



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 willful 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	19/04/2023 11:38 (SGT)
Reported by	Actual Driver
Date of Accident	19/04/2023 03:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES EXPRESSWAY LAMP POST NUMBER 312
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN4488E

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	D-22099255MFVS/6

DRIVER

Name of Driver	RAJA LINGAM MUNUSAMY
Work Permit No	GXXXX163M
Date Of Birth	31/08/1980
Occupation	Outdoor



Date Of Driving Pass	03/03/2018
Driving experience	5 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81735609
Alt. Phone Number	-
Email Address	JEREMYC_QUEK@CERTISGROUP.COM
Address	20 JALAN AFIFI
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	Collision - Head to Rear
Weather Conditions	Clear
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?	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	REVANRAJ
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT & INCIDENT REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY442Y
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

1. Please report promptly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder, about the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind the 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 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 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 stored.

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

I understand, acknowledge, agree and consent that:

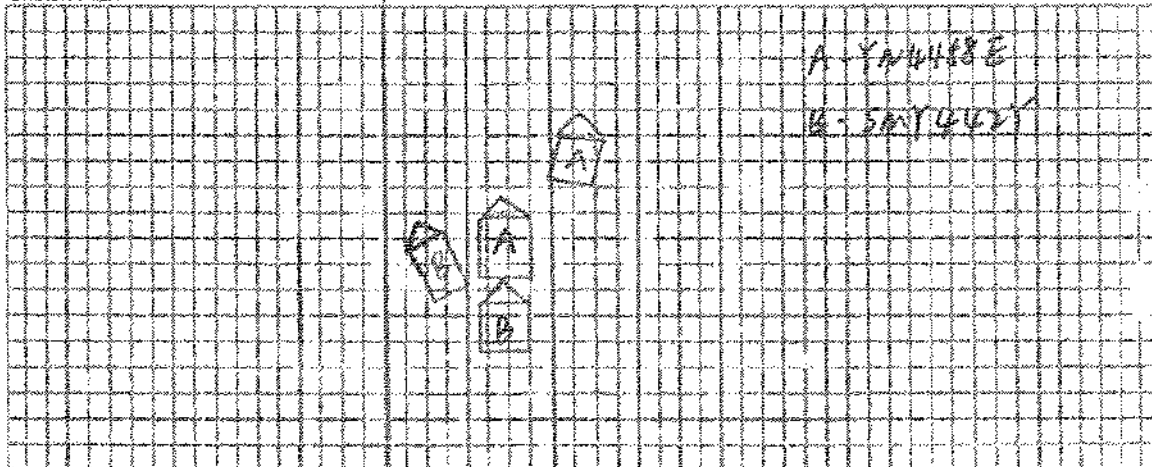
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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/new 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/new firms, may be 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/new firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature & Time

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

Witnessed by Reporting Officer / Date & Time

Sketch Plan



Describe Circumstance of the Accident

Refer to the attached police report.

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 19.4.23 9.30am

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



Witnessed by Representative Personal

GLUTIS

19/04/2023 03:26 AM

SUBJECT:

DATE & TIME OF INCIDENT: 19/04/2023 (03:26) AM

LOCATION: TPE/SLE 6 1km LN3 and LN4

PERSONNEL INVOLVED:

FACTS OF THE CASE:

On 19/04/2023 at about 03:26 AM ^{we} was patrolling along TPE (SLE) 6.1km and we was at the third lane when suddenly vehicle bearing the vehicle number 01442Y had collided onto ^{our} vehicle by the rear of 3rd lane and collided onto we. Our vehicle swerved to the second lane and subsequently ~~I then~~ my partner drove to the ^{off} shoulder. The other vehicle had swerved from the fourth lane and stopped at the fourth lane. We then subsequently went down from ^{our} vehicle to make a check on ~~the~~ vehicle and saw that our rear left mudguard, bumper body, and tyre and lights is damaged. We then make a check on his vehicle and saw that his vehicle front bumper to his front wheel and his windscreen is cracked due to the collision. Not long later the Traffic Police came by.

STATEMENT GIVEN BY

RECORDED BY

Signature (above)

Signature (above)

Name: Devon A. Morgan

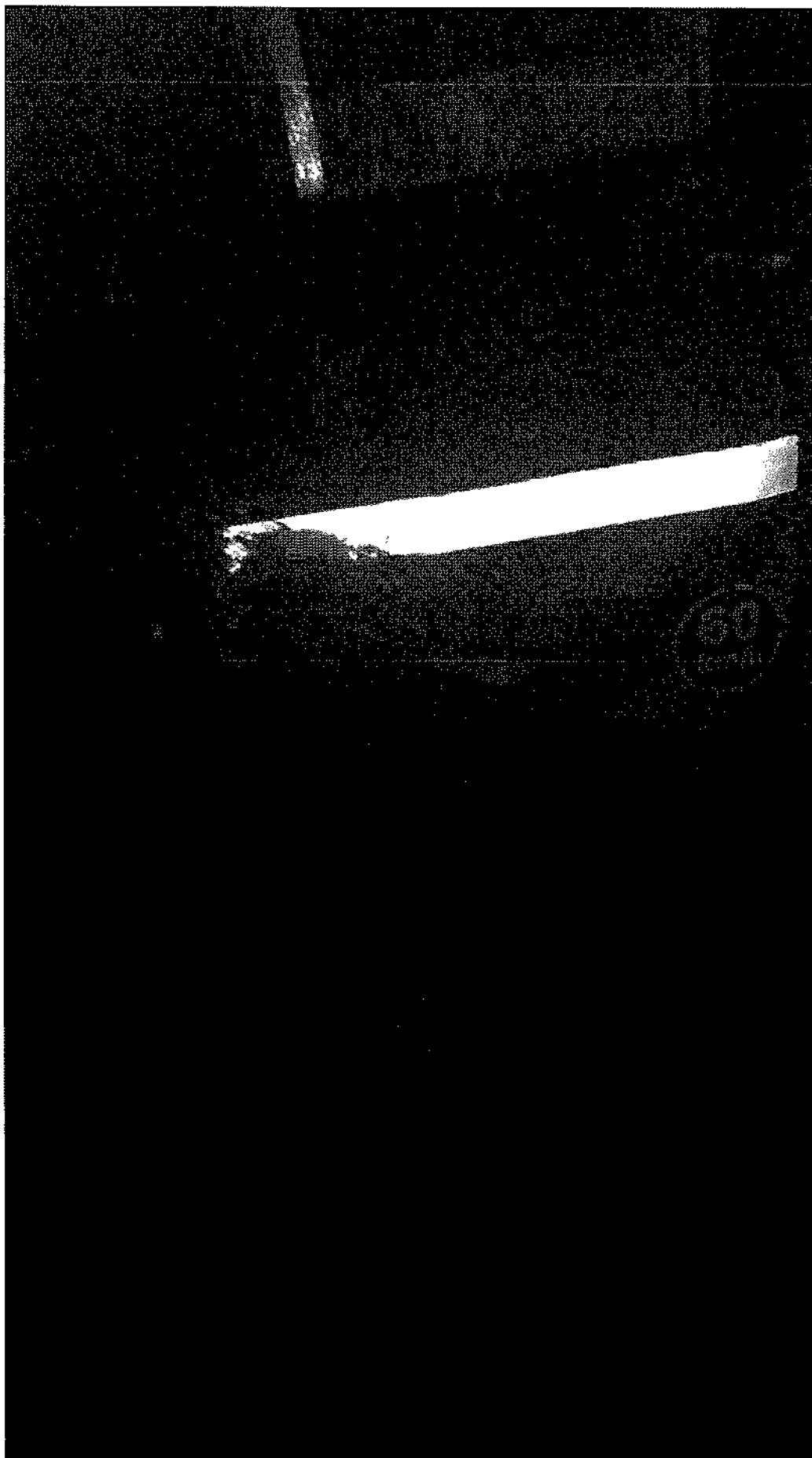
Name: _____

Staff ID: 117918

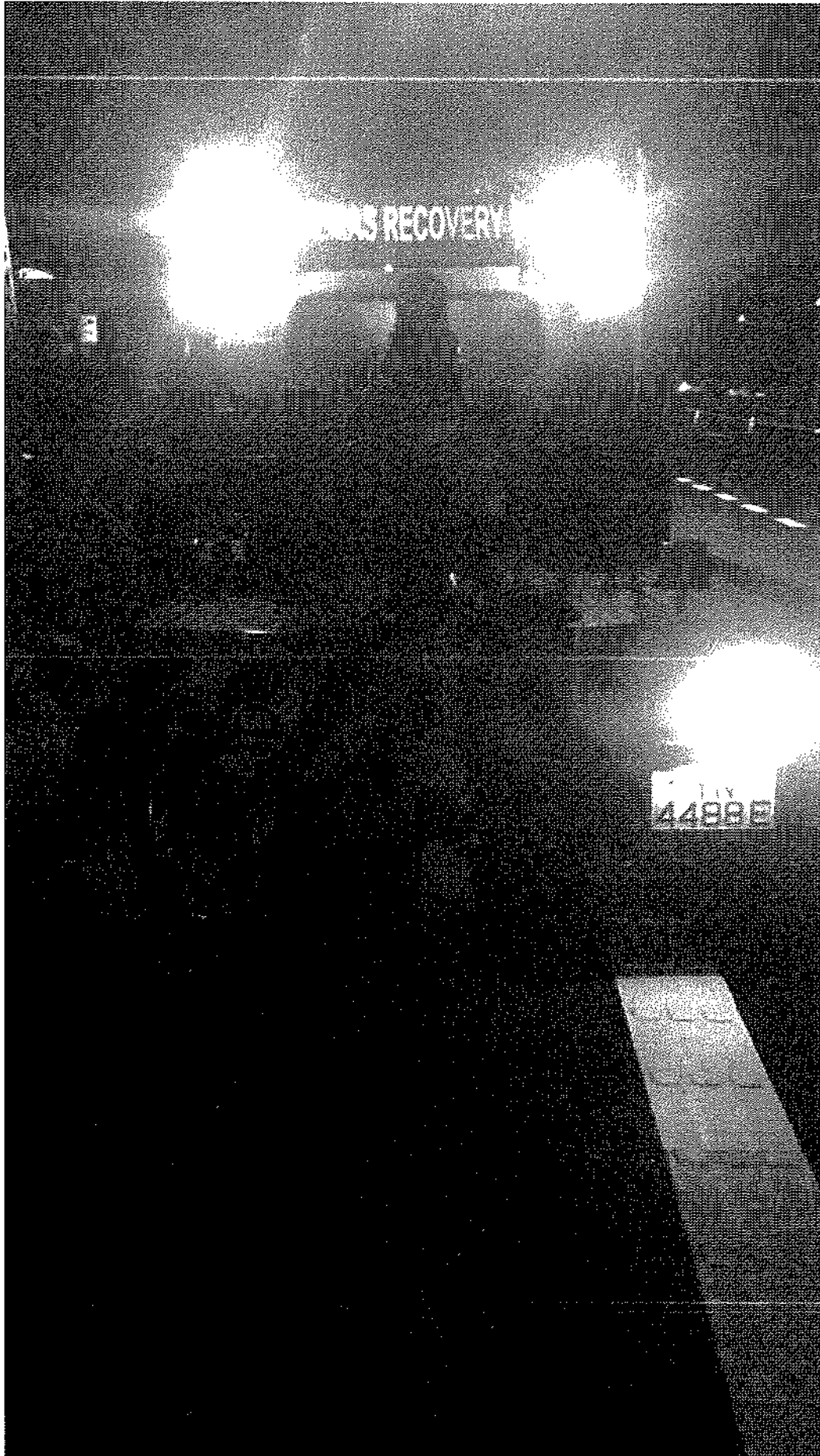
Staff ID: _____

Dept: _____

Dept: _____







REPORT 3/20/17 11:14 AM 1/15/17





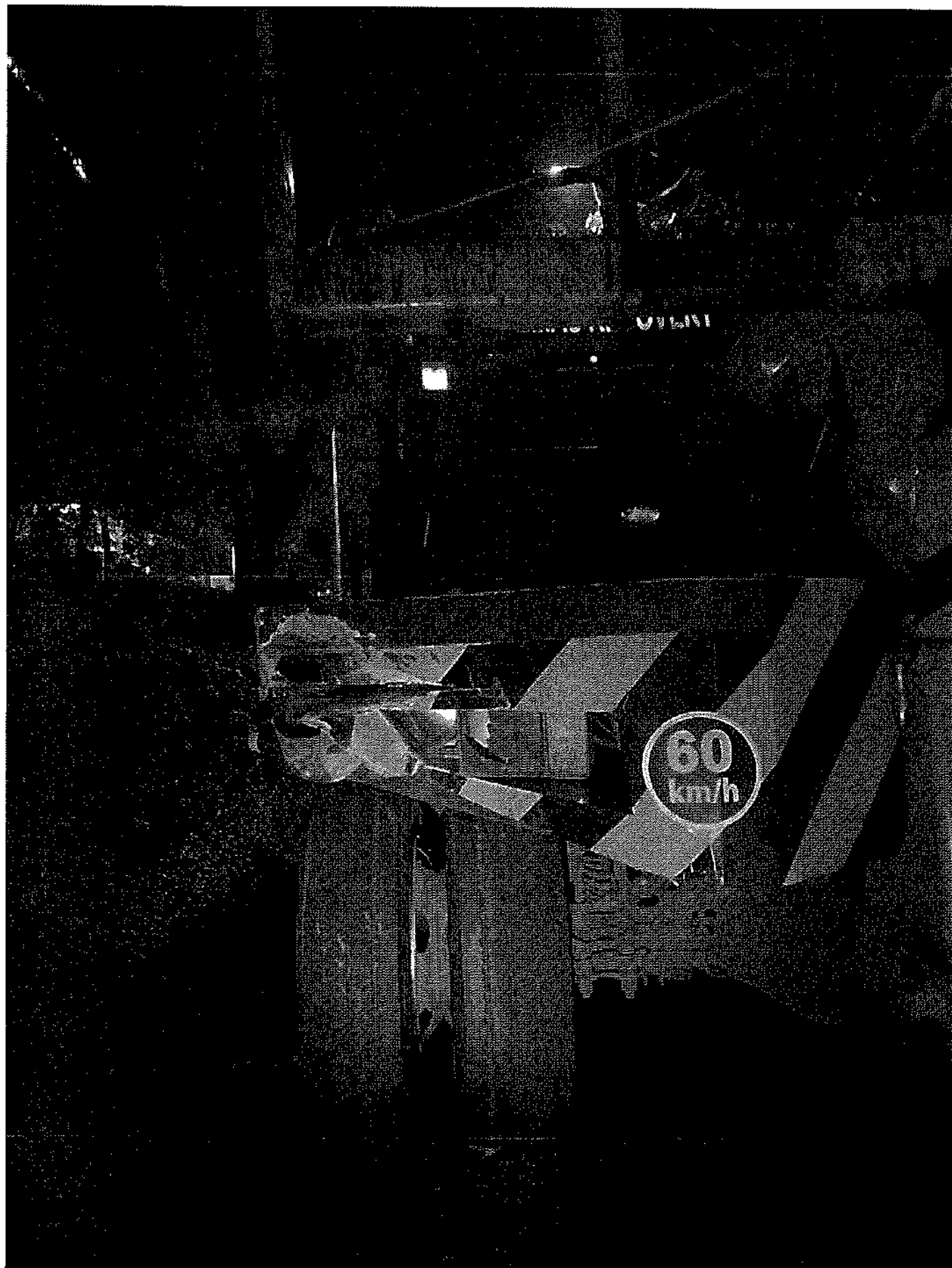






















SINGAPORE
POLICE FORCE



T2P230119/2023

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448909

Page 1 of 3
Report No: T20230119/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2023 07:31
Vide Report No.: G/20230419/0022
Station Diary No.: 8

Informant's Particulars

Name of Informant: RAJA LINGAM MUNUSAMY			Address: MALAYSIA NO. 18 JALAN 1/19 BANDAR BARU PERMAS JAYA PLENTU	
ID Type / ID No.: FIN NO / G7098183M			Contact No.: Home/Office: Mobile: 81735609	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 42	Date of Birth: 31/08/1980	Type of Informant: Driver	
Race: Indian			Language:	
Occupation: EMAS DRIVER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/04/2023 07:29	Type of Location: Expressway 5.1km
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TAMPINES EXPRESSWAY

Lamp Post Number: 312	Weather: Clear	Road Surface: Dry	Traffic Volume: No Traffic
Traffic Flow: One Way	Traffic Control: Not Controlled	Anyone conveyed by ambulance: No	
Type of Collision: Between Moving Vehicles - Head To Rear			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMY442Y	Car	TOYOTA	SIENTA HYBRID 1.6X CVT	Brown	Seriously Damaged	0
YNA488E	Lorry	ISUZU	NPR75UK5 W	White	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230419/2020

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20230419/2020

CONTINUATION OF REPORT

Driver Name	RAJA LINGAM MUNUSAMY	ID No.	G7098163M
Related Vehicle	YN4468E (Lorry)	Contact No.	81735609
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
Passenger Name	REVANRAJ RANGANATHAN	ID No.	G0394017L
Related Vehicle	YN4468E (Lorry)	Contact No.	84041012
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 19/04/2023 at about 0320hrs I was driving along TPE(SLE) 6.1km mark and I was at the third lane when suddenly vehicle bearing the vehicle number SMY442Y had collided onto my vehicle by the rear after he had collided onto me. My vehicle swerved to the second lane and subsequently I then drove to the road shoulder. The other vehicle had swerved from the third lane to the fourth lane and stopped at the fourth lane.

I then subsequently went down from my vehicle to make a check on my vehicle and saw that my rear left mudguard and rear left brake light is damaged. I then make a check on his vehicle and saw that his vehicle front bumper to his front bonnet is dented due to the collision. Not long later the Traffic Police came by.

I am lodging this report for claimant and recording purpose.



SINGAPORE
POLICE FORCE



T/20230410/2020

Police Station Of Origin:
Bedok South NPP
20 Chai Choo Drive SINGAPORE 460046
Tel No: 1800-2448999

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Report No. T/20230410/2020

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G/

SGT 1 SYED NAWAWI BIN
SYED ALI ALKAFF

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/04/2023 07:31

Officer in Charge Of Case:
TP / GIT /
STAFF SGT ROIZMAN BIN MOHAMED
POSARI
Contact No.: 65476131

Classification Of Case:

NP 105



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
CERTIS CISCO AUXILIARY POLICE FORCE PTE. LTD.



Name
RAJA LINGAM MURUSAMY
Work Permit No.
4 00784337 Sector:
SERVICE



K3185602

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



RAJA LINGAM MURUSAMY

Birth Date: **31 Aug 1960**

Valid Date: **12 Aug 2022**

Valid Until: **11 Aug 2023**



VISIT PASS
Immigration Regulations

20-07-2022

Name
RAJA LINGAM MUNUSAMY

FIN
G7098163M
Date of Birth Sex
31-08-1980 **M**
Nationality
MALAYSIAN

Download SGWorkPass
App to check status



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles ≤ 200cc / Electric Motorcycles ≤ 15kW	14 Oct 2015
Class 3	Ambulances / Medical transport vehicles / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / Motor tractors or vehicles ≤ 2500kg	08 Nov 2017
Class 4	Heavy motor cars and motor tractors > 2500kg	03 Mar 2018

Licence No: G7098163M

NP 428A

