Third Party Fire & Theft / Third Party (whichever is applicable) Policy applicable thereto for and shall be valid for a period of THIRTY (30) days from date of issue. The Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Date of Issue	: 26/02/2023		
Cover Note Number	: P000039191		
Plan Name	: ALLIANZ COMMERCIAL MOTOR INSURANCE		
Plan Type	: Comprehensive - AUTHORISED WORKSHOP		
Vehicle Usage	: Other Industries		
Policyholder/Insured	: CRETE SECURITY SERVICES PTE. LTD.		
Nature of Business	: Private security activities		
Sum Insured	: MARKET VALUE AT TIME OF LOSS		
Period of Insurance	: From 26/02/2023 To 25/02/2024 (both dates inclusive)		
Make and Model	: Toyota TOYOTA HIACE DX 2.8 AUTO		
Registration Number	: GBJ4059D	Private Hire Use	: NO
Year of Registration	: 2019	Seating Capacity	: 2 INCLUDING DRIVER
Capacity / Tonnage	: 2754 CC / 1380	Body Type	: Van
Chassis Number	: GDH2012004119	Windscreen	: UNLIMITED
Engine Number	: 1GD8360186	No Claim Discount	: 0%
Excess	: Own Damage	S\$	600.00
	Young, Elderly &/or Inexperienced Driver	S\$	3,000.00
	Liabilities to Third Parties	S\$	
	Windscreen	S\$	100.00
Issued By	: Gek Fang Nancy Pang 60209958		

We hereby certify that this Cover Note is issued in accordance with the provisions of  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (Chapter 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Signed For and On Behalf Of  
**Allianz Insurance Singapore Pte. Ltd.**

Authorised Signatory

**Allianz Insurance Singapore Pte. Ltd.** | UEN 201903913C  
 79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg