

# 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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMP3490K
Vehicle Manufacturer .....	-
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	FBM6600L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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) .....	-

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

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Report No. T/20230519/2041

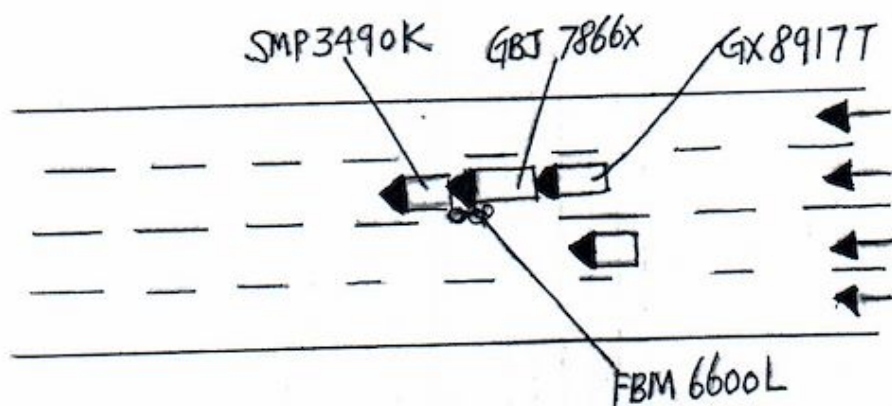
**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	S MURUGANATAN S/O SINNIAH		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
<b>Driver</b>			
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.

PIE towards TUAS Before Stevens Road



- A- GX8917T
- B- GBJ7866X
- C- SMP3490K
- D- FBM6600L







































# SINGAPORE POLICE FORCE



T/20230519/2041

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

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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	
<b>Informant's Particulars</b>					
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:		

<b>General Information of the Accident</b>				
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

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX8917T	Van				Seriously Damaged	0

<b>Details of Person Involved</b>	
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

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Report No. T/20230519/2041

**CONTINUATION OF REPORT**

<b>Driver</b>			
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
<b>Driver</b>			
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 camcar SD card was seized. I am lodging this report for insurance purpose.

**SINGAPORE  
POLICE FORCE**

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



T/20230519/2041

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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 Pajoh #11-32 5310076  
(Address / Police Station / NPC / NPP)  
on 19/5/23 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



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09235J0009 Vehicle Registration No: GX 89177  
 Name (as shown in NRIC): SMUNUGNATHAN SLO SINNIAN NRIC/FIN/Passport No: 87925636F  
 (Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: Apt Blk 96 Lorong 3 Toa Payoh # 11-32 Singapore (310096)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8130 2297  
 Email Address: thtan@safetyinnovators.com  
 Date of Accident: 19/05/2023 Time of Accident: 07:15  
 Place of Accident: PIE towards Tuas Before Stevens Road  
 Insurance Company: China Taiping

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend sketch plan.

Amend vehicle property 2 and 3 :- vehicle property 2: SMP 3490K

vehicle property 3: FBM 6600L

Policyholder / Actual Driver's Signature  
Date:

[Signature] 29/05/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: