

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	22/03/2023 09:28 (SGT)
Reported by	Driver
Date of Accident	21/03/2023 08:38 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1940U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YONG SHENG ENGINEERING CONSTRUCTION PTE. LTD.
Company Reg No	201529902W
Email Address	eevely.ee@yongsheng.sg
Mobile Phone No	(Phone) +65-92981164
Alternative Phone No	(Office) +65-63520187

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR85UH5A
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	2999

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00012542303

DRIVER

Name of Driver	ARULANTHU AROCKIA JESURAJ
Passport No/FIN	G7961389X
Date Of Birth	30/05/1987
Occupation	Outdoor

Date Of Driving Pass	04/01/2019
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83764905
Alt. Phone Number	-
Email Address	eevely.ee@yongsheng.sg
Address	36 PENJURU PLACE JURONG PENJURU DORMITORY 2
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	Collision - Head to Rear
Weather Conditions	DRIZZLING
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)	8
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	GANAN SEELAN
Gender	Male

PASSENGER 2

Name	ARON KUMAR
Gender	Male

PASSENGER 3

Name	AMTHAN
Gender	Male

PASSENGER 4

Name	DURAI PANDI
Gender	Male

PASSENGER 5

Name	VIJAY KUMAR
Gender	Male

PASSENGER 6

Name	SETTU
Gender	Male

PASSENGER 7

Name	AJITH
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT J/20230321/2062

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	PA6468A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

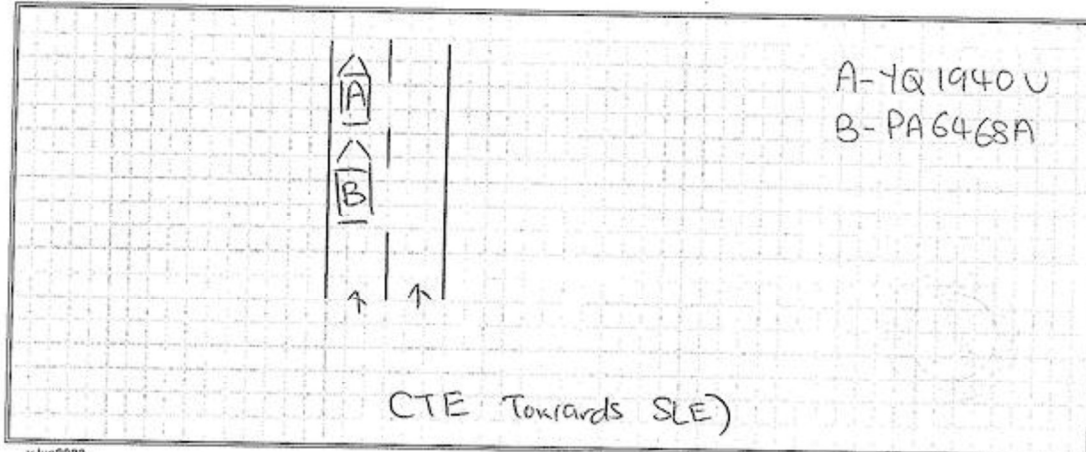


Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

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Describe Circumstance of the Accident

Refer to Police Report 3/20230321/2062

☐ Claim own policy
☒ Claim third party
☐ Claim OD / TP at other workshop
☐ For record purpose

Policy No. DM CVS N W00012542 303
 Insurer China Veh. No. YQ1940U


I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

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


 SNG AH TEE MOTOR & PANEL SVC PTE LTD
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)











































**SINGAPORE
POLICE FORCE**



J/20230321/2062

1 of 2

POLICE REPORT (NP299)

Report No. J/20230321/2062

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Date/Time Report Made 21/03/2023 14:18	Vide Report No.	Station Diary No. 103
Name Of Informant ARULANTHU AROCKIA JESURAJ	Address 36 PENJURU PLACE JURONG PENJURU DORMITORY 2 SINGAPORE 608560	
ID Type / ID No. FIN NO / G7961389X	Contact No. Home/Office Mobile 83764905	
Nationality INDIAN	Email Address	
Occupation DRIVER	Sex Male	Age 35
	Date of Birth 30/05/1987	Race Indian
Institution/School Name	Language	
Date/Time Of Incident 21/03/2023 08:40	Location Of Incident CENTRAL EXPRESSWAY SINGAPORE	

Brief details.

On 21/03/2023 at about 0838hrs, I was driving my company lorry, bearing registration number YQ1940U along CTE towards SLE, near Outram area. I was driving on the 2nd lane of a 2-lane road. There was a total of 8 passengers onboard my lorry.

As I was about to enter the underground tunnel, I noticed that there was a traffic jam. Thus, I slowly pressed my brakes. Suddenly, I heard an impact from the rear.

Signature Of Officer Recording The Report: J / SGT 2 MOHAMAD NURHADIE SYAFIQ BIN MOHAMAD SANI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/03/2023 14:18
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) Azhar Bin Rahmat Contact No.: 67910000	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20230321/2062

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230321/2062

I disembarked from my lorry and discovered that a private hire bus had collided onto the rear side of my lorry. There were no passengers onboard the bus and none of the parties involved were injured. My lorry sustained damages on its rear while the bus sustained damages on its front.



The bus driver and I exchanged details, and I informed my boss pertaining to the matter. He then advised me to lodge a police report for insurance purposes.

Bus driver details:

Name: Toh Hong Ann

NRIC: S1129741B

HP: 88516220, 96659003

Signature Of Officer Recording The Report: J / SGT 2 MOHAMAD NURHADIE SYAFIQ BIN MOHAMAD SANI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/03/2023 14:18
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) Azhar Bin Rahmat Contact No.: 67910000	Classification Of Case: