

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 19/07/2023 12:01 (SGT)
Reported by Actual Driver
Date of Accident 18/07/2023 00:24 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information TOWARDS CHANGI BEFORE EXIT 18
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD3397E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner T.C.W. TRADING
Company Reg No 5XXXX540W
Email Address tcwtrading88@gmail.com
Mobile Phone No (Phone) +65-90106268
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Isuzu
Model Cyz52r
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 15681

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Policy Number / Cover Note Number DMCPHQ22-003885

DRIVER

Name of Driver V THANGARAJ A/L VEERIAH
Passport No/FIN FXXXX093R
Date Of Birth 02/09/1973
Occupation Outdoor

Date Of Driving Pass	08/07/2002
Driving experience	21 YEARS
Gender	Male
Mobile Number	(Phone) +65-91592937
Alt. Phone Number	-
Email Address	tcwtrading88@gmail.com
Address	BLK 244 JURONG WEST STREET 24 #11-583
Address complement	-
Postcode	600244
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	AFTER RAIN
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?	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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230718/2084

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	YP4953T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour -
Vehicle Category Commercial vehicle
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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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 Traffic Police Department 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 (POPA)**
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 making 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.

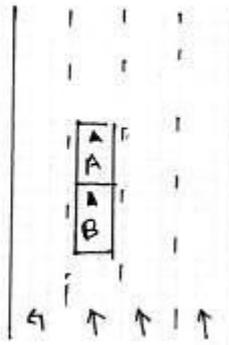


Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Vehicle A - XD 3397E
Vehicle B - YP 4953T
A/E bef Exit 18

Describe Circumstances of the Accident

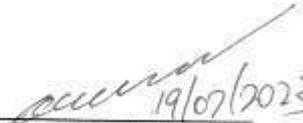
*Refer Police Report
1/20230718/2024*

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


19/07/2023
Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20230718/2084

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No: T/20230718/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2023 17:43	Vide Report No.: G/20230718/0033	Station Diary No.: 125
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Informant's Particulars

Name of Informant: V THANGARAJ A/L VEERIAH		Address: T.C.W. TRADING SINGAPORE 000000	
ID Type / ID No.: FIN NO / F7253293R		Contact No.: Home/Office: Mobile: 91592937	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 49	Date of Birth: 02/09/1973	Type of Informant: Driver
Race: Indian		Language:	
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2023 06:25	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD3397E	Lorry				Slightly Damaged	0
YP4953T	Lorry				Totally Damaged	1

Details of Person Involved

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



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T/20230718/2084

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Report No. T/20230718/2084

CONTINUATION OF REPORT

Driver			
Name	V THANGARAJ A/L VEERIAH		ID No. F7253293R
Related Vehicle	NIL		Contact No. 91592937
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 18/07/2023 at about 0624hrs, I was driving my lorry XD3397E along AYE towards Tuas on the third lane. I was going straight near the Pioneer Rd North exit when suddenly I felt an impact from the back of my lorry. I checked my mirror and noticed that another lorry YP4953T had collided into the rear of my lorry.

The lorry stopped about 500metres from the point of impact. The front of the lorry cabin was totally crushed. Traffic Police and Ambulance were at scene and the driver and passenger of the lorry driver was conveyed to the hospital. Due to the impact, the lower beam and bracket at the back of my lorry was dented in and the rear lights was broken.



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T/20230718/2084

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Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20230718/2084

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J/
SR STAFF SGT IQBAL
PRATAMA PUTRA BIN AZMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/07/2023 17:43

Officer In Charge Of Case:
TP / GIT /
SI MUHAMMAD FARHAN BIN MOHAMED
Contact No.: 65476224

Classification Of Case:

NP168