

# 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 .....	11/07/2023 15:50 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	11/07/2023 01:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TAMPINES AVENUE 4
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YP1303P
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	UNI-TAT ICE & MARKETING PTE LTD
Company Reg No .....	1XXXXX736C
Email Address .....	chiakc@iceman.com.sg
Mobile Phone No .....	(Phone) +65-67448484
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	CANTER FEB71ER4SDEC
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 .....	Manual
CC .....	2998

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMCPHQ22-002883

### DRIVER

Name of Driver .....	SUKHMANDER SINGH
Passport No/FIN .....	GXXXX553W
Date Of Birth .....	28/06/1982
Occupation .....	Outdoor

Date Of Driving Pass .....	16/05/2014
Driving experience .....	9 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82145936
Alt. Phone Number .....	-
Email Address .....	chiakc@iceman.com.sg
Address .....	APT BLK 12 LORONG 14 GEYLANG , SELETAR LODGE ONE
Address complement .....	# 06-09
Postcode .....	398924
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? .....	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 .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230711/2014

#### 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 .....	PAD
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Mobile equipment
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**

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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.



*Signature* 11/07/23

*Signature* 11/7/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**





Describe Circumstance of the Accident

*please refer to the attached police Report*

*— 7/30230711/2014 —*

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)

*[Signature]* 11/07/23

*[Signature]* 11/7/2023

v1.0/2022

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**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999



T/20230711/2014

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Report No. T/20230711/2014

**CONTINUATION OF REPORT**

**Brief Details.**

I was driving my vehicle bearing license plate no: YP1303P at Tampines Ave 4 and the traffic light was green. I was driving on the 2nd lane when I noticed a PAD rider who was riding at high speed crossing the road. I tried to swerve my lorry to the 1st lane to give ample time for the PAD to break and stop but he had hit onto the back of the lorry.

I stopped in front and saw the rider was on the floor. I approached him and asked if he was okay, there were passerbys who saw the accident contacted for ambulance.

Thereafter police and ambulance attended to him, and I was advised to lodge a traffic police report.

I wish to state that I do not have an in car camera but there was a camera at the traffic light which may have caught the incident.

























**SINGAPORE  
POLICE FORCE**



T/20230711/2014

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Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20230711/2014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/07/2023 03:37		Vide Report No.: G/20230711/0030		Station Diary No.: 9
<b>Informant's Particulars</b>				
Name of Informant: SUKHMANDER SINGH		Address: APT BLK 12 LORONG 14 GEYLANG #06-09 SELETAR LODGE ONE SINGAPORE 398924		
ID Type / ID No.: FIN NO / G8238553W		Contact No.: Home/Office: Mobile: 82145936		
Nationality: INDIAN		Email:		
Sex: Male	Age: 41	Date of Birth: 28/06/1982	Type of Informant: Driver	
Race: Indian		Language:		
Occupation: Driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/07/2023 01:45	Type of Location: Straight Road
Location:  TAMPINES AVENUE 4				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP1303P	Lorry				Slightly Damaged	2



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Tel No: 1800-5871999



T/20230711/2014

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Report No. T/20230711/2014

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T/20230711/2014

Police Station Of Origin:  
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6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20230711/2014

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
G /  
SGT 2 ZAINAL ABIDIN BIN  
SUPANGAT

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
INSP (1) KOH WEI JIE  
Contact No.: 65476358

NP168

Signature Of Informant:

Date/Time:  
11/07/2023 03:37

Classification Of Case: