

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 | 30/05/2023 10:31 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 26/05/2023 18:20 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PIE TOWARDS TUAS FROM TOH TUCK AVENUE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP3943D

INSURED/POLICYHOLDER

| | |
|--------------------------------|--------------------------|
| Is company? | Yes |
| Name Of Registered Owner | KYK CONSTRUCTION PTE LTD |
| Company Reg No | 2XXXXX270R |
| Email Address | ken@kyk.com.sg |
| Mobile Phone No | (Phone) +65-81528268 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mitsubishi |
| Model | Canter |
| 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 | Manual |
| CC | 3000 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5124592208-01 |

DRIVER

| | |
|-----------------------|-----------------|
| Name of Driver | RAMASAMY RAJESH |
| Passport No/FIN | GXXXX798W |
| Date Of Birth | 26/06/1971 |
| Occupation | Outdoor |

| | |
|--|------------------------|
| Date Of Driving Pass | 22/07/2011 |
| Driving experience | 11 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81528268 |
| Alt. Phone Number | - |
| Email Address | ken@kyk.com.sg |
| Address | 2A PEMJURU RD |
| Address complement | - |
| Postcode | 609853 |
| 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? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 3 |
| 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 | - |

PASSENGER 1

| | |
|--------------|-----------|
| Name | PASSENGER |
| Gender | Male |

PASSENGER 2

| | |
|--------------|-----------|
| Name | PASSENGER |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Jurong West Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002689999 |
| Alt. Police Station Phone No | (Fax) +65-62672438 |
| Police Station Address | 700 Corporation Road Singapore 649818 |
| 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 | SLC8809Z |
| 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 | SMP1358Z |
| 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) | - |

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? | YP3943D |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

SKETCH PLAN

IMPORTANT NOTICE

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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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-55/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan

| | | |
|--|---|---|
| <p>Filler</p> <p>P1E Turbo</p> <p>Tok Tuck</p> <p>Arumee</p> | <p>△</p> <p>C</p> <p>△</p> <p>A</p> <p>△</p> <p>B</p> | <p>① YP3943D</p> <p>② SLC 88092</p> <p>③ SNP15582</p> |
|--|---|---|

Describe Circumstances of the Accident

Refer to Police report no 7/20230527/2025

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

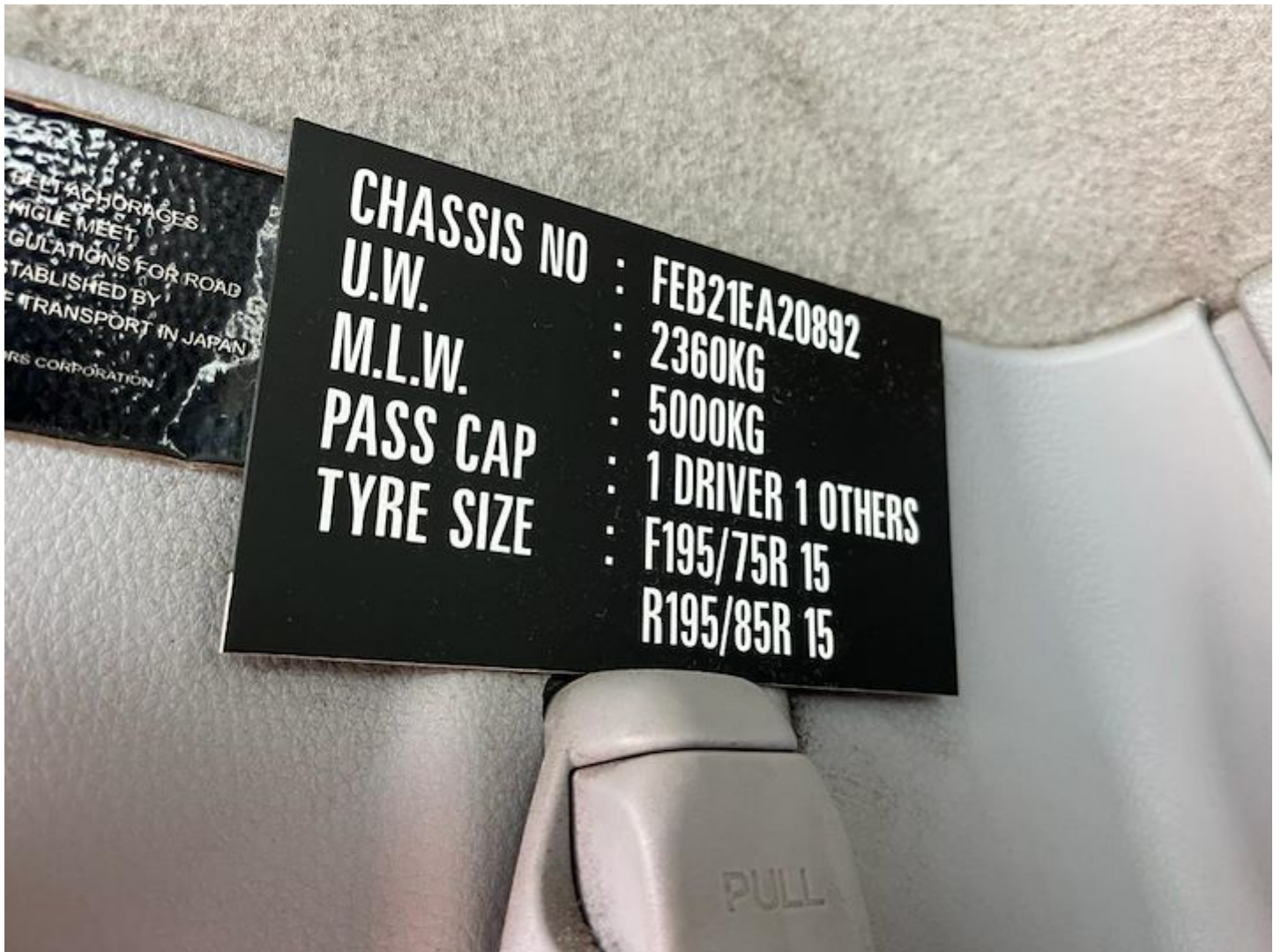

Driver's Signature (if driver is not the policyholder) / Date & Time

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575543
Tel: 6453 1234 Fax: 6453 7944
(Claims Section)
Witnessed by Reporting Centre Personnel




















**SINGAPORE
POLICE FORCE**


T/20230527/2045

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20230527/2045

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|--|
| Date/Time Report Made: 27/05/2023 14:31 | | Vide Report No.: | | Station Diary No.: 99 | |
| Informant's Particulars | | | | | |
| Name of Informant: RAMASAMY RAJESH | | | Address: 2A PENJURU ROAD SINGAPORE 609853 | | |
| ID Type / ID No.: FIN NO / G8379798W | | | Contact No.: Home/Office: Mobile: 81528268 | | |
| Nationality: INDIAN | | | Email: | | |
| Sex: Male | Age: 51 | Date of Birth: 26/06/1971 | Type of Informant: Driver | | |
| Race: Indian | | | Language: English | | |
| Occupation: Lorry driver | | | Driving Licence Information: Class: 2B,3 Date of Expiry: 23/08/2027 | | |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 26/05/2023 18:20 | Type of Location: Straight Road |
| Location: PAN-ISLAND EXPRESSWAY | | | | |
| 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 |
|-------------|-------|------------|--------------------------|-------|-------------------|-----------------|
| SLC8809Z | Car | HONDA | STEPWAGO N SPADA 1.5 CVT | White | Seriously Damaged | 0 |
| SMP1358Z | Car | HYUNDAI | I30 PDE 1.4 T-GDI DCT | Brown | No Damage | 0 |
| YP3943D | Lorry | MITSUBISHI | CANTER FEB21ER4S DEB | White | Slightly Damaged | 2 |



**SINGAPORE
POLICE FORCE**



T/20230527/2045

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20230527/2045

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | HARUN-AR-RASHID | ID No. | G6858090R |
| Related Vehicle | YP3943D (Lorry) | Contact No. | 82727506 |
| 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 | Slight |
| Driver | | | |
| Name | RAMASAMY RAJESH | ID No. | G8379798W |
| Related Vehicle | YP3943D (Lorry) | Contact No. | 81528268 |
| Hospital/Clinic | CLEMENTI FAMILY & AESTHETIC CLINIC | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: 23/08/2027 |
| Date Treatment | 27/05/2023 | Date Discharge | 27/05/2023 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Passenger | | | |
| Name | HAQUE MD ANAMUL | ID No. | G8910228L |
| Related Vehicle | YP3943D (Lorry) | Contact No. | 93529734 |
| 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 | Slight |

Brief Details.

I am the driver of vehicle bearing YP3943D. I have 2 other passengers on board of my vehicle when the accident happened.

On 26/05/2023 at about 1820hrs, I was entering PIE towards TUAS from Toh Tuck Ave. While I was merging into the express way due to heavy traffic, the front vehicle crawl to a stop and I follow along. I then felt an impact at the rear of my vehicle. My vehicle was being pushed forward due to the impact and collided with the vehicle bearing SMP1358Z in front of me. I then stopped my vehicle at the spot and came down of my vehicle to make a check. I discovered that a vehicle bearing SLC8809Z collided with



**SINGAPORE
POLICE FORCE**



T/20230527/2045

Police Station Of Origin:
Jurong West N.P.C
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Report No. T/20230527/2045

CONTINUATION OF REPORT

the rear of my vehicle. I suspect that the vehicle behind me was unable to stop in time thus collided with my vehicle. I experience pain on my neck and back area. My passengers also complained pain on their neck and back.

The front of my vehicle was not damaged as well as the vehicle bearing SMP1358Z in front of my vehicle. The rear protecting bar of my vehicle was broken. The vehicle bearing SLC8809Z front bumper, both head light and bonnet was seriously damaged. TP and ambulance were at scene. I did not exchange particulars with the driver.

I wished to state that my vehicle has an in-car camera however it was not recording. This is the first time such incident happened to me. No case card was issued to me. I am lodging this report for my company's record purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20230527/2045

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Report No. T/20230527/2045

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
J /
SCSGT(1) LIM YE KAI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT KWOK WEI JIE, DANIEL
Contact No.: 89220186

Signature Of Informant:

Date/Time:
27/05/2023 14:31

Classification Of Case:

NP168