

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	06/04/2023 14:22 (SGT)
Reported by	Actual Driver
Date of Accident	05/04/2023 09:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3250U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OGSP ENGINEERING PTE LTD
Company Reg No	200810153R
Email Address	RANJANI@OGSP.COM.SG
Mobile Phone No	(Phone) +65-86189850
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	CANTER FEB21ER4SDEB (CBU)
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05011953

DRIVER

Name of Driver	MOORTHY DINESH KUMAR
Passport No/FIN	G2804051U
Date Of Birth	06/05/1987
Occupation	Outdoor

Date Of Driving Pass	23/02/2021
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85867688
Alt. Phone Number	-
Email Address	DINESHSIMBU143@GMAIL.COM
Address	BLK 1 TUAS SOUTH ST 12
Address complement	#05-95 TUAS SOUTH DORMITORY
Postcode	636946
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	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?	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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

-

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	XE6666D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MA YONGGEN
Passport No/FIN	G6034015W
Contact Number	(Phone) +65-97524651
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOORTHY DINESH KUMAR
Gender	Male
Phone No	(Phone) +65-85867688
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YP3250U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

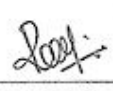
IMPORTANT NOTICE

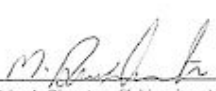
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

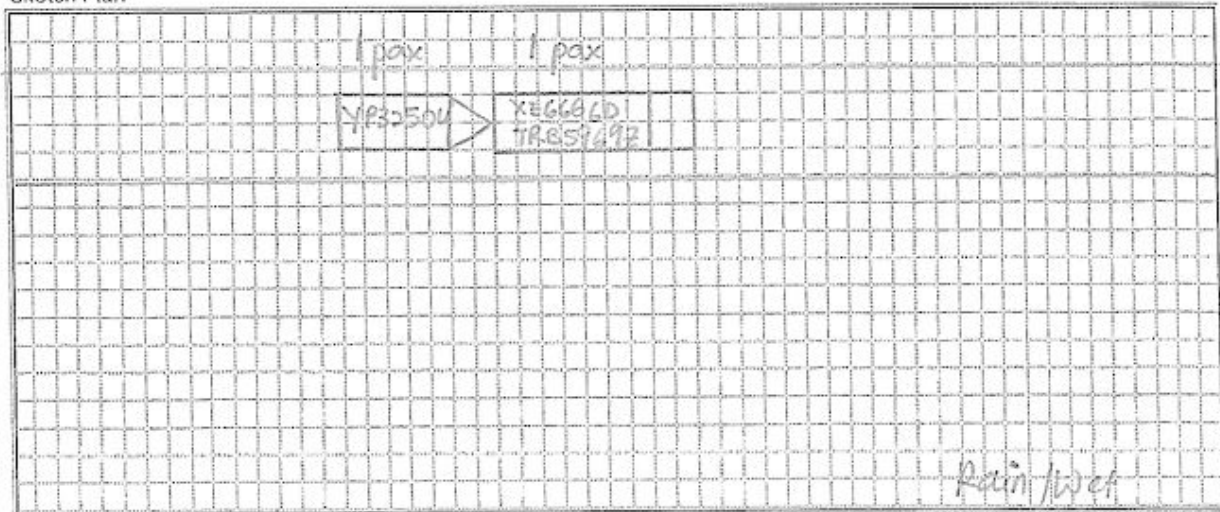
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
(Name as in NRIC/ID card)

Sketch Plan

1 pax	1 pax
NP3550U	XE6686D TR851492
	

Rain/Wet

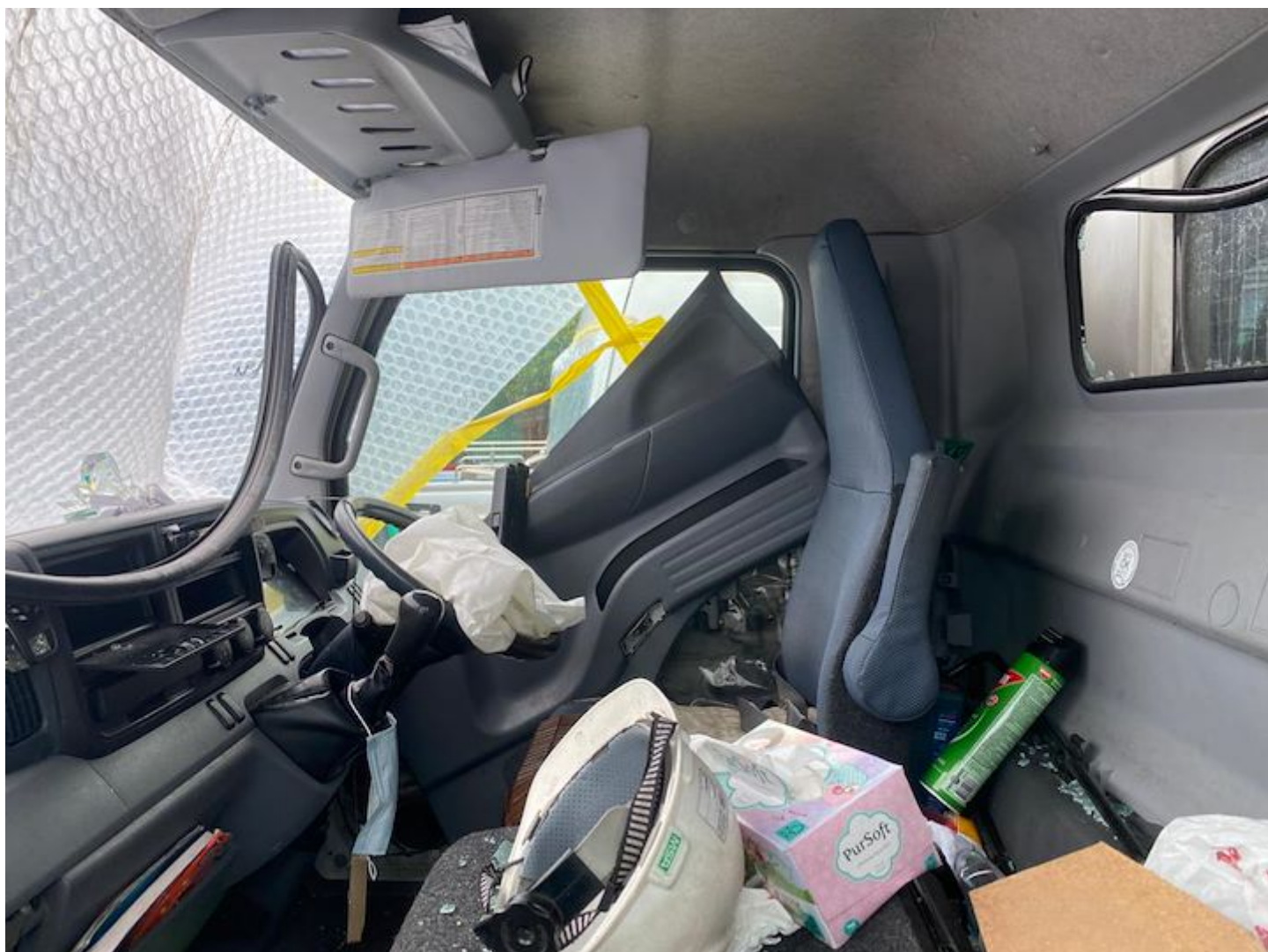
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)













**SINGAPORE
POLICE FORCE**



T/20230406/2038

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20230406/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2023 11:52		Vide Report No.:		Station Diary No.: 58
Informant's Particulars				
Name of Informant: MOORTHY DINESH KUMAR		Address: C/O APT BLK 1 TUAS SOUTH STREET 12 #05-95 TUAS SOUTH DORMITORY SINGAPORE 636946		
ID Type / ID No.: FIN NO / G2804051U		Contact No.: Home/Office: Mobile: 85867688		
Nationality: INDIAN		Email: dineshsimbu143@gmail.com		
Sex: Male	Age: 35	Date of Birth: 06/05/1987	Type of Informant: Driver	
Race: Indian		Language:		
Occupation: DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2023 09:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 399				
Weather: Raining		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
TRB5969Z	TRAILER	KIM ENG SENG M P L	40' PF TR	Blue	Seriously Damaged	0
XE6666D		SCANIA	P400LA4X2 MSZ	Multi-Colored	Seriously Damaged	0
YP3250U	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Seriously Damaged	0



**SINGAPORE
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T/20230406/2038

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20230406/2038

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOORTHY DINESH KUMAR	ID No.	G2804051U
Related Vehicle	YP3250U (Lorry)	Contact No.	85867688
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	05/04/2023	Date Discharge	05/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MA YONGGEN	ID No.	G6034015W
Related Vehicle	NIL	Contact No.	97524651
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 06/04/2023 at about 0930hrs, I was driving my lorry registration number YP3250U along PIE towards Tuas on the most left lane at a speed of around 55-60km/hr behind a prime mover bearing registration number XE6666D with a trailer registered as TRB5969Z that was attached. At that moment of time, it was raining, and the floor is wet. As we both are moving at a constant speed, the prime mover suddenly make a sudden brake. I immediately applied by but unable to stop in time. Thus, my lorry collided onto the rear of the trailer.

The impact causes me to suffer chest pain. No ambulance was called but my manager proceeded down to scene and sent me to the National University Hospital A&E for treatment. I was given 3 days MC.



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T/20230406/2038

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Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20230406/2038

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /
SCSGT(1) SYAIFUL AMRUL BIN
BORHAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/04/2023 11:52

Officer In Charge Of Case:

TP / AEIT /
SI TAN JEOK LENG LESLIE
Contact No.: 65476151

Classification Of Case:

NP168