

## 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 .....	15/06/2023 16:56 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	14/06/2023 16:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE EXIT - SLIP ROAD TO SIMS AVE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YQ7146G
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LAM CHUAN CONSTRUCTION PTE LTD
Company Reg No .....	199803114M
Email Address .....	LEE@LAMCHUAN.COM.SG
Mobile Phone No .....	(Phone) +65-93461821
Alternative Phone No .....	(Office) +65-68990990

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
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? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2755

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2005728761-01

#### DRIVER

Name of Driver .....	GOVINDSAMY MANIVANNAN
Work Permit No .....	G6759519Q
Date Of Birth .....	14/05/1988
Occupation .....	Outdoor

Date Of Driving Pass .....	12/04/2018
Driving experience .....	5 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83125371
Alt. Phone Number .....	-
Email Address .....	LEE@LAMCHUAN.COM.SG
Address .....	NA
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 .....	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) .....	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 .....	COLLEAGUE
Gender .....	Male

#### 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

#### 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 .....	SFN63Z
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) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
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.



SA

Policyholder's Signature / Date & Time

Sketch Plan

Of. Manivannan

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



Witnessed by Reporting Centre Personnel

Slip Road  
P.I.E. EXIT TO Sims Ave

A → B

YQ 7146G  
SFN63Z.

**Describe Circumstances of the Accident**

*Refer to Police Report.*

**Declaration**

I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time  
*Lee Siow Lany*

*Mr. Nani Cannon.*  
 Driver's Signature (If driver is not the policyholder) / Date & Time

  
 Witnessed by Reporting Centre Personnel















**SINGAPORE  
POLICE FORCE**



T/20230614/2091

1 of 3

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

Report No. T/20230614/2091

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/06/2023 20:33	Vide Report No.:	Station Diary No.: 123
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**Informant's Particulars**

Name of Informant: GOVINDASAMY MANIVANNAN			Address: 2 SELETAR NORTH LINK PPT LODGE 1B SINGAPORE 797601		
ID Type / ID No.: FIN NO / G6759519Q			Contact No.: Home/Office: Mobile: 83125371		
Nationality: INDIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 14/05/1988	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: CONSTRUCTION			Driving Licence Information: Class: 2B,3 Date of Expiry: 15/06/2026		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/06/2023 16:20	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: 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	Condition	No of Passenger
SFN63Z	Car	HONDA	ODYSSEY ABSOLUTE 2.4 A	White	Slightly Damaged	0
YQ7146G	Lorry	TOYOTA	DYNA 150 5MT	White	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/20230614/2091

**CONTINUATION OF REPORT**

Driver			
Name	NAH SIANG ONN		ID No. S7827351H
Related Vehicle	SFN63Z (Car)		Contact No. NIL
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
Driver			
Name	GOVINDASAMY MANIVANNAN		ID No. G6759519Q
Related Vehicle	YQ7146G (Lorry)		Contact No. 83125371
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: 15/06/2026
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 travelling on the first lane of PIE and exiting onto Sims Avenue with my lorry of vehicle plate number YQ7146G when the car in front of me of vehicle plate number SFN63Z suddenly braked. I did not have time to stop and as such, the front of my lorry hit the rear of his car. This happened near lamppost number 620S7/2.

The front of my lorry has dents and my windshield has scratches. The back of vehicle SFN63Z was severely dented. We managed to exchange particulars however I did not manage to take his handphone number. I have a dashcam but it was not recording.

No one was injured and no police attended to us. My company told me to lodge a police report.



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T/20230614/2091

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Report No. T/20230614/2091

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

SGT 2 CHAN SHI YING,  
SHARLENE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/06/2023 20:33

Officer In Charge Of Case:

TP / GIA /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168