

# 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 .....	21/03/2023 16:40 (SGT)
Reported by .....	Driver
Date of Accident .....	20/03/2023 18:10 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	SLIP ROAD FROM PIE TWDS CLEMENTI AVE 6 BESIDE TOH TUCK AVE EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YQ3321T
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SG-BOGEN PTE LTD
Company Reg No .....	198902551K
Email Address .....	KHIM@SGBOGEN.COM.SG
Mobile Phone No .....	(Phone) +65-63442322
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Canter
Variant .....	FEB21ER4SDEN
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? .....	No - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2998

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMCPHQ23-000163

### DRIVER

Name of Driver .....	SELVAMANI ILAKKIYA ARASAN
Passport No/FIN .....	G6642692R
Date Of Birth .....	10/05/1991

Occupation .....	Outdoor
Date Of Driving Pass .....	25/02/2022
Driving experience .....	1 YEAR AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-93764581
Alt. Phone Number .....	-
Email Address .....	KHIM@SGBOGEN.COM.SG
Address .....	OLD CHOA CHU KANG ROAD, SG TENGAH LODGE
Address complement .....	-
Postcode .....	-
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 .....	Collided into Motorcyclist
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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	12
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 .....	SILAMBARASAN
Gender .....	Male

#### PASSENGER 2

Name .....	SENTHIL
Gender .....	Male

#### PASSENGER 3

Name .....	MUTHU
Gender .....	Male

#### PASSENGER 4

Name .....	KARTHIK
Gender .....	Male

#### PASSENGER 5

Name .....	ABINESH
Gender .....	Male

#### PASSENGER 6

Name .....	SARAVANAN
Gender .....	Male

#### PASSENGER 7

Name .....	ULAGANATHAN
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Gender ..... Male

PASSENGER 8

Name ..... HALIM

Gender ..... Male

PASSENGER 9

Name ..... KAWSAR

Gender ..... Male

PASSENGER 10

Name ..... ARIF

Gender ..... Male

PASSENGER 11

Name ..... RAHIF

Gender ..... Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes

Police Station Name ..... Nanyang Neighbourhood Police Centre

Police Station Phone No ..... (Phone) +65-18007929999

Alt. Police Station Phone No ..... (Fax) +65-67912972

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 ATTACHED POLICE REPORT T/20230321/2054

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes

Was there any video captured by Car Camera? ..... Yes

Reasons for not uploading a video of the accident ..... SD CARD TOOK BY TP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... FBR7098D

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 ..... UNKNOWN

Gender ..... -

Phone No ..... -

Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBR7098D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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:

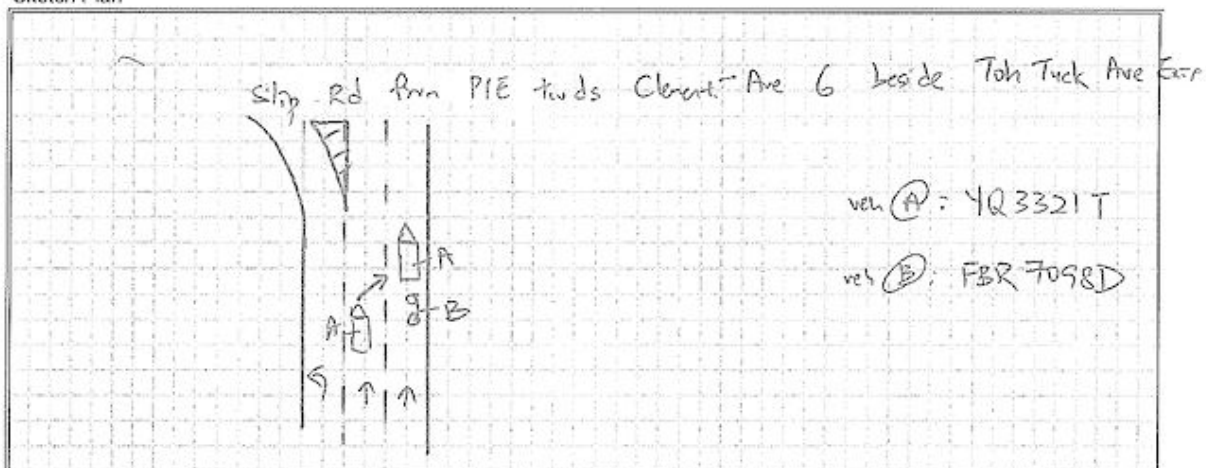
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

**Sketch Plan**



Describe Circumstance of the Accident

Refer to Police Report No. T/20230321/2054.

☐ Claim own policy  
☐ Claim third party  
☐ Claim OD / TP at other workshop  
☒ For record purpose

Policy No. DMC PHQ 23-000163  
Insurer EQ (C) Veh. No. YQ3321T

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

## Declaration

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



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Policyholder's Signature / Date & Time

Driver's Signature (if driver is not  
& Time

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

John

SNG AH TEE MOTOR &amp; PANEL SVC PTE LTD

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


























**SINGAPORE  
POLICE FORCE**


T/20230321/2054

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/20230321/2054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
21/03/2023 13:36

Vide Report No.:  
J/20230320/0102

Station Diary No.:  
81

**Informant's Particulars**

Name of Informant:

SELVAMANI ILAKKIYA ARASAN

Address:

ID Type / ID No.:

FIN NO / G6642692R

Contact No.:

Home/Office:

Mobile: 93764581

Nationality:

INDIAN

Email:

ilakkiyaselvamani@gmail.com

Sex:

Male

Age:

31

Date of Birth:

10/05/1991

Type of Informant:

Driver

Race:

Indian

Language:

Occupation:

Lorry driver

Driving Licence Information:

Class:

Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/03/2023 18:10	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR7098D						0
YQ3321T	Lorry				No Damage	11

**Details of Person Involved**

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


**SINGAPORE  
POLICE FORCE**

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



T/20230321/2054

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Report No. T/20230321/2054

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SELVAMANI ILAKKIYA ARASAN	ID No.	G6642692R
Related Vehicle	YQ3321T (Lorry)	Contact No.	93764581
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 24/02/2027
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL





**Brief Details.**

I was driving my company lorry (YQ3321T) along PIE intending to enter Clementi Avenue 6 as such I switched lane. Suddenly I heard a sound from the rear. As such I stopped the vehicle. From the rear view mirror I saw a one person helping another person up. I immediately when down to help them. There were 2 people on the motorcycle one rider and a pavilion.

My passengers who were seated at back of the lorry, informed that the rider self-skidded and subsequently fell on the road including the pavilion. Just the empty motorcycle subsequently hit on my lorry.

Soon another rider came to assist and called the police.

Traffic police and Ambulance came to scene. Both the rider and pavilion were conveyed to hospital. Traffic police instructed me to lodge a police report.

 <b>SINGAPORE POLICE FORCE</b>		 T/20230321/2054
Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999		3 of 3 Report No. T/20230321/2054
CONTINUATION OF REPORT		
Signature of Officer Recording The Report: J / SGT 3 PRAKASH S/O SANGHA 		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 21/03/2023 13:36
Officer In Charge Of Case: TP / GIT / SGT 3 INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415		Classification Of Case:
NP168		