

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	03/04/2023 16:41 (SGT)
Reported by	Actual Driver
Date of Accident	01/04/2023 00:20 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	BEFORE LORONG 27 GEYLANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY2501T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CONINT PTE LTD
Company Reg No	1XXXXX001M
Email Address	mickelrajsanthiagu3679@gmail.com
Mobile Phone No	(Phone) +65-88187063
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 - Claiming third party
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	DMCVSNW00007062307

DRIVER

Name of Driver	SEPASTHY MICKELRAJ SANTHIARAJ
Passport No/FIN	GXXXX315X
Date Of Birth	03/06/1979
Occupation	Outdoor

Date Of Driving Pass	10/04/2010
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-83554315
Alt. Phone Number	-
Email Address	mickelrajsanathiagu3679@gmail.com
Address	57 UBI CRESCENT #04-04
Address complement	-
Postcode	408596
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PLEASE REFER TO POLICE REPORT T/20230401/7040

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	FBU5931X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SEPASTHY MICKELRAJ SANTHIARAJ
Gender	Male
Phone No	(Phone) +65-83554315
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	GY2501T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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 the report will, for a fee, be made available upon application by interested parties.
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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 be 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 vehicles involved in this accident (all insurers) and have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"; the Insurers' lawyers law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes of:

- i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claim;
- ii) investigating the accident and/or my claims;
- iii) carrying out and undertaking with my instructions or responding to any enquiries by me;
- iv) administering my claims (including the making 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 correspondence, packages), and/or

- x) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").

- i) all insurers (and have insured vehicles) involved in this accident and the Insurers' lawyers law firm, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- ii) my Personal Information may also be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers law firm), which may be sited outside of Singapore, for one or more of the above Purposes.

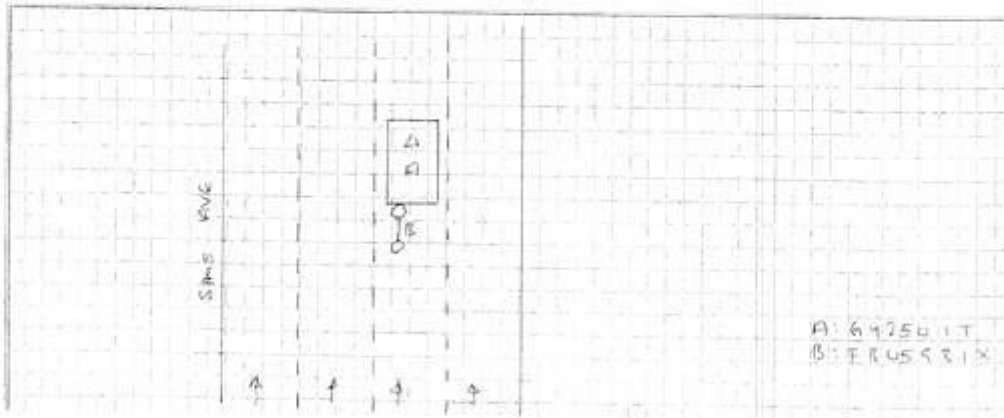


Policyholder's Signature / Date & Time

Driver's Signature (Motorist or Roadside Helper) / Date & Time

Witnesses to Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police Report No: T/20230401/1040

Declaration

I/we declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

Mening

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

03/04/2023

Witnessed by Reporting Clerk's Personal

























**SINGAPORE
POLICE FORCE**



T/20230401/7040

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

1 of 3

Report No. T/20230401/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2023 15:44	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SEPASTHY MICKELRAJ SANTHIAGU			Address: 57 UBI CRESCENT #04-04 SINGAPORE 408596		
ID Type / ID No.: FIN NO / G7395315X			Contact No.: Home/Office: Mobile: 83554315		
Nationality: INDIAN			Email: MICKELRAJSANTHIAGU3679@GMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 03/06/1979	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: SITE SUPERVISOR			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/04/2023 00:20	Type of Location: Straight Road
Location: SIMS AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBU5931X	Motorcycle				Seriously Damaged	0
GY2501T	Lorry				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230401/7040

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

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Report No. T/20230401/7040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEPASTHY MICKELRAJ SANTHIAGU	ID No.	G7395315X
Related Vehicle	GY2501T (Lorry)	Contact No.	83554315
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT IN MY OWN LANE. OUT OF NOWHERE, I FELT A HUGE IMPACT FROM THE REAR. I WENT DOWN AND SAW FBU5931X KNOCKED ONTO THE REAR PORTION OF MY VEHICLE. THE RIDER WAS CONVEYED. I FELT PAIN AFTER THE ACCIDENT AND WENT TO SEEK FOR PROFESSIONAL MEDICAL HELP FROM A DOCTOR AND WAS GIVEN 3 DAYS OF MEDICAL LEAVE.

**SINGAPORE
POLICE FORCE**

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



T/20230401/7040

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Report No. T/20230401/7040

CONTINUATION OF REPORTSketch 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 / TP/B /
MUHD SYARIFUDDIN MUHD AJMAIN
Contact No.: 65476083

This report is lodged at Traffic Police Kiosk 1
NP168

Signature Of Informant:

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

Date/Time:
01/04/2023 15:44

Classification Of Case: