

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	03/05/2023 17:36 (SGT)
Reported by	Actual Driver
Date of Accident	03/05/2023 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA4946R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	M3 INDUSTRIAL COATING PTE LTD
Company Reg No	200006914D
Email Address	LILING@M3PACKER.COM.SG
Mobile Phone No	(Phone) +65-65555400
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	3000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00079402200

DRIVER

Name of Driver	VEERAPPAN CHANDRA SEKAR
Passport No/FIN	G7287645N
Date Of Birth	01/05/1973
Occupation	Outdoor

Date Of Driving Pass	30/03/2013
Driving experience	10 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84388843
Alt. Phone Number	-
Email Address	LILING@M3PACKER.COM.SG
Address	339 YISHUN AVE 6 SE 760339
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	MIAH MOHAMMED FAYSAL
Gender	Male

PASSENGER 2

Name	ISLAM DEEN
Gender	Male

PASSENGER 3

Name	VELLADURAI VELLAISAMY
Gender	Male

PASSENGER 4

Name	MANICKAM RAMKUMAR
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
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 SLV5310P
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver TAN HOCK LIANG ADAM
 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 FAYSAL
 Gender -
 Phone No (Phone) +65-87371627
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBA4946R
 Were seat belts worn? No
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLANIMPORTANT 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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

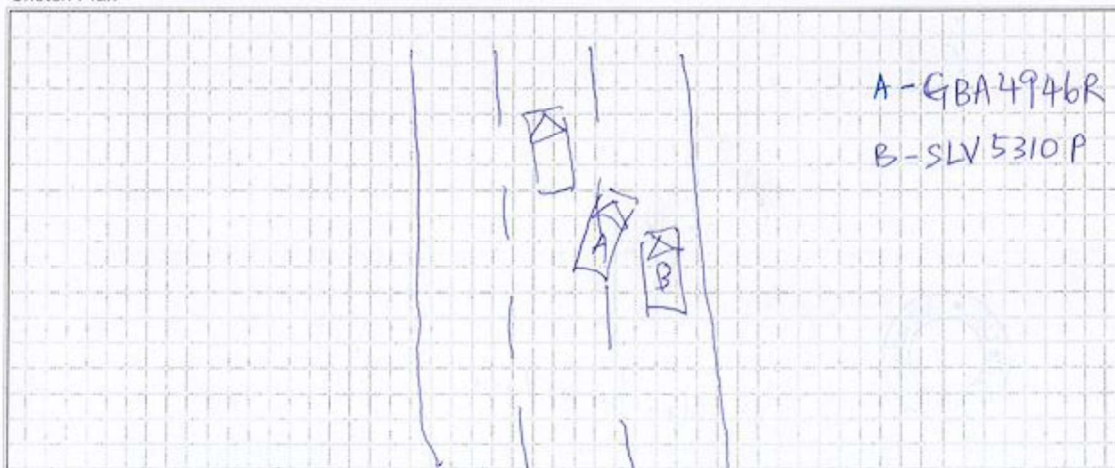


Policyholder's Signature / Date & Time

V. Chandrasekaran
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 Police report .

Declaration

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



Policyholder's Signature / Date & Time

V. Chandra Sekar

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

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



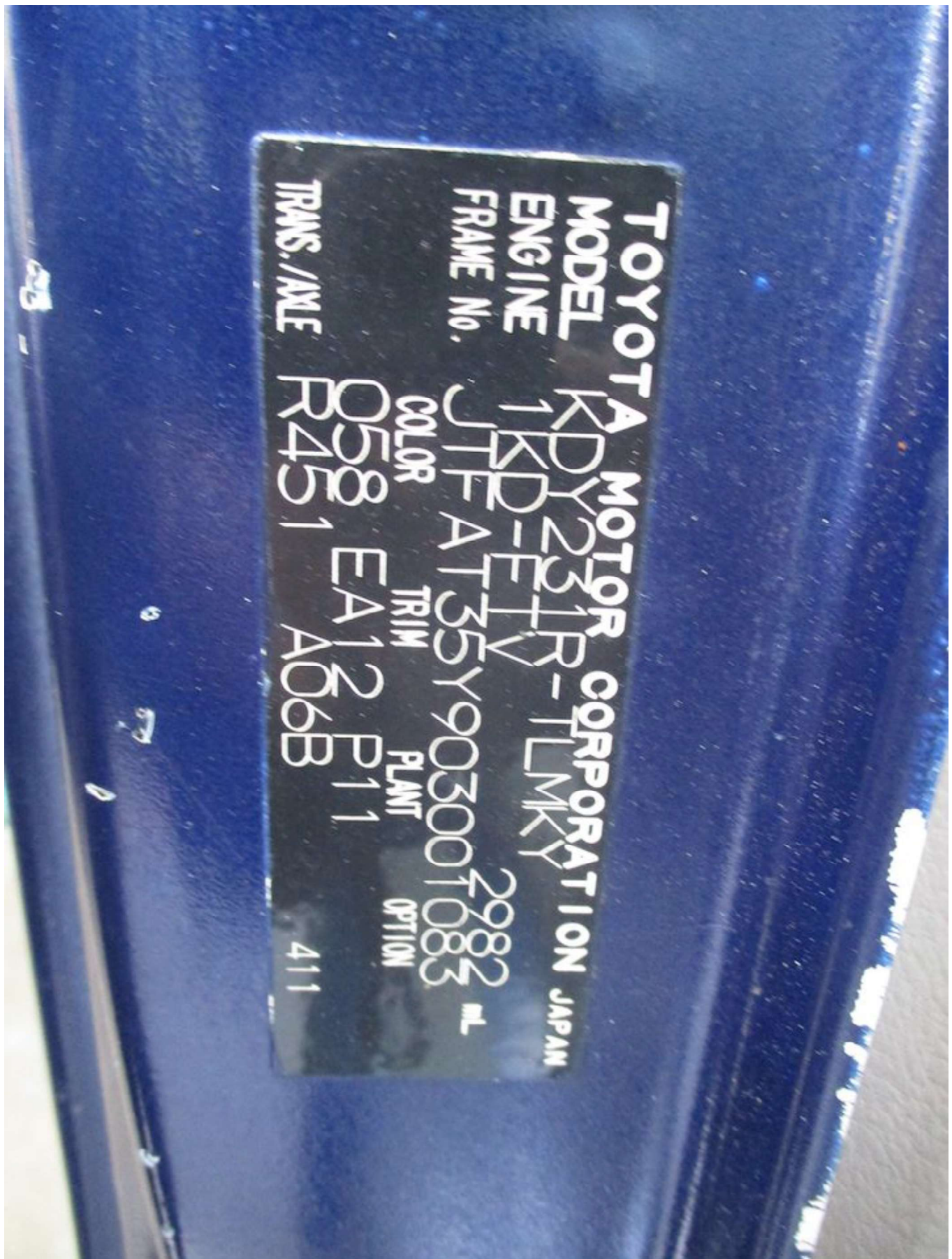














**SINGAPORE
POLICE FORCE**



T/20230503/2067

Police Station Of Origin:
MacPherson NPP
54 Fipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20230503/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2023 14:10	Vide Report No.: E/20230503/0030	Station Diary No.: 28
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Informant's Particulars

Name of Informant: VEERAPPAN CHANDRA SEKAR			Address: 339 YISHUN AVENUE 6 SINGAPORE 760339		
ID Type / ID No.: FIN NO / G7287645N			Contact No.: Home/Office: Mobile: 84388843		
Nationality: INDIAN			Email:		
Sex: Male	Age: 50	Date of Birth: 01/05/1973	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: PAINTER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/05/2023 08:00	Type of Location: EXPRESSWAY
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBA4946R	Lorry				Slightly Damaged	4
SLV5310P	Car				Slightly Damaged	1

Details of Person Involved

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



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54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20230503/2067

CONTINUATION OF REPORT

Driver			
Name	VEERAPPAN CHANDRA SEKAR	ID No.	G7287645N
Related Vehicle	GBA4946R (Lorry)	Contact No.	84388843
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/05/2023 at about 0800hrs, I was driving GBA4946R on lane 2 on PIE towards Tuas when another car (SLV5310P) swerved from lane 1 and collided with my vehicle. The said car was avoiding the car in front that was jam-braking. It then swerved and collided to the right front side of my lorry. I was ferrying 3 passengers who was seated at the canopy of my vehicle. We alighted from the vehicle to check on the damages of the vehicles.

One of my passengers (Mr Faysal - 87371627) complained of back pain as such, was conveyed by ambulance to Tan Tock Seng hospital. There was no injuries to myself and the other passengers. Shortly after, police officers came to the incident and handed me a case card (E/20230503/0030) for me to lodge a police report for my company and insurance claim purposes.



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POLICE FORCE**



T/20230503/2067

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20230503/2067

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 2 NUR HAKIM BIN
JAMALUDDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT SYED MUHAMMAD ISA BIN
OMAR ALHABSHEE
Contact No.: 65476187

Signature Of Informant:

Date/Time:
03/05/2023 14:10

Classification Of Case:

NP168