

## 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	12/04/2023 16:45 (SGT)
Reported by	Actual Driver
Date of Accident	10/04/2023 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OLD UPPER THOMSON ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6878P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Company Reg No	2XXXXX882K
Email Address	JEREMYC_QUEK@CERTISGROUP.COM
Mobile Phone No	(Phone) +65-68428849
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr69e
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3000

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	-

### DRIVER

Name of Driver	KALITHASAN S/O MUTHUSAMY RAMASAMY
NRIC No	SXXXX612J
Date Of Birth	10/10/1976
Occupation	Outdoor

Date Of Driving Pass	04/12/2010
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94558525
Alt. Phone Number	-
Email Address	JEREMYC_QUEK@CERTISGROUP.COM
Address	267 BUKIT BATOK EAST AVE 4 #03-194
Address complement	-
Postcode	650267
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 on collision
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	RAHMAN BIN IBRAHIM
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

#### 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	XD6107G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

$\frac{1}{2} = \frac{2}{4} = \frac{3}{6} = \frac{4}{8} = \frac{5}{10} = \frac{6}{12} = \frac{7}{14} = \frac{8}{16} = \frac{9}{18} = \frac{10}{20}$

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\* 2012.01.22 : 2012.01.22 00:00 ~ 2012.01.22 23:59

SKETCH PLAN #2

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## POLICE REPORT



SINGAPORE  
POLICE FORCE



F/20230410/7090

1 of 1

## POLICE REPORT (NP299)

Report No: F/20230410/7090

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1500-2120000

Date/Time Report Made 10/04/2023 23:42	Vide Report No.	Station Diary No.
Name Of Informant KALITHASAN S/O MUTHUSAMY RAMASAMY	Address 267 BUKIT BATOK EAST AVENUE 4 #03-194 SINGAPORE 650267	
ID Type / ID No NRIC NO / S7631612J	Contact No Home/Office	Mobile: 94656525
Nationality SINGAPORE CITIZEN	Email Address kalithasan@live.com.sg	
Occupation Senior recovery officer	Sex Male	Age 46
Education/School Name	Date of Birth 10/10/1976	Race Indian
	Language English	
Date/Time Of Incident 10/04/2023 19:00	Location Of Incident OLD UPPER THOMSON ROAD	

## Brief details.

I was driving along SLE towards BKE. I was on the lane 4. VEHICLE XD6107G was driving in front of me and E-Brake in front of me and I did not have enough time to react as there was no brake lights coming from him and it was dizzying and the road was wet as such I had collided into him. No one was injured and no damage to the vehicle I had collided into.

I am lodging this report as my company requested for it.

Signature Of Officer Recording The Report Not applicable	Signature Of Informant. The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter Not applicable	Date/Time 10/04/2023 23:42
Officer In-Charge Of Case	Classification Of Case