

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	12/07/2023 09:25 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2023 15:00 (SGT)
Exact Location of Accident	Newton Flyover, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5136C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DIETHELM MARINEDIESEL PTE. LTD.
Company Reg No	2XXXXX137E
Email Address	marshallthean@yahoo.com
Mobile Phone No	(Phone) +65-92725587
Alternative Phone No	-

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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22011011

DRIVER

Name of Driver	SELLAMUTHU RAMAKRISHNAN
Passport No/FIN	GXXXX835R
Date Of Birth	15/05/1997
Occupation	Outdoor

Date Of Driving Pass	09/02/2021
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82340024
Alt. Phone Number	-
Email Address	marshallthean@yahoo.com
Address	2 TECK PARK CRESCENT
Address complement	-
Postcode	638130
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	Raining
Road Surface	Wet

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	LOURDUSAMY JEGANATH
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 POLICE REPORT T/20230711/7068

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	SKZ9013L
Vehicle Manufacturer	Mercedes
Vehicle Model	S450I
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	SELLAMUTHU RAMAKRISHNAN
Gender	Male
Phone No	(Phone) +65-82340024
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK5136C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LOURDUSAMY JEGANATH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK5136C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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.

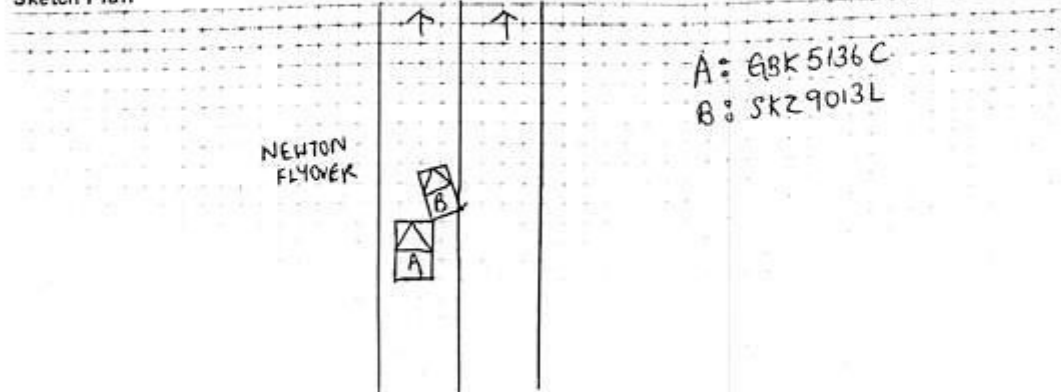


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Scanned with CamScanner

Describe Circumstances of the Accident

REFER TO
POLICE REPORT
T/20230711/7068

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

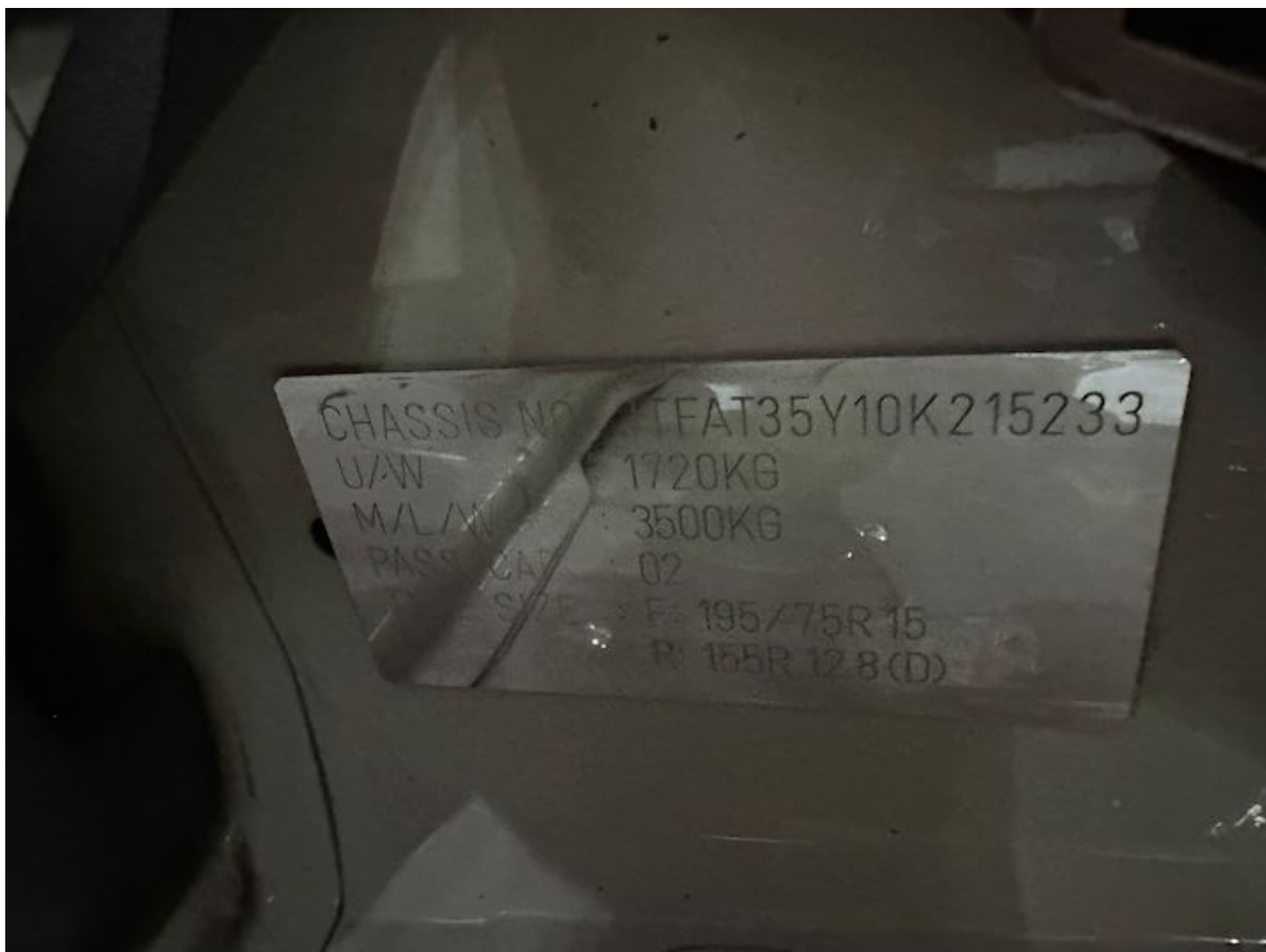
12/07/2023
Witnessed by Reporting Centre Personnel

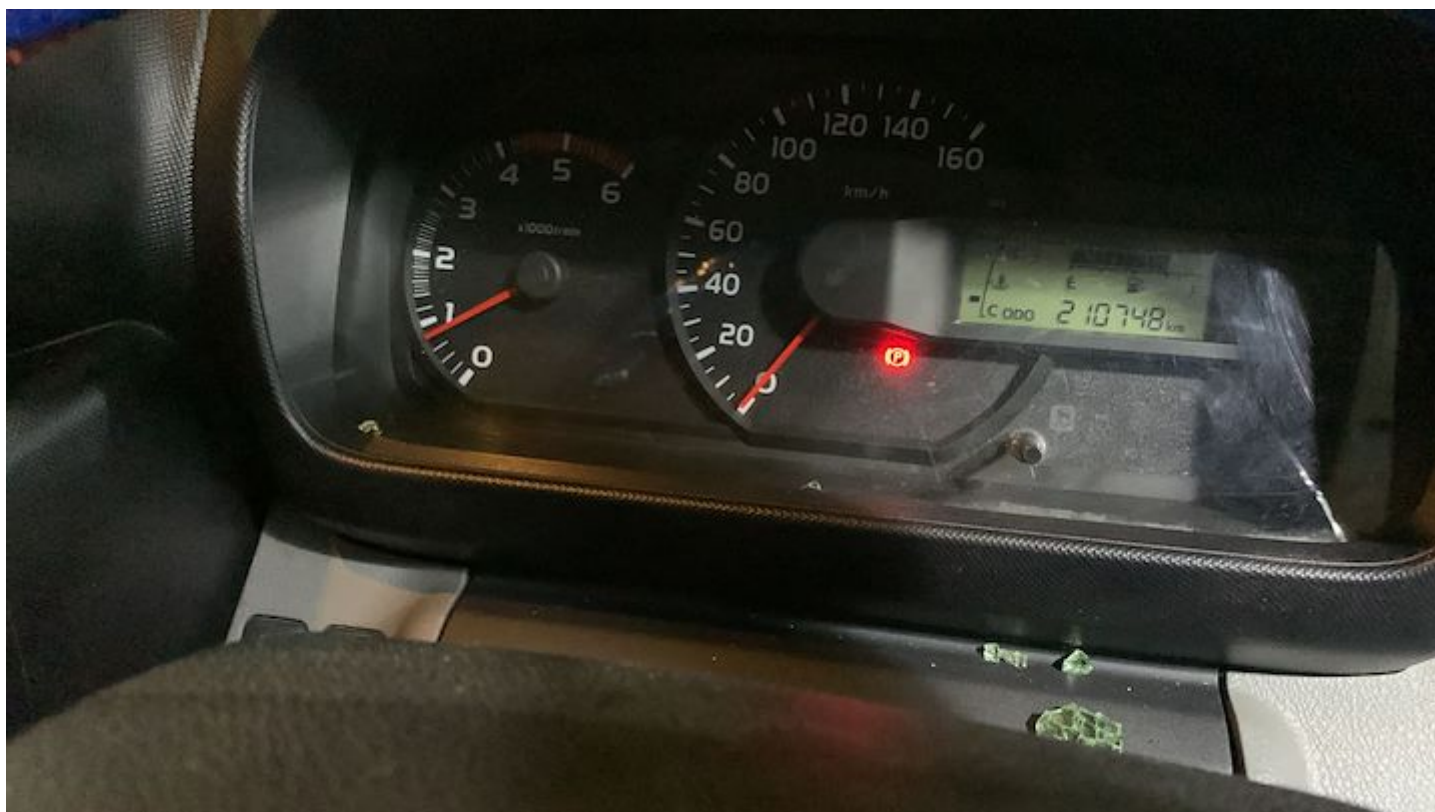
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**SINGAPORE
POLICE FORCE**

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



T/20230711/7068

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Report No. T/20230711/7068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2023 17:30	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SELLAMUTHU RAMAKRISHNAN	Address:
ID Type / ID No.: FIN NO / G2993835R	Contact No.: Home/Office: Mobile: 82340024
Nationality: INDIAN	Email: sellamuthuramakrishnan063@gmail.com
Sex: Male Age: 26 Date of Birth: 15/05/1997	Type of Informant: Driver
Race: Indian	Language: English
Occupation: WORKER CUM DRIVER	Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2023 15:00	Type of Location: Flyover
Location: BUKIT TIMAH ROAD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK5136C	Lorry				Seriously Damaged	0
SKZ9013L	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230711/7068

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

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Report No. T/20230711/7068

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SELLAMUTHU RAMAKRISHNAN	ID No.	G2993835R
Related Vehicle	GBK5136C (Lorry)	Contact No.	82340024
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/07/2023	Date	11/07/2023
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I VEHICLE A, BEARING LORRY PLATE GBK5136C WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 2 ALONG NEWTON FLYOVER. SUDDENLY, VEHICLE B, BEARING CAR PLATE SKZ9013L DASHED INTO MY LANE ABRUPTLY WITHOUT SIGNALLING FROM THE RIGHT LANE AND BANG ONTO THE FRONT RIGHT PORTION OF MY VEHICLE. HE CONTINUED AND BANG ONTO ANOTHER UNKNOWN VEHICLE, A HONDA CROSSROAD REAR PORTION.

AFTER THE ACCIDENT, I SUFFERED PAIN ON MY NECK AND LOWER BACK. SO I WENT TO LOH & LOH CLINIC @ ANG MO KIO TO CONSULT A DOCTOR. I RECEIVED 3 DAYS OF MC.

I LIKE TO STATE THAT MY MANAGER WAS IN MY LORRY ON THE FRONT PASSENGER SEAT WITH HIS SEAT BELT ON.
LOURDUSAMY JEGANATH (G2331925Q)

**SINGAPORE
POLICE FORCE**

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



T/20230711/7068

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Report No. T/20230711/7068

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
11/07/2023 17:30

Classification Of Case:

NP168