

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 12:56 (SGT)
Reported by	Actual Driver
Date of Accident	29/04/2023 07:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	STILL RD SOUTH TWDS ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF751K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JMS CONSTRUCTION PTE LTD
Company Reg No	2XXXXX991N
Email Address	KFS@JMS.SG
Mobile Phone No	(Phone) +65-97894813
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	Income Insurance Limited
Policy Number / Cover Note Number	5128015560

DRIVER

Name of Driver	BOSE PRABU
Passport No/FIN	GXXXX486L
Date Of Birth	12/04/1988
Occupation	Outdoor

Date Of Driving Pass	19/03/2018
Driving experience	5 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83762495
Alt. Phone Number	-
Email Address	HARI@JMS.SG
Address	360 CHANGI RD
Address complement	-
Postcode	419822
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	Side Swipe
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)	4
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	DHARUMALINGAM MUTHUSELVAM
Gender	Male

PASSENGER 2

Name	KARTHIKEYAN MAHESHWARAN
Gender	Male

PASSENGER 3

Name	DEVENDRAN AJAI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED POLICE REPORT NO : T/20230429/2054

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 GQ10Z
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver HASAN MD MEHEDI
 Passport No/FIN GXXXX723L
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident VEHICLE B
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person DHARUMALINGAM MUTHUSELVAM
 Gender Male
 Phone No (Phone) +65-91340014
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBF751K
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person DEVENDRAN AJAI
 Gender Male
 Phone No (Phone) +65-84164676
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBF751K
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

IMPORTANT NOTICE

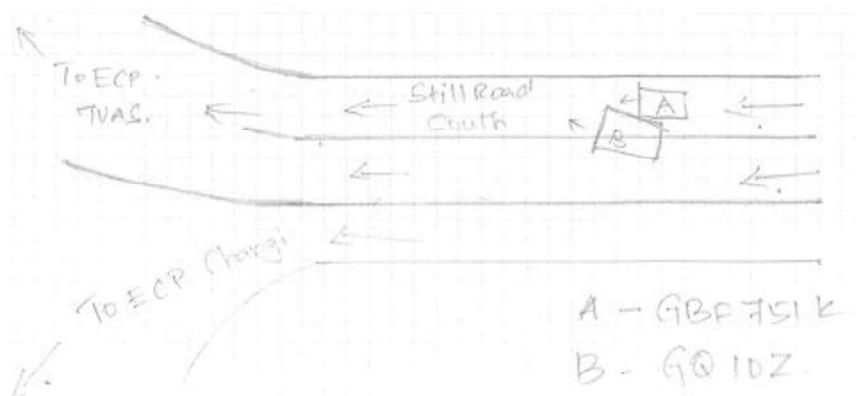
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report No: T/20230429/2054.

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

Witnessed by Reporting Centre Personnel


**SINGAPORE
POLICE FORCE**


T/20230429/2054

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 4

Report No. T/20230429/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2023 15:02	Vide Report No.: G/20230429/0079	Station Diary No.: 55
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Informant's Particulars

Name of Informant: BOSE PRABU			Address: 360 CHANGI ROAD KENG YEE GARDEN SINGAPORE 419822		
ID Type / ID No.: FIN NO / G2507486L			Contact No.: Home/Office: Mobile: 83762495		
Nationality: INDIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 12/04/1988	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: CONSTRUCTION WORKER 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: 29/04/2023 07:20	Type of Location: Straight Road
Location: STILL ROAD SOUTH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF751K	Lorry			Silver	Seriously Damaged	3
QO10Z	Lorry			Blue	Slightly Damaged	8

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230429/2054

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

2 of 4

Report No. T/20230429/2054

CONTINUATION OF REPORT

Passenger			
Name	DHARUMALINGAM MUTHUSELVAM	ID No.	037683299
Related Vehicle	GBF751K (Lorry)	Contact No.	91340014
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/04/2023	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Passenger			
Name	KARTHIKEYAN MAHESHWARAN	ID No.	039050226
Related Vehicle	GBF751K (Lorry)	Contact No.	82153526
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
Driver			
Name	BOSE PRABU	ID No.	G2507486L
Related Vehicle	GBF751K (Lorry)	Contact No.	83762495
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	DEVENDRAN AJAI	ID No.	M3199206T
Related Vehicle	GBF751K (Lorry)	Contact No.	84164676
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/04/2023	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious



**SINGAPORE
POLICE FORCE**



T/20230429/2054

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 4

Report No. T/20230429/2054

CONTINUATION OF REPORT

Driver			
Name	HASAN MD MEHEDI	ID No.	G2685723L
Related Vehicle	GQ10Z (Lorry)	Contact No.	NIL
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 the 29/04/2023 at around 7:20am in the morning, I was travelling along with my lorry (GBF751K) along with 3 passengers down still road to still road south towards ECP on the most inner lane.

Suddenly a blue lorry (GQ10Z) on the same lane to the left of my vehicle suddenly cut into my lane causing a collision into the front left portion of my lorry, I lost control and collided into the road railing on my right.

The driver of GQ10Z did not turn his indicator on or checked is blind spot.

I received no injured however, 2 of my passengers were injured and was conveyed to the hospital. Mr. Dharumalingam was conveyed to Raffles Hospital and Mr. Devendran was conveyed to Changi General Hospital.

I am lodging a report for insurance claims.



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POLICE FORCE**

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300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



T/20230429/2054

4 of 4

Report No. T/20230429/2054

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /
SCSGT(1) ANTONIO CYRUS
TROST

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/04/2023 15:02

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT NADYA BINTE MOIDEEN
Contact No.: 65476331

Classification Of Case:

NP168