

# 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 .....	14/03/2023 11:22 (SGT)
Reported by .....	Driver
Date of Accident .....	10/03/2023 19:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	KPE Expressway
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBJ3823X
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ES Plumbing Pte Ltd
Company Reg No .....	2XXXXX602R
Email Address .....	esplumbingpteltd@hotmail.com
Mobile Phone No .....	(Phone) +65-84307343
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
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 .....	Manual
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW0004222203

### DRIVER

Name of Driver .....	Ramaiah Thevar Muruga Raj
Passport No/FIN .....	GXXXX860R
Date Of Birth .....	12/09/1974
Occupation .....	Outdoor

Date Of Driving Pass .....	10/08/2017
Driving experience .....	5 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84307343
Alt. Phone Number .....	-
Email Address .....	esplumbingpteltd@hotmail.com
Address .....	7 Geylang East Avenue 1
Address complement .....	Tre Residences
Postcode .....	389782
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? .....	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) .....	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 .....	-

#### PASSENGER 1

Name .....	Passenger
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Geylang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008486999
Alt. Police Station Phone No .....	(Fax) +65-68486799
Police Station Address .....	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report No. T/20230311/2022

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNG8516Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	1

# REPORTING NOTICE

## SKETCH PLAN

1. Please ~~fill in~~ report the details of the accident to speed up the claims process.
2. This ~~form~~ report must be ~~completed~~ completed by the ~~Policyholder~~ Policyholder and/or the ~~Actual Driver~~ Actual Driver.
3. Information provided must be as ~~truthful and accurate as possible~~ truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to ~~invalidate policy liability~~ invalidate policy liability.
4. The ~~law~~ law and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any ~~the~~ reporting may be referred to the Traffic Police Department for investigation.
6. This ~~report~~ 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 this ~~report~~ report 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~~ being made available aforesaid.

3. Consents Under the Personal Data Protection Act (PDPA)

I understand and acknowledge, agree and consent that:

(a) My Ins (if I am 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 Insurers who have insured vehicle(s) involved in this accident (all Insurers) 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 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 my 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 the Insurers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

14/3/2023

*Rita Roberts*

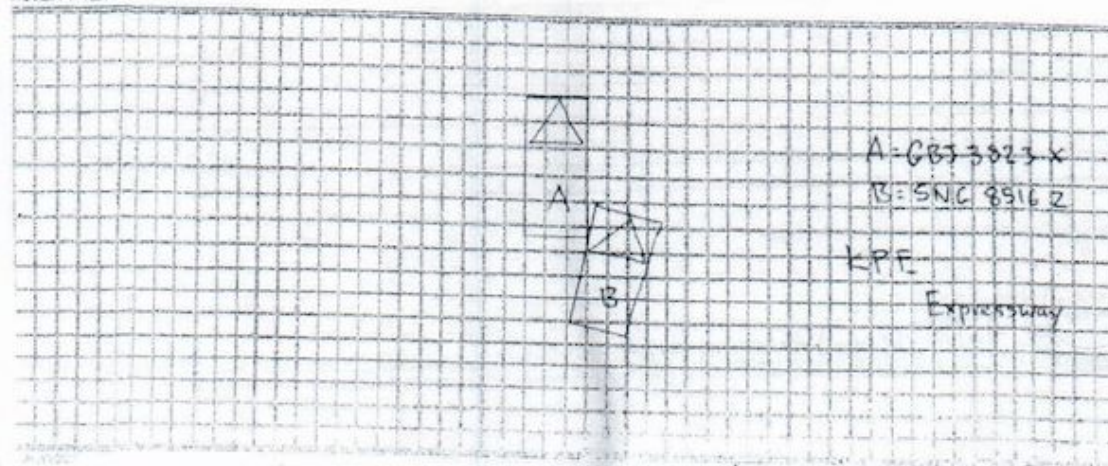
Actual Driver's Signature (If driver is not the policyholder) / Date & Time

*Jil*

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

14/03/2023

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report No. T120230311/2022

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

14/3/2023 R. P. [Signature]

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

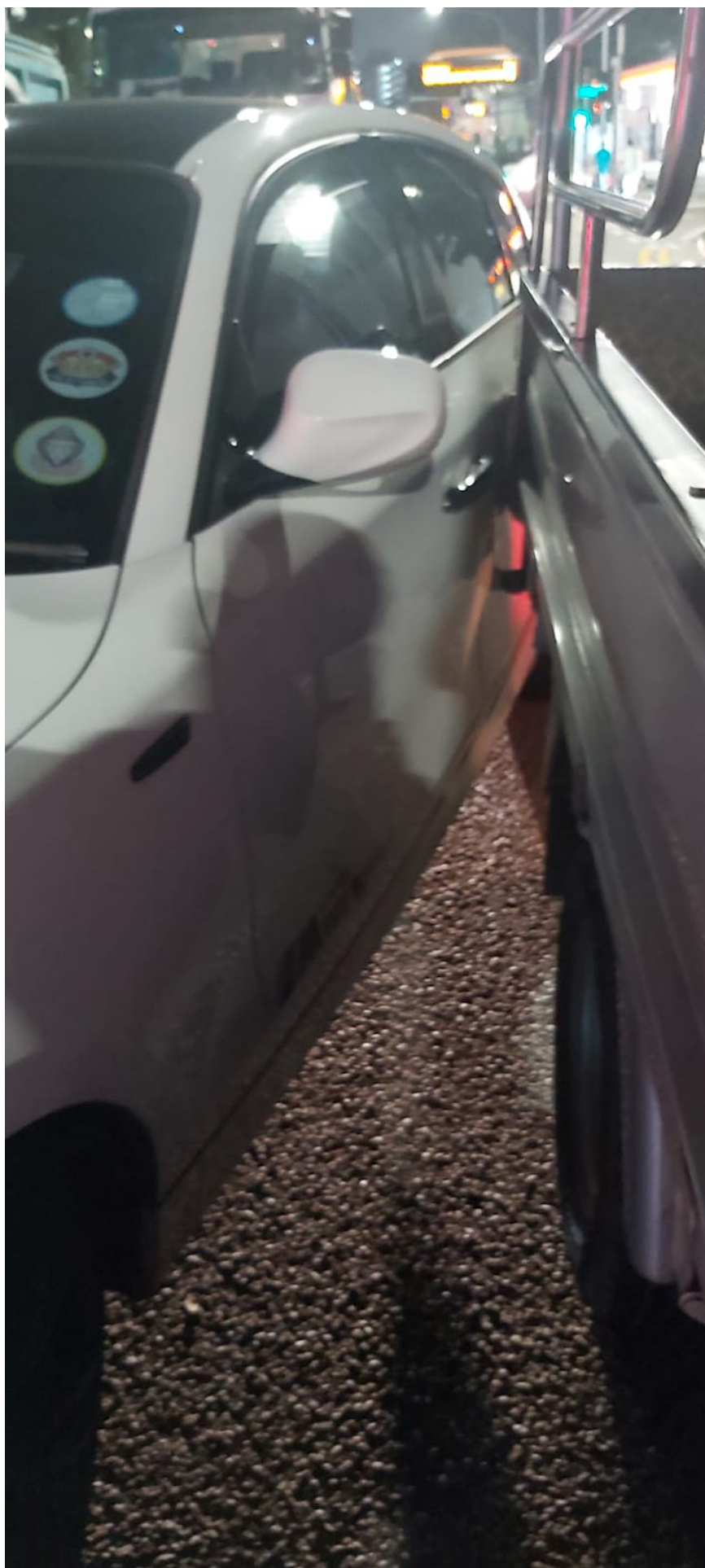
[Signature]

14/03/2023

Witnessed by Reporting Centre (if required) / Date & Time (if required)

















































**SINGAPORE  
POLICE FORCE**



T/20230311/2022

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 3

Report No: T/20230311/2022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/03/2023 11:39	Vide Report No.:	Station Diary No.: 59
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**Informant's Particulars**

Name of Informant: RAMAIAH THEVAR MURUGA RAJ	Address: 7 GEYLANG EAST AVENUE 1 TRE RESIDENCES SINGAPORE 389782		
ID Type / ID No.: FIN NO / G8386860R	Contact No.: Home/Office: 84307343      Mobile:		
Nationality: INDIAN	Email:		
Sex: Male	Age: 48	Date of Birth: 12/09/1974	Type of Informant: Driver
Race: Indian	Language: English	Institution / School Name:	
Occupation: Building construction engineer	Driving Licence Information: Class: 2B,3		Date of Expiry: 22/06/2025

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/03/2023 19:55	Type of Location: Straight Road
Location:  KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
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
GBJ3823X	Lorry	TOYOTA		Grey	No Damage	1
SNG8516Z	Car	BMW		White	Slightly Damaged	0

**Details of Person Involved**

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




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1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20230311/2022

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Report No. T/20230311/2022

**CONTINUATION OF REPORT**

<b>Driver:</b>			
Name	RAMAIAH THEVAR MURUGA RAJ		ID No. G8386860R
Related Vehicle	NIL		Contact No. 84307343
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: 22/06/2025
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Name</b> Unknown <b>ID No.</b> NIL			
Related Vehicle	NIL		Contact No. 87498335
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 10/03/2023 at about 07:55pm, I was driving my company vehicle GBJ3823X Toyota/Grey along Sims Ave. In front ahead of my vehicle was in stationary manner due to slow movement of traffic. As I my lorry was in stationary manner, a few minutes later, my vehicle felt an impact. I realised that there was a vehicle SNG8516Z BMW/white had hit onto my rear right side of my vehicle.

Both involved parties came to a stop and checked the vehicle. I wish to state that my vehicle there was no damage and I am not injured. For the other parties vehicle damages was on his left side of his vehicle and the driver was seen not injured.

The said driver only exchanged the contact detail and left the scene.





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20230311/2022

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Report No. T/20230311/2022

## 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:

G /  
SGT 3 MUHAMMAD DJAMADIL  
BIN SIDIK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Signature Of Informant:

Date/Time:  
11/03/2023 11:39

Classification Of Case:

NP168



SINGAPORE  
POLICE FORCE

SIGNATURE