

# 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 .....	09/05/2023 12:16 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	15/04/2023 14:20 (SGT)
Exact Location of Accident .....	Jln Bukit Ho Swee, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBF1151K
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	INFINITY HARDWARE HOLDING PTE. LTD.
Company Reg No .....	2XXXXX009H
Email Address .....	thangapalani123@gmail.com
Mobile Phone No .....	(Phone) +65-91727501
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D22MTPCVE001883

### DRIVER

Name of Driver .....	THANGARASU PALANIYAPPAN
Passport No/FIN .....	GXXXX504P
Date Of Birth .....	12/03/1993
Occupation .....	Outdoor

Date Of Driving Pass .....	25/01/2017
Driving experience .....	6 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98657444
Alt. Phone Number .....	-
Email Address .....	thangapalani123@gmail.com
Address .....	106 YISHUN RING ROAD
Address complement .....	-
Postcode .....	760106
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? .....	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 .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230415/2099

#### 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 .....	SS600T
Vehicle Manufacturer .....	Suzuki
Vehicle Model .....	-
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**

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



Policyholder's Signature / Date & Time

T. Paly  
09/05/2023 11:40 AM

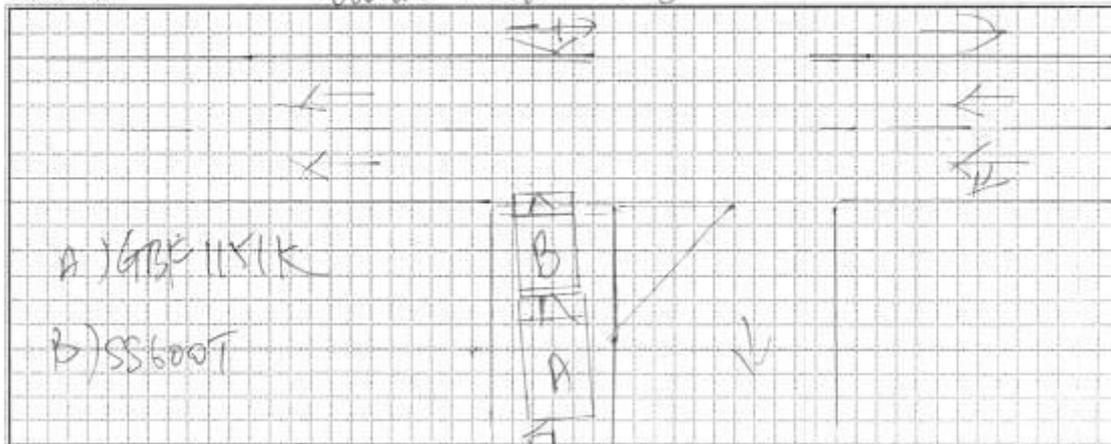
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

09/05/2023

Sketch Plan

LOWER DUKA ROAD



vJun2022

JAWAN BUKIT HO SURABE

Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20230415/2099.

Declaration

(We declare the foregoing particulars are true in every respect.)

 X  
Policyholder's Signature / Date & Time

T. Palij 11:40 AM  
09/05/2023  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 09/05/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



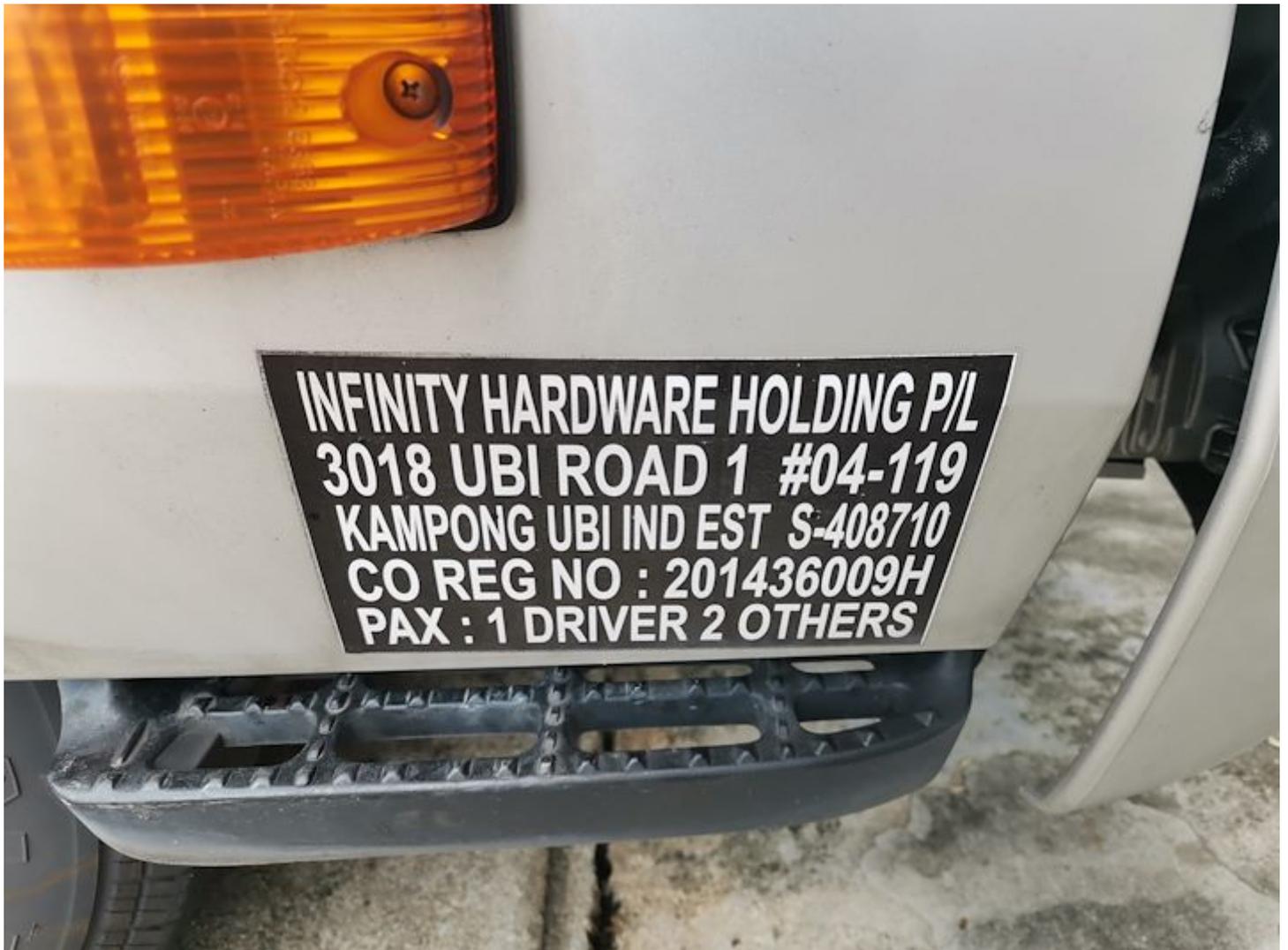



















**SINGAPORE  
POLICE FORCE**


T/20230415/2099

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Report No. T/20230415/2099

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/04/2023 19:18	Video Report No.:	Station Diary No.: 116
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**Informant's Particulars**

Name of Informant: THANGARASU PALANIYAPPAN		Address: 106 YISHUN RING ROAD SINGAPORE 780106	
ID Type / ID No.: FIN NO / G2807504P		Contact No.:	Mobile: 96657224
Nationality: INDIAN		Email:	
Sex: Male	Age: 30	Date of Birth: 12/03/1993	Type of Informant: Driver
Race: Indian		Language: English	
Occupation: Lorry driver		Driving Licence Information: Class: 3	Date of Expiry: 19/02/2028

**General Information of the Accident**

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/04/2023 14:20	Type of Location: T-Junction
Location: JALAN BUKIT HO SWEE			
Weather: Sunny		Road Surface: Dry	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF1151K	Lorry	TOYOTA		Silver	No Damage	0
SS600T	Car	SUZUKI		Black	Slightly Damaged	1

**Details of Person Involved**

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


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999



T/20230415/2099

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Report No: T/20230415/2099

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	THANGARASU PALANIYAPPAN	ID No.	G2807504P
Related Vehicle	NIL	Contact No.	98657224
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 19/02/2028
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 15/04/2023 at about 1425hrs along the T-Junction at Jalan Bukit Ho Swee and Lower Delta Rd. I had met into an accident with the car plate no. SS600T.

The vehicle SS600T had one driver and one passenger. Nobody had sustained injuries from the accident.

As I was travelling at the road of Jalan Bukit Ho Swee turning left into Lower Delta Rd. vehicle SS600T was in front of me.

The vehicle SS600T had drove to the front and crossed the stopped line. As I thought that the driver will continue to make his turn and then I inch forward, I did not step on the accelerator. But the driver stopped stationary after the stopped line. I did not have enough time to stop in time before hitting onto the rear of SS600T.

I had already inched forward and braked and managed to stop but my lorry side mirrors had went through the vehicle back mirror.

I affirm that no one was injured during the course of incident.

I am lodging this report for recording purposes.

NP168