

# 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 .....	07/03/2023 10:58 (SGT)
Reported by .....	Driver
Date of Accident .....	02/03/2023 18:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	South Bridge Road
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC4765U
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	Siang Hock Holding Pte Ltd
Company Reg No .....	1XXXXX681M
Email Address .....	car.rental@sianghock.com.sg
Mobile Phone No .....	(Phone) +65-98792002
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	Auto
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-22099200MFBP/4

### DRIVER

Name of Driver .....	R Chellyah Canthran
NRIC No .....	SXXXX354B
Date Of Birth .....	07/07/1967
Occupation .....	Outdoor

Date Of Driving Pass .....	22/09/1994
Driving experience .....	28 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97212254
Alt. Phone Number .....	-
Email Address .....	car.rental@sianghock.com.sg
Address .....	325B Sengkang East Way
Address complement .....	#04-649
Postcode .....	542325
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 .....	Collision - Change/cross lane
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	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

Refer to the attached statement.

#### 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 .....	SLV4719B
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Vezel
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	Sejdic Essad
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

# SKETCH PLAN

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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

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

Witnessed by Reporting Centre Personnel

0710312023

## Sketch Plan

SOUTH BRIDGE ROAD	
A - PC4765U	→
B - SLV4791B	→



**Describe Circumstances of the Accident**

On 02/03/2023 i was driving the vehicle PC4765U along the south bridge road around 06.15 pm i stopped my vehicle in the traffic light before the carpenter road as its turn red, i was in the second lane, once the light turn green i was about to move the vehicle, then suddenly i felt an impact on my Left hand side , where i noticed a Honda vezzel car SLV4719B Hit My vehicle As i asked him he said he was trying to change lane and move into the hong kong street on the right , by mistakenly he hit my car Made Sure Nobody was injured.

**Declaration**

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

07/03/2023



















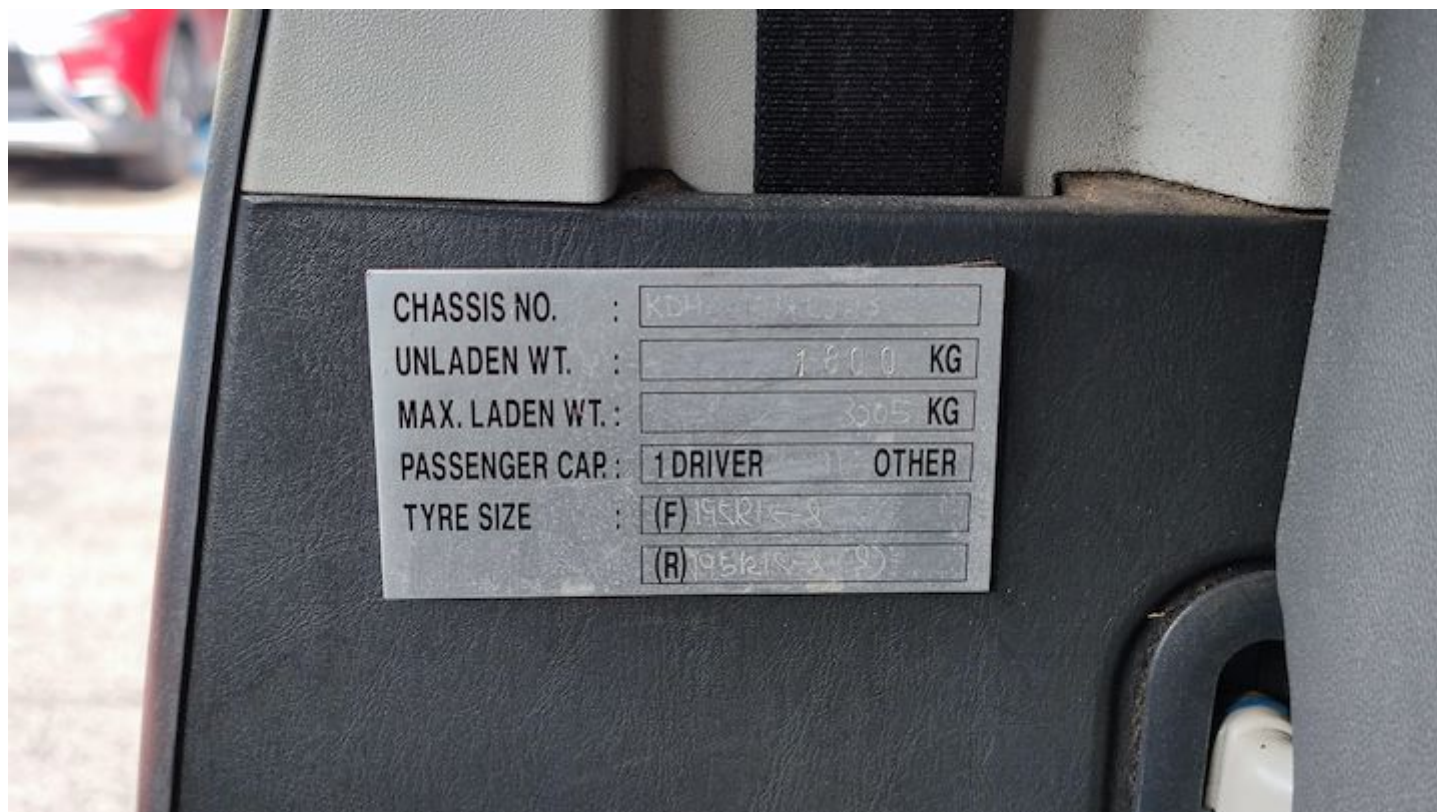
















**SINGAPORE  
POLICE FORCE**



T/20230302/7060

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

1 of 3

Report No. T/20230302/7060

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/03/2023 19:58	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: R CHELLYAH CANTHRAN		Address: APT BLK 325B SENGKANG EAST WAY #04-649 SINGAPORE 542325	
ID Type / ID No.: NRIC NO / S1814354B		Contact No.: Home/Office: Mobile: 97212254	
Nationality: SINGAPORE CITIZEN		Email: RChellyah_CHANTRAN@certisgroup.com	
Sex: Male	Age: 55	Date of Birth: 07/07/1967	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Parking Enforcement Supervisor		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/03/2023 18:15	Type of Location: Straight Road
Location:  SOUTH BRIDGE ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC4765U	Van					0
SLV4719B	Car	HONDA	Vezel	Black	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230302/7060

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

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Report No. T/20230302/7060

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	R CHELLYAH CANTHRAN	ID No.	S1814354B
Related Vehicle	PC4765U (Van)	Contact No.	97212254
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	SEJDIC ESAD	ID No.	S6982512E
Related Vehicle	SLV4719B (Car)	Contact No.	NIL
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.**

On 02.03.23 EE Chanthran 67036, the driver with EE Sashi 119764 was on company van PC4765U driving back to office at Maxwell URA Bldg. The van PC4765U stopped at traffic red light along south bridge road before carpenter street on lane 2. When the traffic light turns green and as the van was moving, a black Honda vezel motorcar reg no:SLV4719B hit the left side of the van. The incident happens at about 1815 in a downpour. The car was trying to change lane to the extreme right to turn to HongKong street. The van PC4765U left lower bumper was dented. The car had its right-side slight dented There was no physical injury to EEs and the car driver. Particulars were exchanged.





**SINGAPORE  
POLICE FORCE**



T/20230302/7060

3 of 3

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

Report No. T/20230302/7060

**CONTINUATION OF REPORT**Sketch 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 / TPIB /  
TAN JEOK LENG  
Contact No.: 65476151

NP168

Signature Of Informant:

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

Date/Time:  
02/03/2023 19:58

Classification Of Case: