

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 11:05 (SGT)
Reported by	Actual Driver
Date of Accident	29/04/2023 22:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK517U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VETRIVEL MURUGAN PTE LTD
Company Reg No	2XXXX171W
Email Address	ANANTHANSELVAM1988@GMAIL.COM
Mobile Phone No	(Phone) +65-86130466
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00140352203

DRIVER

Name of Driver	SELVAM ANANTHAN
Passport No/FIN	GXXX8337
Date Of Birth	15/12/1987
Occupation	Outdoor

Date Of Driving Pass	28/04/2014
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-86130466
Alt. Phone Number	-
Email Address	ANANTHANSELVAM1988@GMAIL.COM
Address	BLK 152 BUKIT BATOK STREET 11
Address complement	# 01-264
Postcode	650152
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	RAMASAMY GEETHA
Gender	Female

PASSENGER 2

Name	CHILD
Gender	Male

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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230501/7037

*Report was unable to submit on 02.05.2023 as Gear system was down."

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 GBK2881D
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBK3076E
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SELVAM ANANTHAN
Gender Male
Phone No (Phone) +65-86130466
Address BLK 152 BUKIT BATOK STREET 11
Address Complement # 01-264
Post Code 650152
Approximate Age Years Old -
Injuries Sustained BODY PAIN-GIVEN 3 DAYS OF MC
Injured person in which vehicle? GBK517U
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person RAMASAMY GEETHA
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY PAIN
Injured person in which vehicle? GBK517U

Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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



Policyholder's Signature / Date & Time

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

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

Sketch Plan

PIE (TUAS)

VEH (A) = GBK 5471 U
VEH (B) = GBK 2881 D
VEH (C) = GBK 3046 E
PIE (TUAS)

Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT T/20230501 / 7037

Declaration

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



Policyholder's Signature / Date & Time

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

[Signature] 3/5/2023
Witnessed by Reporting Centre Personnel
(Name as on NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230501/7037

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

2 of 3
Report No. T/20230501/7037

CONTINUATION OF REPORT

Driver			
Name	SELVAM ANANTHAN		ID No. G6908337X
Related Vehicle	GBK517U (Van)		Contact No. 84946807
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the above mentioned date and time, I was driving GBK517U along PIE(Tuas) when I had gradually come to a stop due to traffic conditions.

When I had come to a complete stop, I also noticed another van coming to a stop behind me.

I was waiting for the vehicle in front to move off when suddenly, one massive impact slammed into the rear of my vehicle, causing it to jerk forward violently.

Having been caught completely off guard by the sudden impact, my body lurched forward only to be restrained by the seat belt.

After checking on my wife and child, who were my passengers, I alighted to realise that I was involved in a 3 car chain collision involving:

GBK517U
GBK2881D
GBK3076E

where mine was the first vehicle.

The following day, I woke up with pain over multiple areas of my bodies.

As such, I proceeded to seek treatment at Intemedical Tampines near my workplace and was given 3 days MC for injuries caused by the accident.

My wife also complained of some body aches after the accident but she has yet to see a doctor at this point in time.



















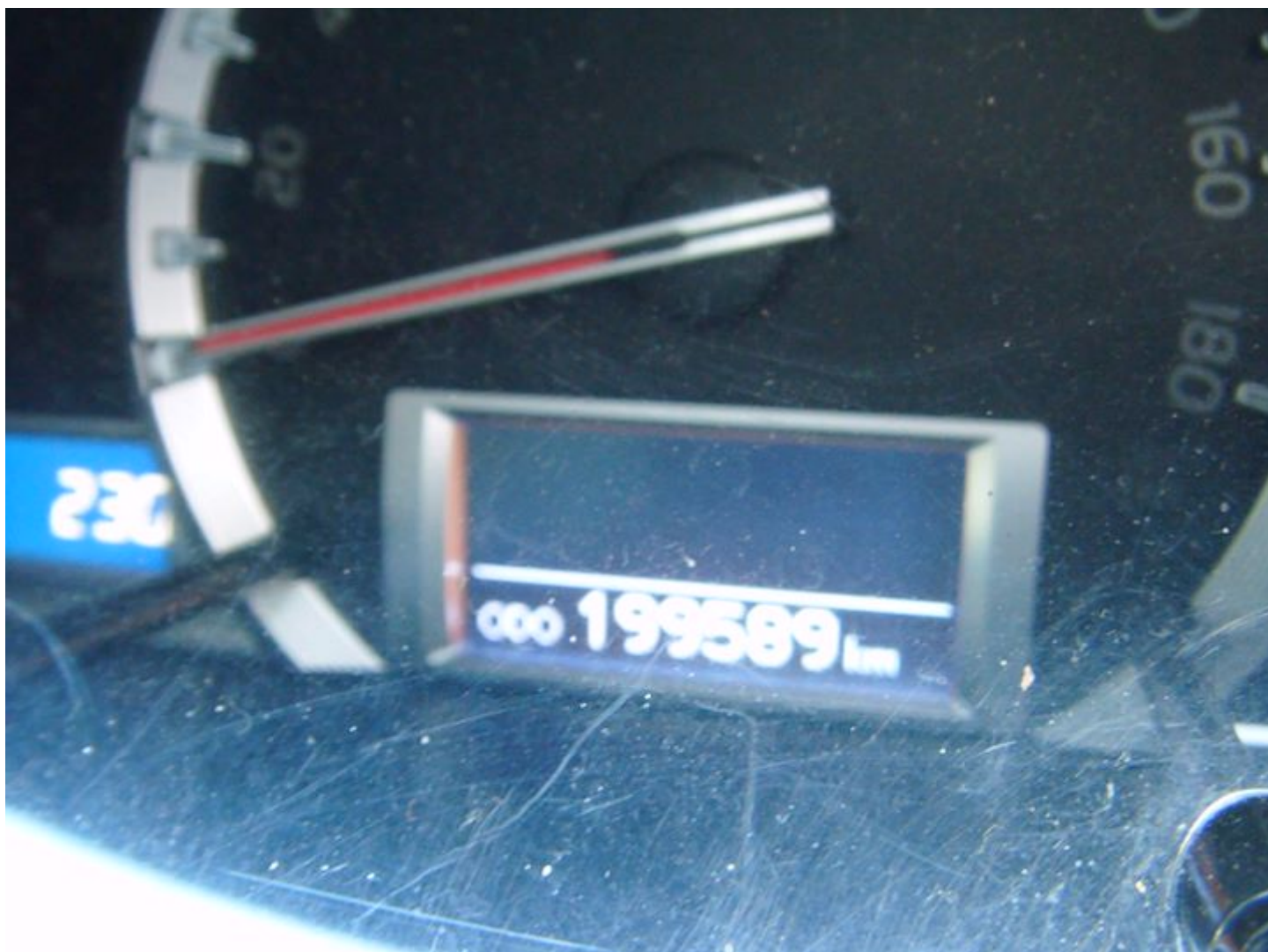
















**SINGAPORE
POLICE FORCE**



T/20230501/7037

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

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Report No. T/20230501/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/05/2023 16:57	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SELVAM ANANTHAN	Address: 152 BUKIT BATOK STREET 11 #01-264 SINGAPORE 650152
ID Type / ID No.: FIN NO / G6908337X	Contact No.: Home/Office: Mobile: 84946807
Nationality: INDIAN	Email: Ananthanselvam1988@gmail.com
Sex: Male Age: 35 Date of Birth: 15/12/1987	Type of Informant: Driver
Race: Indian	Language: English
Occupation: Chef	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/04/2023 22:25	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:	Road Surface:			
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK517U	Van					2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230501/7037

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

2 of 3
Report No. T/20230501/7037

CONTINUATION OF REPORT

Driver			
Name	SELVAM ANANTHAN	ID No.	G6908337X
Related Vehicle	GBK517U (Van)	Contact No.	84946807
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

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**SINGAPORE
POLICE FORCE**

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



T/20230501/7037

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Report No. T/20230501/7037

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

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

Date/Time:
01/05/2023 16:57

Classification Of Case:

NP168