

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 17/05/2023 17:45 (SGT)
Reported by Actual Driver
Date of Accident 16/05/2023 18:30 (SGT)
Exact Location of Accident Near 317 Woodlands Street 31, Singapore 730317
Additional Location Information WOODLANDS AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN942L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner A K MIXED CONSTRUCTION PTE. LTD.
Company Reg No 200810538D
Email Address akmcon@gmail.com
Mobile Phone No (Phone) +65-63925830
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fe83beorsdea
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 2977

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2003503887

DRIVER

Name of Driver NAMACHIVAYAM PANDIYAN
Passport No/FIN G8351248U
Date Of Birth 01/06/1981
Occupation Outdoor

Date Of Driving Pass	13/09/2022
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-63925830
Alt. Phone Number	-
Email Address	akmcon@gmail.com
Address	SINGAPORE
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to Police report T/20230516/2106

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	SLZ5315E
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 2

Vehicle Registration Number	GBE9616P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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	-
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?	-












**SINGAPORE
POLICE FORCE**


T/20230516/2106

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20230516/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2023 20:52	Vide Report No.: L/20230516/0118	Station Diary No.: 65
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Informant's Particulars

Name of Informant: NAMACHIVAYAM PANDIYAN			Address:		
ID Type / ID No.: FIN NO / G8351248U			Contact No.: Home/Office: Mobile: 93520183		
Nationality: INDIAN			Email:		
Sex: Male	Age: 41	Date of Birth: 01/06/1981	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: WORKER CUM DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/05/2023 18:30	Type of Location: Straight Road
Location: WOODLANDS AVENUE 3				
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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE9616P	Van				Slightly Damaged	0
SLZ5315E	Car				Slightly Damaged	1
YN942L	Lorry				Slightly Damaged	0

Details of Person Involved

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



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Report No. T/20230516/2106

CONTINUATION OF REPORT

Driver			
Name	NAMACHIVAYAM PANDIYAN		ID No. G8351248U
Related Vehicle	YN942L (Lorry)		Contact No. 93520183
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

Brief Details.

On the above-mentioned date, time and location, I was driving my vehicle (YN942L) along Woodlands Ave 3 heading towards Woodlands Ave 5. As I was driving, the vehicle (GBE9616P) in front of me had suddenly applied its brakes and stopped. I immediately applied my brakes however was not able to stop in time and crashed onto the rear portion of the vehicle. I did not sustain any injuries due to the incident. Traffic police had come to scene and issued me a case card and informed me to lodge a police report in regards to the incident. Reference incident number: L/20230516/0118.



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Report No. T/20230516/2106

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
L /
SGT 2 VIVEKANANTHAN S/O
RAJ KUMAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/05/2023 20:52

Officer In Charge Of Case:
TP / GIT /
SGT 3 INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

Classification Of Case:

NP168