

# 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 .....	29/05/2023 17:26 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/05/2023 09:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SIMS AVENUE TOWARDS CHANGI ROAD BEFORE LOR 39 GEYLANG
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBL8896S
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SUPER 99 PTE LTD
Company Reg No .....	2XXXXX459E
Email Address .....	selvam31101988@gmail.com
Mobile Phone No .....	(Phone) +65-85887519
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
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 - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	1597

### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	Z22VC05012498

### DRIVER

Name of Driver .....	RAMACHANDRAN SELVAM
Passport No/FIN .....	GXXXX045W
Date Of Birth .....	14/05/1988

Occupation .....	Outdoor
Date Of Driving Pass .....	26/11/2020
Driving experience .....	2 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83050467
Alt. Phone Number .....	-
Email Address .....	selvam31101988@gmail.com
Address .....	BLOK 703 WOODLANDS RISE
Address complement .....	# 04-21
Postcode .....	734783
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 .....	Side Swipe
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) .....	2
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 .....	MADHAPPAN SAMPATHKUMAR
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230527/7061

#### 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 .....	SJA42E
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Vezel
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIM CHYE KIAH
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 .....	RAMACHANDRAN SELVAM
Gender .....	Male
Phone No .....	(Phone) +65-83050467
Address .....	BLOK 703 WOODLANDS RISE
Address Complement .....	# 04-21
Post Code .....	734783
Approximate Age Years Old .....	-
Injuries Sustained .....	FEELING ACHES ON NECK,HOULDER AND BACK AREAS AND HAD KNOCKED ON TOP OF THE KNEE-GIVEN 3 DAYS OF MC GBL8896S
Injured person in which vehicle? .....	GBL8896S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	MADHAPPAN SAMPATHKUMAR
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	FEELING ACHES ON NECK,HOULDER AND BACK AREAS AND HAD KNOCKED ON TOP OF THE KNEE-GIVEN 3 DAYS OF MC GBL8896S
Injured person in which vehicle? .....	GBL8896S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



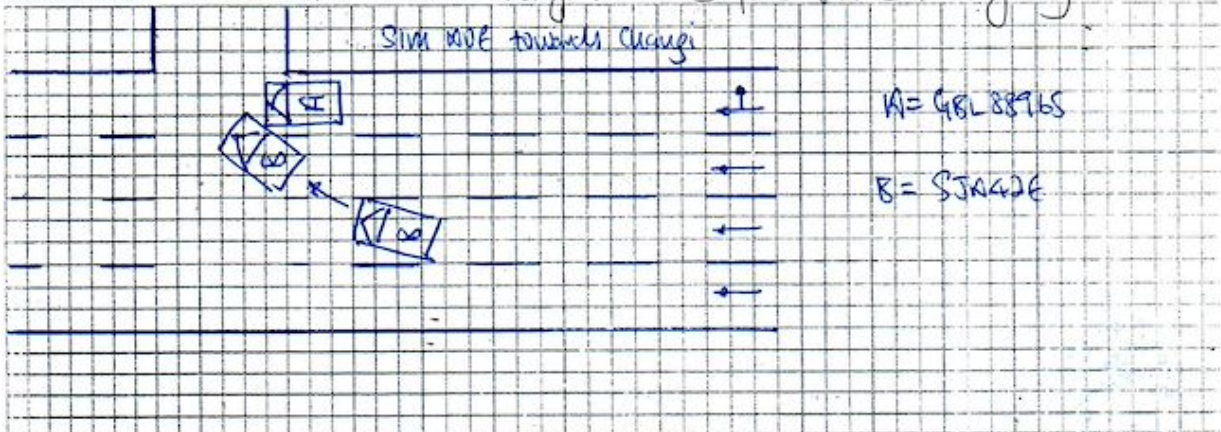
Policyholder's Signature / Date & Time

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

Witnessed by/Reporting Centre Personnel

Sketch Plan

Sims Avenue Towards Changi Road Before Lor 39 Geylang





**Describe Circumstances of the Accident**

Refer to police report: T/20230527/7061

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 29/5/2023

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20230527/7061

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20230527/7061

**CONTINUATION OF REPORT**

Driver			
Name	RAMACHANDRAN SELVAM		ID No. G6718045W
Related Vehicle	GBL8896S (Van)		Contact No. 83050467
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was driving GBL8896S along the extreme right lane of Sims Ave, which could either turn right into Lorong 39 Geylang or go straight, with my colleague Madhappan Sampathkumar as my front passenger.

We were both belted.

As I was approaching the junction of Lorong 39, I was slowing down and had already signalled my intentions to turn right.

Suddenly, SJA42E, which was initially travelling along the third lane from the right of Sims Ave, swerved and slammed into the front right portion of my vehicle before overtaking us and turning into Lorong 39.

The impact was huge and caused my vehicle to rock sideways violently, catching us off guard.

My colleague knocked his left shoulder and left knee against the front passenger door while I knocked my left knee against the centre console of my vehicle as a result of the impact.

Later the same day, I started feeling aches in my neck, shoulder and back areas on top of the knee I had knocked.

My colleague also experienced similar symptoms.

As such, we proceeded to Livewell Medical Clinic near our work site the same evening to seek treatment after our work ended.

We were given 3 days MC each.

I wish to state that I am residing at 26 Lorong 33 Geylang #02-02 S387986.









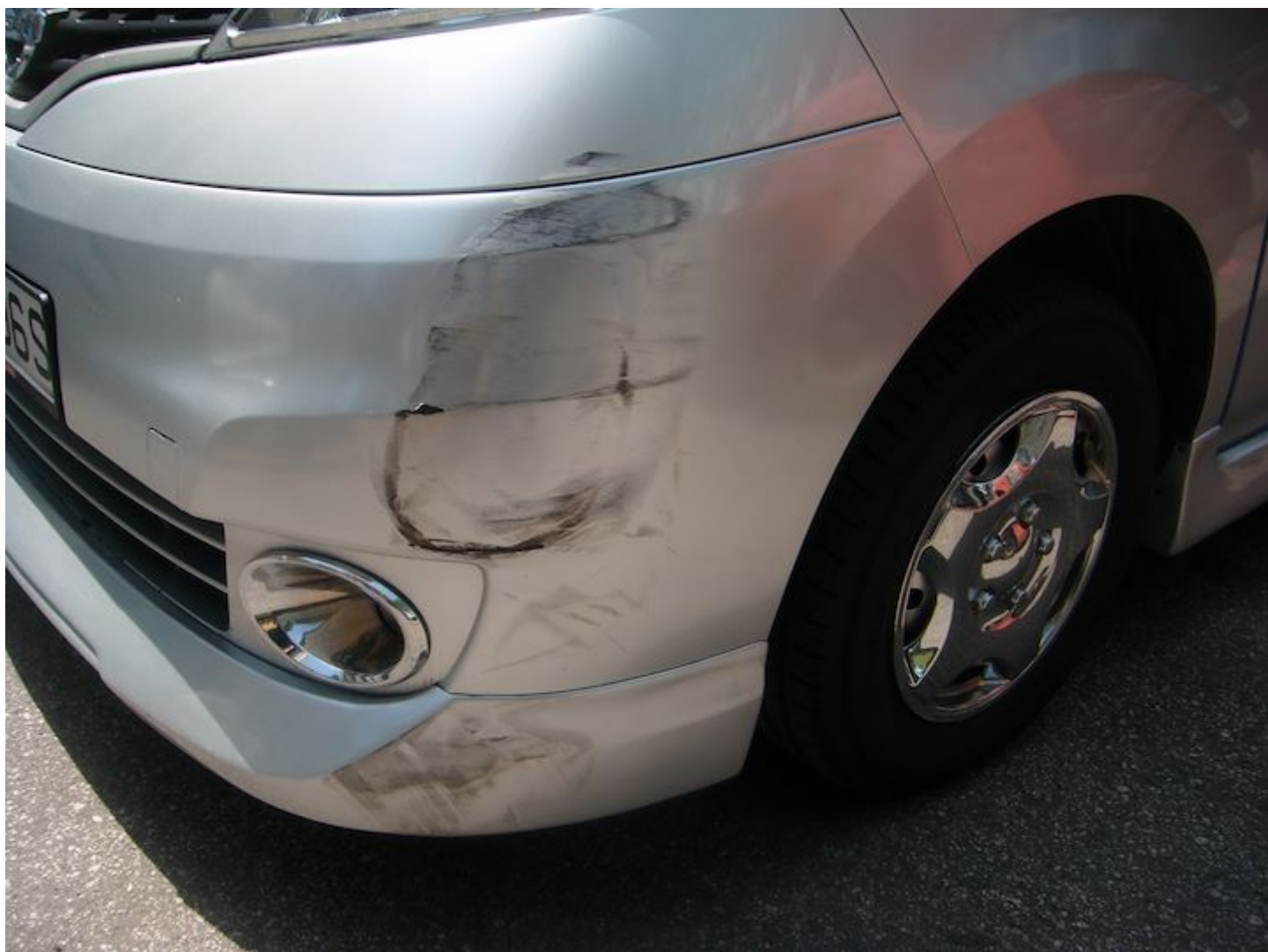






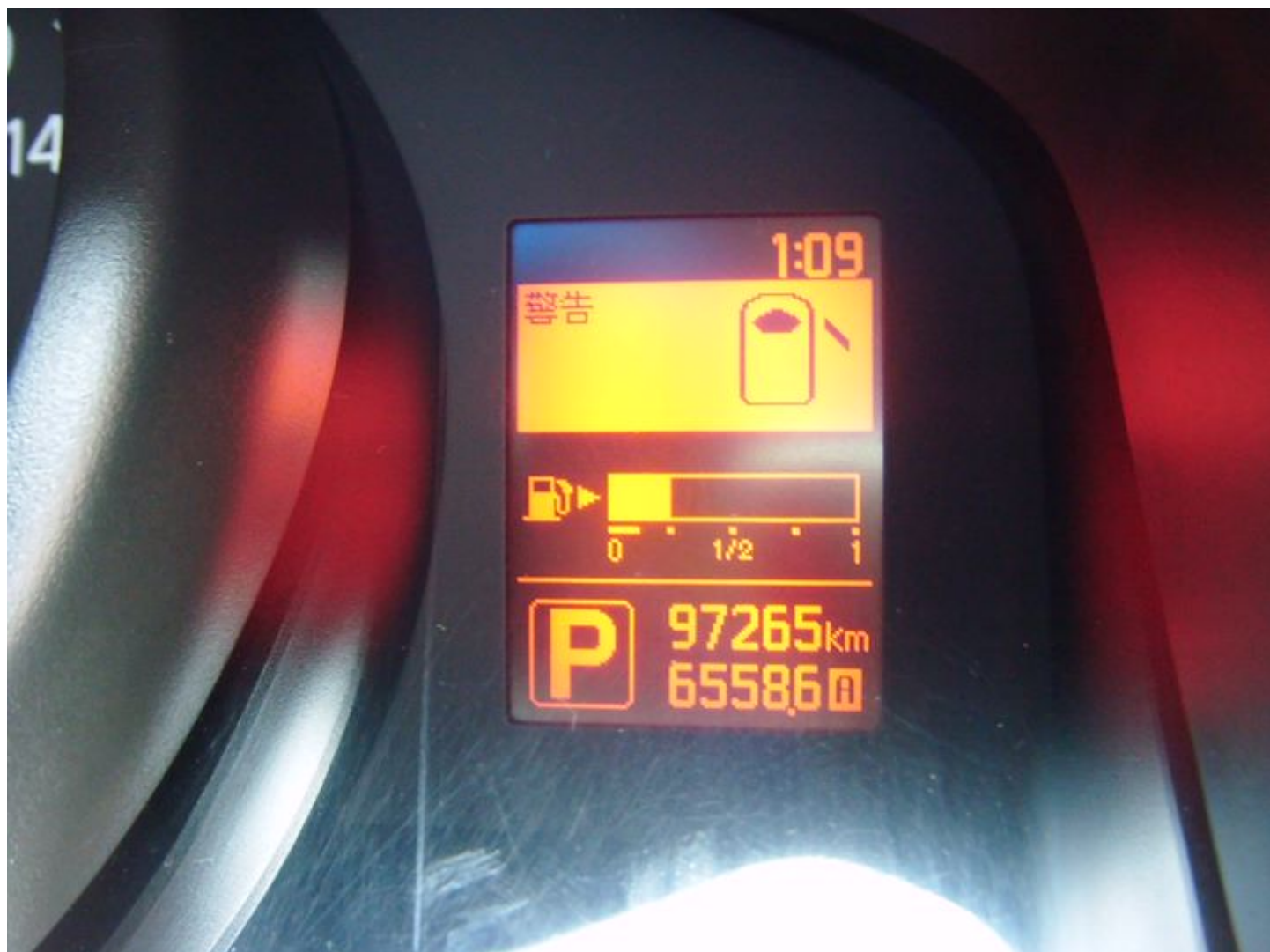


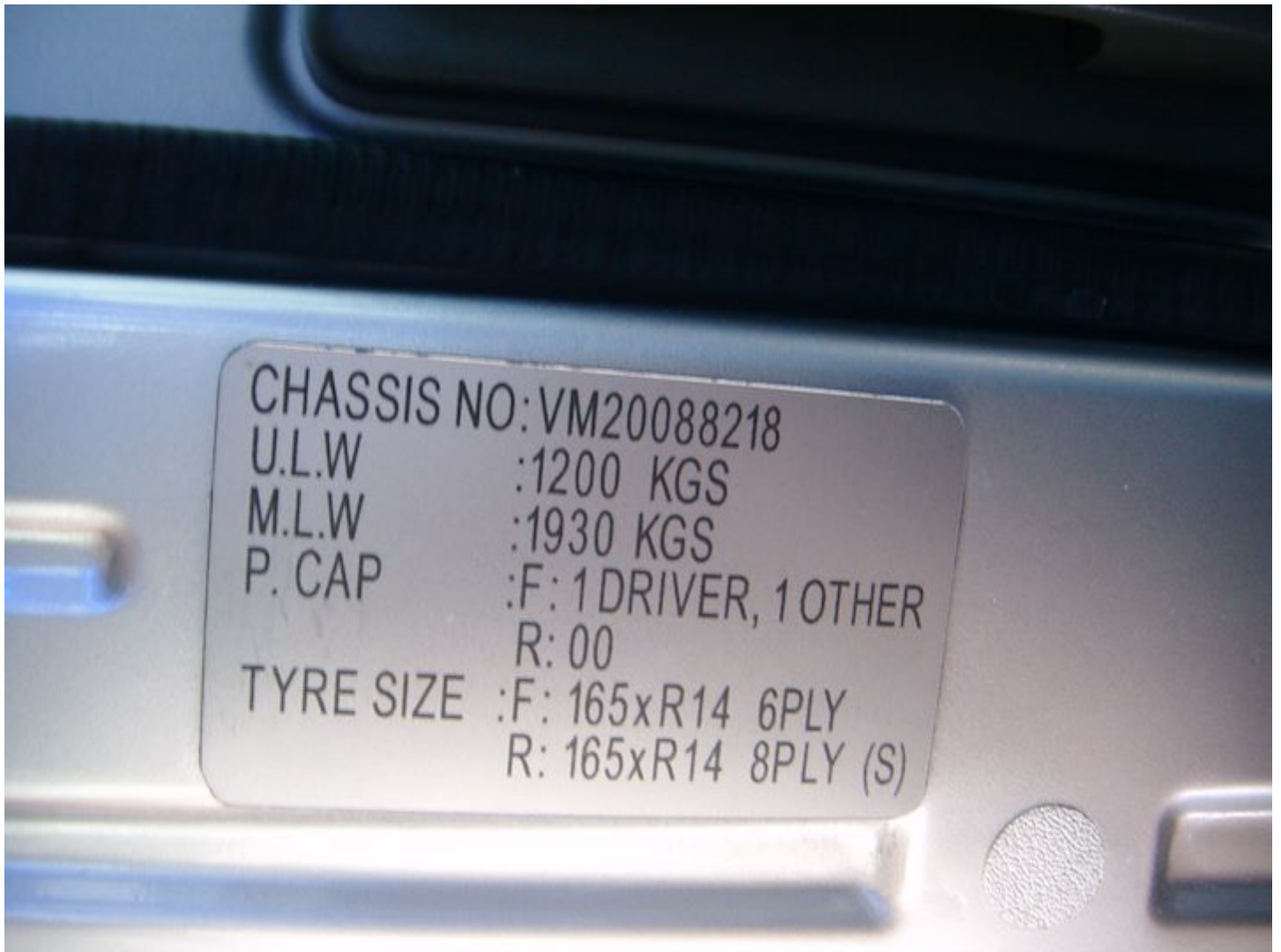














**SINGAPORE  
POLICE FORCE**



T/20230527/7061

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20230527/7061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/05/2023 19:40	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: RAMACHANDRAN SELVAM			Address: 26 LORONG 33 GEYLANG #02-02 CHEN FANG MANSIONS SINGAPORE 387986		
ID Type / ID No.: FIN NO / G6718045W			Contact No.: Home/Office: Mobile: 83050467		
Nationality: INDIAN			Email: SELVAM31101988@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 14/05/1988	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Supervisor			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/05/2023 09:00	Type of Location:
Location:  SIMS AVENUE				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL8896S	Van					1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20230527/7061

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20230527/7061

**CONTINUATION OF REPORT**

Driver			
Name	RAMACHANDRAN SELVAM		ID No. G6718045W
Related Vehicle	GBL8896S (Van)		Contact No. 83050467
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

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**SINGAPORE  
POLICE FORCE**



T/20230527/7061

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20230527/7061

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN JEOK LENG LESLIE  
Contact No.: 65476151

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
27/05/2023 19:40

Classification Of Case:

NP168