

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 13/04/2023 18:37 (SGT)
Reported by Actual Driver
Date of Accident 12/04/2023 06:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG2262L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ROYAL QUALITY MANAGEMENT PTE LTD
Company Reg No 2XXXXX964Z
Email Address admin@rqm.com.sg
Mobile Phone No (Phone) +65-87008580
Alternative Phone No (Office) +65-63974650

VEHICLE PARTICULARS

Manufacturer Toyota
Model DYNA 150 5MT
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 DMCVSNW00064772204

DRIVER

Name of Driver VEERACHAMY RAJARAM
Passport No/FIN FXXXX316Q
Date Of Birth 05/05/1967
Occupation Outdoor

Date Of Driving Pass	19/06/2018
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94470270
Alt. Phone Number	-
Email Address	sarman@rqm.com.sg
Address	C/O ROYAL QUALITY MANAGEMENT PTE LTD
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	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	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

REFER TO POLICE REPORT ATTACHED.

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	YP3618T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOORTHY SARAVANAM
Passport No/FIN	GXXXX749T
Contact Number	(Phone) +65-84027529
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

VEH NO: GBG 2262L
 INSURER: China Taiping
 DATE OF ACC: 13/4/23 @ 06:35

SKETCH PLAN

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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:

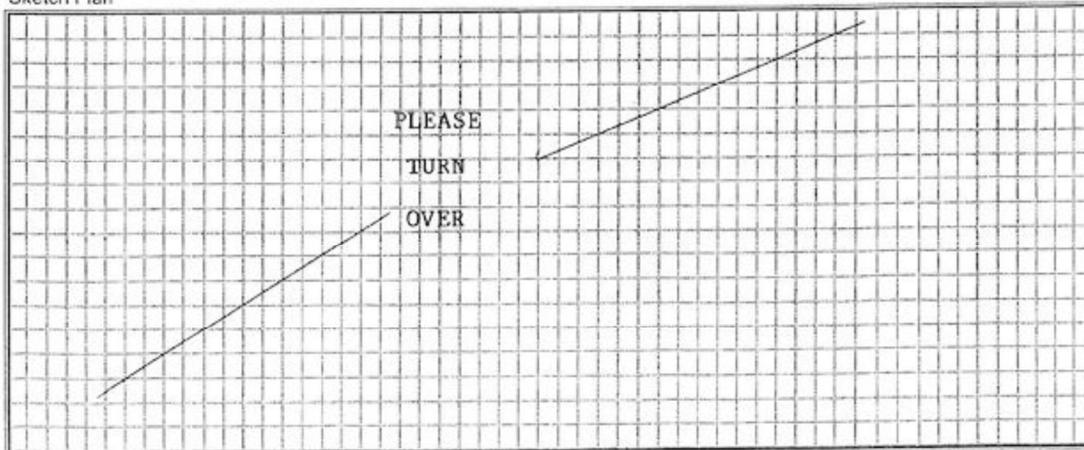
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

47
 Driver's Signature (if driver is not the policyholder) / Date & Time

 13/4/23
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) (YS)

Sketch Plan



Describe Circumstance of the Accident

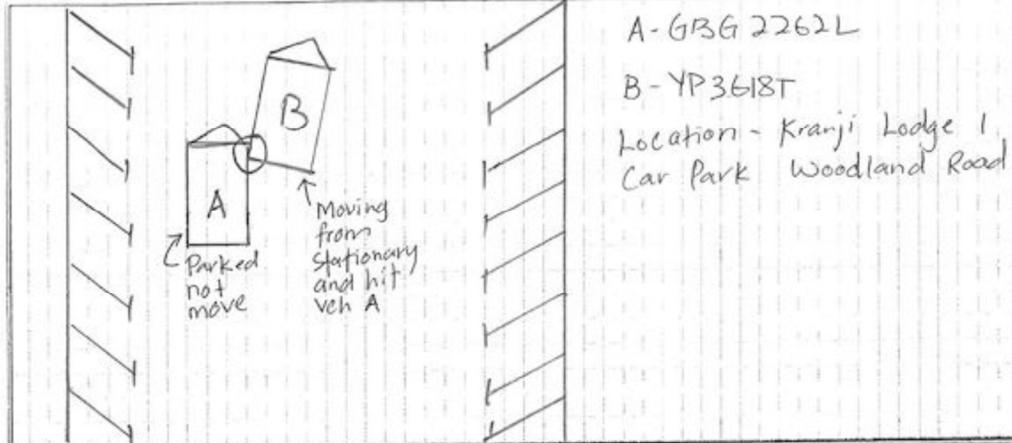
** NOTE - PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

() Claim OD/ TP at other workshop (_____)

Sketch Plan



Statement refer Police Report T/20230413/7014
 Exact location: Kranji Lodge 1 Car Park.

Declaration

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

 
 Policyholder's Signature Date & Time

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

 13/4/23
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) (Ns)



**SINGAPORE
POLICE FORCE**



T/20230413/7014

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

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Report No. T/20230413/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/04/2023 11:53		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: MOHAMMAD SARMAN BIN SAIDI		Address: 689F WOODLANDS DRIVE 75 #10-144 SINGAPORE 736689	
ID Type / ID No.: NRIC NO / S7103732J		Contact No.: Home/Office: Mobile: 87008580	
Nationality: SINGAPORE CITIZEN		Email: SARMAN@RQM.COM.SG	
Sex: Male	Age: 52	Date of Birth: 31/01/1971	Type of Informant: Company Manager
Race: Boyanese		Language: English	
Occupation: Management executive		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/04/2023 06:25	Type of Location: Car Park
Location: WOODLANDS ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBG2262L	Lorry	TOYOTA	DYNA	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBG2262L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNW000647 72204	29/06/2022	28/06/2023



**SINGAPORE
POLICE FORCE**



T/20230413/7014

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

Report No. T/20230413/7014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VEERACHAMY RAJARAM	ID No.	F7863316Q
Related Vehicle	GBG2262L (Lorry)	Contact No.	94470270
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,3C Date of Expiry: 01/05/2028
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Company Manager			
Name	MOHAMMAD SARMAN BIN SAIDI	ID No.	S7103732J
Related Vehicle	NIL	Contact No.	87008580
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Vehicle No. YP3618T was moving out of the Parking Lot when its Left Rear hit onto the Front Right side of my Vehicle No. GBG2262L which was parked at the Left Side Parking Lot next to the said vehicle and while I was sitting inside my vehicle.



**SINGAPORE
POLICE FORCE**

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



T/20230413/7014

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Report No. T/20230413/7014

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:

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

Date/Time:
13/04/2023 11:53

Classification Of Case: