

## 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 ..... 20/03/2023 10:10 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 16/03/2023 23:00 (SGT)  
Exact Location of Accident ..... Phoenix Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE7655D

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HONG HOCK GLOBAL PTE LTD  
Company Reg No ..... 201333837H  
Email Address ..... chloe@honghockglobal.com.sg  
Mobile Phone No ..... (Phone) +65-93424563  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... FS1UEKA 34  
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 ..... 0

#### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SD22V16288/VCV/R01

#### DRIVER

Name of Driver ..... VEERAPATHIRAN GANESAN VETRISILVAN  
Passport No/FIN ..... G6378237N  
Date Of Birth ..... 10/04/1987  
Occupation ..... Outdoor

Date Of Driving Pass .....	12/06/2014
Driving experience .....	8 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93424563
Alt. Phone Number .....	-
Email Address .....	chloe@honghockglobal.com.sg
Address .....	BLK 65 KALLANG BAHRU #02-317
Address complement .....	-
Postcode .....	330065
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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 .....	Kampong Java Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002959999
Alt. Police Station Phone No .....	(Fax) +65-63913442
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO 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 .....	SHC3341K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
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****IMPORTANT NOTICE**

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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 Traffic Police Department for investigation.**
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.



*Tan*

Policyholder's Signature / Date & Time

*Wong*

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

*Yee*

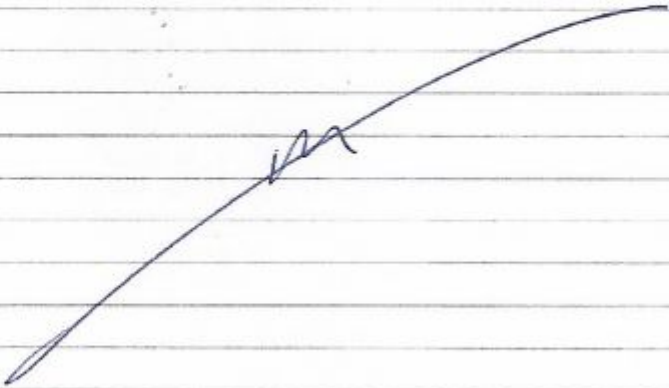
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**

A-XE 7655D  
B-SHC 3341K  
Date 16/03/2023  
Time 2300hrs

Describe Circumstance of the Accident

Please refer to Police Report



Declaration

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



*Jan*

Policyholder's Signature / Date & Time

*Victor*

Actual 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/20230317/2009

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

1 of 3

Report No. T/20230317/2009

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2023 03:57	Vide Report No.: J/20230316/0159	Station Diary No.: 22
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Informant's Particulars				
Name of Informant: VEERAPATHIRAN GANESAN VETRISELVAN			Address: APT BLK 235 LORONG 8 TOA PAYOH #08-88 TOA PAYOH EIGHT SINGAPORE 310235	
ID Type / ID No.: FIN NO / G6378237N			Contact No.:	Mobile: 93424563
Nationality: INDIAN			Email:	
Sex: Male	Age: 35	Date of Birth: 10/04/1987	Type of Informant: Driver	
Race: Indian			Language:	
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4      Date of Expiry: 01/06/2026	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/03/2023 23:00	Type of Location: T-Junction
Location:  PHOENIX ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3341K	Car				Slightly Damaged	0
XE7655D	Lorry				Slightly Damaged	0

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



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T/20230317/2009

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228892  
Tel No: 1800-2959999

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Report No. T/20230317/2009

**CONTINUATION OF REPORT**

Driver			
Name	VEERAPATHIRAN GANESAN VETRISILVAN		ID No. G6378237N
Related Vehicle	NIL		Contact No. 93424563
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: 01/06/2026
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I am the above mentioned person and I am currently staying at Blk 65 Kallang Bahru #02-317, Singapore 330065.

On the 16/3/2023 at about 2300hrs, I had parked my lorry along the side of the Chua Chu Kang Road because I need to load up an excavator onto the lorry. When I alighted the lorry, I was trying to set up safety cones and barricades for safety precautions when a blue taxi (SHC3341L) crashed into my lorry. No one was injured and no government property was damaged.





**SINGAPORE  
POLICE FORCE**



T/20230317/2009

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

3 of 3

Report No. T/20230317/2009

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

E /  
SGT 2 SEAH JIE QI  
LUKRISCIFER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/03/2023 03:57

Officer In Charge Of Case:

TP / GIT /  
SGT 3 MUHAMMAD ISMAIL BIN AMZAH  
Contact No.: 65476185

Classification Of Case:

NP168