

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	19/05/2023 19:10 (SGT)
Reported by	Actual Driver
Date of Accident	19/05/2023 07:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS BEFORE STEVENS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX8917T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SAFETY INNOVATORS (INTERNATIONAL) PTE. LTD.
Company Reg No	2XXXXX801G
Email Address	thtan@safetyinnovators.com
Mobile Phone No	(Phone) +65-97853791
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Liteace
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	2184

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00027972308

DRIVER

Name of Driver	S MURUGUNATHAN S/O SINNIHAH
NRIC No	SXXXX636F
Date Of Birth	26/08/1979
Occupation	Outdoor

Date Of Driving Pass	02/01/2020
Driving experience	3 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81302297
Alt. Phone Number	-
Email Address	thtan@safetyinnovators.com
Address	APT BLK 96 LORONG 3 TOA PAYOH
Address complement	# 11-32
Postcode	310096
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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230519/2041

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ7866X
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WEI YANFENG
Passport No/FIN	GXXXX387T
Contact Number	(Phone) +65-89418760
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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6. The 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.
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.

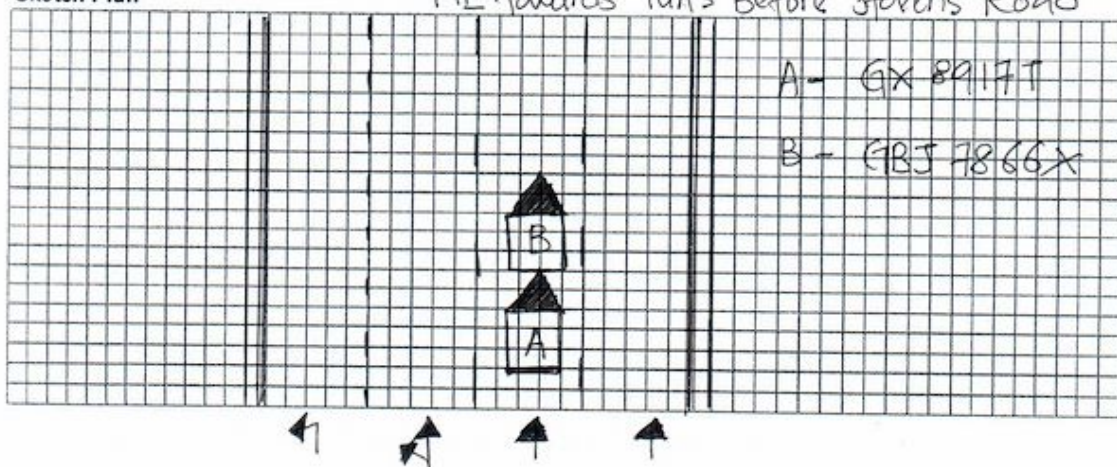


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

please Refer to the attached police Report
- T/20230519/2041 -

Declaration

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



Policyholder's Signature / Date & Time

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

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

[Signature] 19/5/23.

[Signature] 19/5/2023



**SINGAPORE
POLICE FORCE**



T/20230519/2041

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 3

Report No. T/20230519/2041

CONTINUATION OF REPORT

Driver			
Name	S MURUGANATAN S/O SINNIHAH		ID No. S7925636F
Related Vehicle	NIL		Contact No. 81302297
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	Wei Yanfeng		ID No. G8804387T
Related Vehicle	NIL		Contact No. 89418760
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 19/05/2023 at about 0715hrs, I was driving along second lane of PIE towards Tuas before Stevens Rd exit. Suddenly, a lorry (GBJ7866X) in front of me did an emergency brake and I did brake as well however due to the slippery road surface as it was drizzling, my vehicle could not stop in time and collided into the lorry. I did not sustain any injuries. The front bumper of the van was damaged. Traffic police also came down to scene and my car SD card was seized. I am lodging this report for insurance purpose.



























SINGAPORE POLICE FORCE



T/20230519/2041

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20230519/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/05/2023 11:33		Vide Report No.: E/20230519/0032		Station Diary No.: 64	
Informant's Particulars					
Name of Informant: S MURUGANATAN S/O SINNIH			Address: APT BLK 96 LORONG 3 TOA PAYOH #11-32 SINGAPORE 310096		
ID Type / ID No.: NRIC NO / S7925636F			Contact No.: Home/Office: Mobile: 81302297		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 26/08/1979	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: OPERATIONS MANAGER			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: 19/05/2023 07:15	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
GX8917T	Van				Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20230519/2041

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 3

Report No. T/20230519/2041

CONTINUATION OF REPORT

Driver			
Name	S MURUGANATAN S/O SINNIHAH		ID No. S7925636F
Related Vehicle	NIL		Contact No. 81302297
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	Wei Yanfeng		ID No. G8804387T
Related Vehicle	NIL		Contact No. 89418760
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.

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POLICE FORCE**



T/20230519/2041

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3

Report No. T/20230519/2041

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 2 POH HUI MIN JASMINE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD RAIMIE BIN ABDUL
KARIM
Contact No.: 65476437

Signature Of Informant:

Date/Time:
19/05/2023 11:33

Classification Of Case:

NP168



SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: E/20230519/0032

I, Sgt(2) Pongob mhd Ake
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 16GB memory card m. wsd
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from S7925636F / S Muruganathan S/O A Sinnich
(Name, NRIC or Passport No. / Rank and No.)
of 96 Luning 3 Ton Pajuh #11-32 5310076
(Address / Police Station / NPC / NPP)
on 17/5/23 at 0823
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

(Signature)

S7925636F S. MURUGANATHAN
(Name, NRIC or Passport No. / Rank and No.)

Received by:

Signature

Sgt(2) Pongob mhd Ake
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 159: 6547 6187