

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	10/05/2023 16:01 (SGT)
Reported by	Actual Driver
Date of Accident	06/05/2023 18:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TUAS SOUTH AVE 3 TOWARDS TUAS SOUTH AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP7038R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BROADLEY ENGINEERING PTE LTD
Company Reg No	200512303D
Email Address	MANGAI@BROADLEY.COM.SG
Mobile Phone No	(Phone) +65-62622650
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR85U
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2999

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP003515

DRIVER

Name of Driver	NATARAJAN ARUNACHALAM
Work Permit No	F8064689P
Date Of Birth	10/12/1976
Occupation	Outdoor

Date Of Driving Pass	13/06/2017
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91322619
Alt. Phone Number	-
Email Address	MANGAI@BROADLEY.COM.SG
Address	31 BUKIT BATOK CRESCENT #01-32
Address complement	-
Postcode	658070
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?	No
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 Kapur Road Singapore 208678
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	XD7891T
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	NATARAJAN ARUNACHALAM
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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



Policyholder's Signature / Date & Time

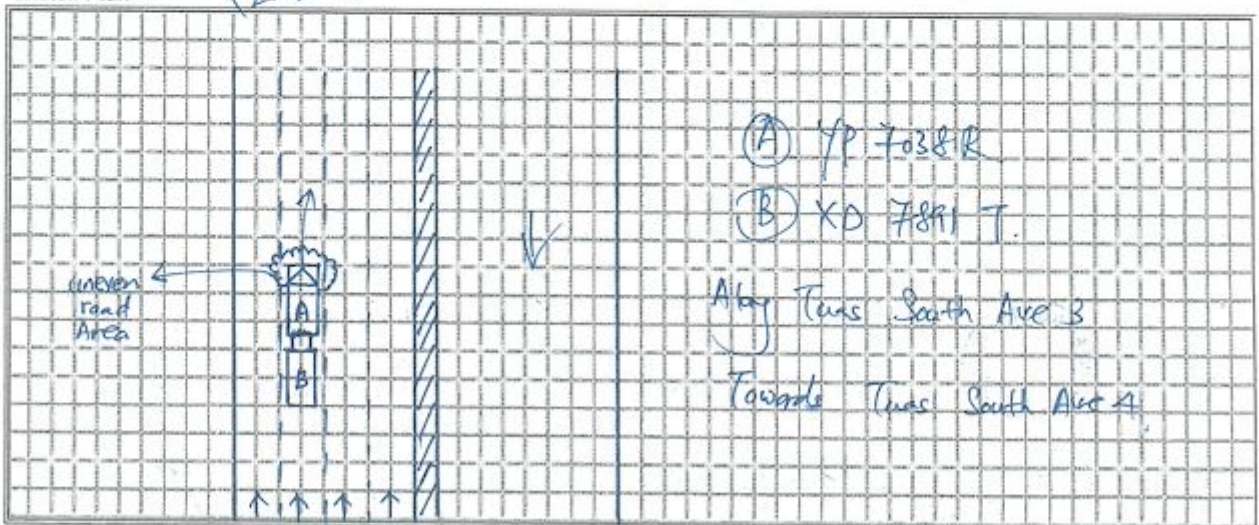
N. Amudham
09-05-23 12:27

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

N. Amudham
09-05-23 12:27

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

Sketch Plan




Describe Circumstance of the Accident

Statement pls Refer To Police
Report No: T/20230509/2017.

Declarations

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


N. Amran 10/05/23
N. Amran
Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date
09-05-23 12:27 12-27
09-05-23

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























**SINGAPORE
POLICE FORCE**



T/20230509/2017

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

1 of 3

Report No. T/20230509/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2023 11:17		Vide Report No.:		Station Diary No.: 30	
Informant's Particulars					
Name of Informant: NATARAJAN ARUNACHALAM			Address: 530 BUKIT BATOK STREET 23 ACACIA LODGE SINGAPORE 659548		
ID Type / ID No.: FIN NO / F8064689P			Contact No.: Home/Office: Mobile: 91322619		
Nationality: INDIAN			Email:		
Sex: Male	Age: 46	Date of Birth: 10/12/1976	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: MARINE SHIPYARD			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2023 18:10	Type of Location: Straight Road
Location: TUAS SOUTH AVENUE 3				
Lamp Post Number: 43				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
XD7891T	Trailer				Slightly Damaged	0
YP7038R	Lorry				Seriously Damaged	0

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



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T/20230509/2017

Police Station Of Origin:
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11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20230509/2017

CONTINUATION OF REPORT

Driver			
Name	NATARAJAN ARUNACHALAM	ID No.	F8064689P
Related Vehicle	YP7038R (Lorry)	Contact No.	91322619
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 23/02/2026
Date Treatment	06/05/2023	Date Discharge	06/05/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Name	LI MINGJU	ID No.	G3333847W
Related Vehicle	NIL	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 06/05/2023 at about 1810hrs, I was driving on Tuas South Avenue 3 towards Tuas South Avenue 4 on the 3rd lane of a 4 lane road, I was slowing down on the road as I was approaching uneven road and suddenly I felt a bump from the back of my lorry, as such my lorry went down uneven surface and the front undercarriage of my lorry hit the road. There was no police or ambulance that attended to the incident. I am the driver of the lorry YP7038R. I got down from the lorry and made a check on the damages. My lorry damages are worn off undercarriage as well as heavily dented rear of the vehicle. The trailer XD7891T that hit my lorry also suffered dents on the front. I exchange particulars with the driver of XD7891T. After going home, I started to feel pain in my neck, face, chest, back and in both legs, as such I immediately went to Ng Teng Fong Hospital A&E to check, and I received 5 days medical certificate from 06/05/2023 to 10/05/2023.

**SINGAPORE
POLICE FORCE**

T/20230509/2017

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

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Report No. T/20230509/2017

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

A /
SGT 2 VALERIE LEANN CHAN
KAR MUN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /
SSI TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

Date/Time:

09/05/2023 11:17

Classification Of Case:

NP168