

## 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 ..... 10/06/2023 15:14 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 25/05/2023 20:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ROWELL ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ2096A

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... V3 CONSTRUCTION PTE LTD  
Company Reg No ..... 198401377W  
Email Address ..... GENERAL@V3.SG  
Mobile Phone No ..... (Phone) +65-91450767  
Alternative Phone No ..... (Office) +65-62561700

#### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... NNR85UH4A  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2999

#### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Policy Number / Cover Note Number ..... Z23VC05016849

#### DRIVER

Name of Driver ..... RAIAPPAN RAMKUMAR  
Passport No/FIN ..... G2096356K  
Date Of Birth ..... 15/06/1992  
Occupation ..... Outdoor

Date Of Driving Pass .....	25/07/2018
Driving experience .....	4 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86498260
Alt. Phone Number .....	-
Email Address .....	GENERAL@V3.SG
Address .....	C/O 193A THOMSON ROAD, GOLDHILL CENTRE
Address complement .....	-
Postcode .....	307633
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 .....	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

#### REFER SKETCH PLAN

#### 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 .....	SNK1686R
Vehicle Manufacturer .....	Porsche
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	BUVAN S/O MANGAREN
NRIC No .....	S8218682D
Contact Number .....	(Phone) +65-98747420
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN**

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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

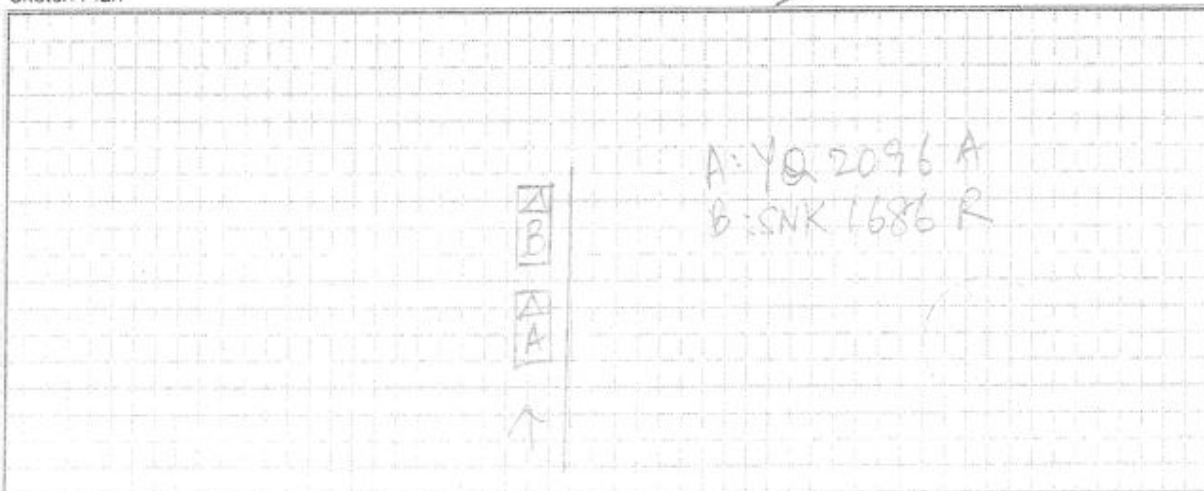
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  10/6  
Policyholder's Signature / Date & Time

 9/6 @ 410 pm  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 10/6  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident



I, Rajappa Ramkumar (G2096356K) was the driver for vehicle number YQ2096A. On 25/5/2023 at about 2030hrs, I stopped in a junction at Powell Road. The traffic was clear and the road surface was dry. I stopped behind vehicle number SNK1686R at the controlled traffic light junction. Without me realising, I realised my foot from the brake and my vehicle hit the rear of the front vehicle. It caused a small dent on the vehicle bumper.

I am not aware have to make this report. Police Report was done the next day.  
Reporting Only.

Declaration

(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)



















































**SINGAPORE  
POLICE FORCE**



T/20230526/7007

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

1 of 3

Report No. T/20230526/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/05/2023 11:14	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: RAIAPPAN RAMKUMAR	Address: 58 PENJURU PLACE JURONG PENJURU DORMITORY SINGAPORE 608562		
ID Type / ID No.: FIN NO / G2096356K	Contact No.: Home/Office:                      Mobile: 86498260		
Nationality: INDIAN	Email: vivavalet@gmail.com		
Sex: Male	Age: 30	Date of Birth: 15/06/1992	Type of Informant: Driver
Race: Indian	Language: English		
Occupation: Lorry driver	Driving Licence Information: Class: 2B,3                      Date of Expiry: 01/11/2027		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/05/2023 20:30	Type of Location: Straight Road
Location:  ROWELL ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNK1686R	Car	PORSCHE			Slightly Damaged	0
YQ2096A	Lorry	ISUZU		White	No Damage	0



**SINGAPORE  
POLICE FORCE**



T/20230526/7007

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

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Report No. T/20230526/7007

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	RAIAPPAN RAMKUMAR	ID No.	G2096356K
Related Vehicle	YQ2096A (Lorry)	Contact No.	86498260
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: 01/11/2027
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	BUVAN S/O MANOGAREN	ID No.	S8218682D
Related Vehicle	NIL	Contact No.	98747420
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

i hit the car infront of me i dont know my vehicle move



**SINGAPORE  
POLICE FORCE**



T/20230526/7007

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

3 of 3

Report No. T/20230526/7007

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

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

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/05/2023 11:14

Officer In Charge Of Case:  
TP / TPIB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Classification Of Case:

This report is lodged at Rochor NPC Kiosk 1  
NP168