

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	18/04/2023 17:32 (SGT)
Reported by	Actual Driver
Date of Accident	17/04/2023 22:37 (SGT)
Exact Location of Accident	8 Jurong West Street 76, Singapore 648369
Additional Location Information	JURONG WEST AVE 5 HEAVY VEHICLE PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE2220H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHUAN LIM CONSTRUCTION PTE LTD
Company Reg No	1XXXXX684W
Email Address	CHONGLENG.YEE@CHUANLIM.COM
Mobile Phone No	(Phone) +65-98912199
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Fmx370
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	Auto
CC	12560

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125529432-01-000067

DRIVER

Name of Driver	RAMAIAH RAMACHANDRAN
Work Permit No	FXXXX097R
Date Of Birth	07/12/1978
Occupation	Outdoor

Date Of Driving Pass	09/06/2016
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-65710615
Alt. Phone Number	-
Email Address	KAIENN.TIU@CHUANLIM.COM
Address	20 Senoko Dr
Address complement	-
Postcode	758207
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)	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 Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
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.

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	YP9001H
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**IMPORTANT NOTICE**

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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)

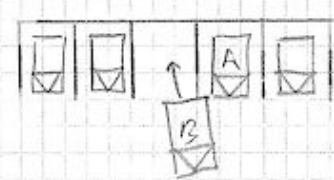
I understand, acknowledge, agree and consent that:

- (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.


Policyholder's Signature / Date & Time


Actual Driver's Signature (if driver is not the policyholder) / Date & Time
18/4/2022


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

Sketch Plan


A = XE1220H
B = YP91001H

vJun2022

1

Describe Circumstance of the Accident

Refer to police report.

Declaration

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



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)















**SINGAPORE
POLICE FORCE**



T/20230418/2022

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

1 of 3

Report No. T/20230418/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2023 10:59	Vide Report No.: J/20230418/0053	Station Diary No.: 82
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Informant's Particulars

Name of Informant: RAMAIAH RAMACHANDRAN			Address: APT BLK 15 JURONG WEST AVENUE 5 #02-20 SINGAPORE 649490		
ID Type / ID No.: FIN NO / F8040097R			Contact No.: Home/Office: Mobile: 98912199		
Nationality: INDIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 07/12/1978	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: Other heavy truck and lorry drivers			Driving Licence Information: Class: 3,4,5 Date of Expiry: 06/05/2027		

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/04/2023 07:10	Type of Location: Heavy vehicle carpark
Location: JURONG WEST AVENUE 5			
Weather: Clear	Road Surface: Dry		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE2220H	Lorry				Slightly Damaged	0
YP9001H	Lorry					0

Details of Person Involved

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



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T/20230418/2022

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2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20230418/2022

CONTINUATION OF REPORT

Driver			
Name	RAMAIAH RAMACHANDRAN	ID No.	F8040097R
Related Vehicle	XE2220H (Lorry)	Contact No.	98912199
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: 06/05/2027
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I would like to state that parked my truck at the heavy vehicle carpark Lot 10 near B/15 Jurong West Ave 5 on the 17/04/2023 at around 1900hrs.

On 18/04/2023 at around 0710hrs I discovered that my tipper truck had some damages at the front right signal light and the headlight cover, there was also some scratches on the front panel, while I was doing my routine check on my truck. I then called my boss to inform him about the situation before calling for police assistance.

Shortly after police officers came and assisted to view the CCTV footage and saw that on 17/04/2023 at around 2230hrs, there was one truck (YP9001H) tried to reversed park beside my truck multiple times however failed and subsequently moved to another lot. I then went to the suspected truck and saw that there were some red paint transfers on the rear left side of the suspected truck. Hence, I suspect that the truck YP9001H had hit my truck and did not report it.

TP officers also arrived at scene assessed the situation and instructed me to lodge a police report. There is an in-car camera in my truck but is only switched on when the truck is switched on.

**SINGAPORE
POLICE FORCE**

T/20230418/2022

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

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Report No. T/20230418/2022

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /

SC MUHAMAD HAZIQ BIN
MOHAMED HILMI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/04/2023 10:59

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT JOFILIANO BIN MOHAMED
ALI

Contact No.: 65476960

Classification Of Case:

NP168