# **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 witholding 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 21/07/2023 17:17 (SGT) Reported by **Actual Driver** Date of Accident 21/07/2023 13:51 (SGT) Exact Location of Accident Chestnut Ave, Singapore Additional Location Information CHESTNUT TERRACE Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YQ2439U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SWEE HENG LANDSCAPE & CONSTRUCTION PTE LTD Company Reg No 200516752Z Email Address rui yu73@hotmail.com Mobile Phone No (Phone) +65-98180990 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Isuzu Model Nhr85uh4aa 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

No - Reporting only your vehicle? Vehicle Category Goods vehicle Transmission Manual CC 2999

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00051572302

DRIVER

Name of Driver KARUPPIAH KATHA MUTHU Passport No/FIN G7464062T Date Of Birth 25/11/1984 Occupation Outdoor

Date Of Driving Pass 19/03/2015 Driving experience 8 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-91685563 Alt. Phone Number Email Address rui\_yu73@hotmail.com Address APT BLK 351 CORPORATION DRIVE #10-520 Address complement Postcode 610351 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Police Station Name Bukit Panjang Neighbourhood Police Centre Police Station Address No.1 Segar Road #01-05 Singapore 677738 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to Sketch Plan ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBE2307C Vehicle Manufacturer Vehicle Model Vehicle Variant

Goods vehicle

Vehicle Colour
Vehicle Category

Name of Driver	<b>-</b>
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

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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)

l 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

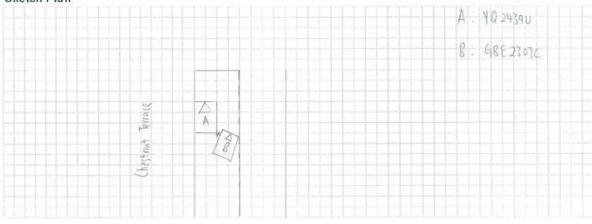
MENG LANDECTER

Policyholder's Signature / Date & Time Mutter

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

Witnessed by Reporting Centre Personnel

# Sketch Plan



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	N/ N/	1		
Declaration				
IWe declare the foreco	no particulare	are true in ev	ery respect	
I/We declare the grando	/ Paradulars	C. C. C. C. C. B. I. C.V.	any response	SMO
				M (3/40)
(#)	*/			140
61319 NOITS			Maltu	01





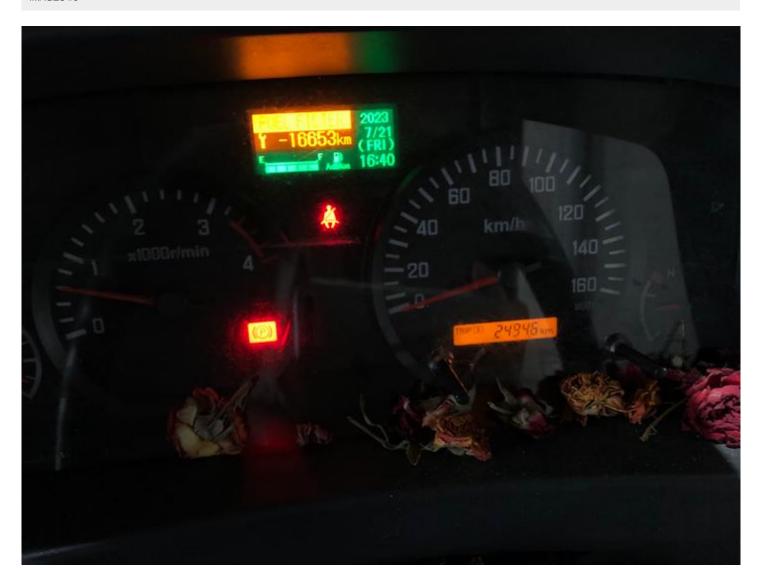




















Police Station Of Origin:

Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

1 of 3 Report No. T/20230721/2043

REPORT C	F A TRAFFI	CACCIDENT			
Date/Time Report Made: 21/07/2023 13:51			Vide Report No.:	Station Diary No.: 49	
Informa	nt's Partic	ulars			
	Informant: PIAH KATH		Address: APT BLK 351 CORPO 610351	RATION DRIVE #10-520 SINGAPORE	
ID Type / ID No.: FIN NO / G7464062T		Contact No.: Home/Office: Mobile: 91685563			
National INDIAN	ity:		Email:		
Sex: Age: Date of Birth: Male 38 25/11/1984		Type of Informant: Driver			
Race: Indian		Language:			
Occupation:		Driving Licence Inform	ation:		

General Infor	mation of the Accide	ent		
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/07/2023 12:00	Type of Location: Straight Road
CHESTNUT  Weather: Sunny	TERRACE	Road Surface: Dry		
Traffic Flow: Traffic Control: Two Way Not Controlled			Traffic Volume: No Traffic	
Type of Collis	sion: :le Against - Parked V	ehicle		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
				00101	Condition	A diri doddingo
GBE2307C	Van	ISUZU	NNR85UH4 A	0 10 200		
YQ2439U	Lorry	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO		No Damage	0



T/20230721/2043

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Report No. T/20230721/2043

2 of 3

Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Person Any Pedestrian In	The state of the s				
No. of Pedestrian		Use of Pede	estrian	Cross	ing: NA
+ - 704/215	1.14				
Name	Ong Chee Heng Peter		ID No.		NIL
Related Vehicle	GBE2307C (Van)			t No.	97455580
Hospital/Clinic	NIL		Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of I	Injury	NIL	
Driver					
Name	KARUPPIAH KATHA MUTHU		ID No.		G7464062T
Related Vehicle	YQ2439U (Lorry)		Contac	ot No.	91685563
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	

## Brief Details.

On 21/07/2023 at about 12pm, I drove along Chestnut Terrace to pick-up my workers for lunch. I would usually drive my company's lorry, bearing plate number (YQ2349U) to bring my workers out for lunch. My workers are in the area for grass-cutting works.

At the said time, I had parked my vehicle at 2 Chestnut Avenue to wait for my workers on the roadside, with hazard light on. The road was also observed to be busy as there were a lot of cars parked at the roadside.

Subsequently I saw a van bearing plate number (GBE2307C) had tried to squeeze in between my vehicle and the vehicle on the right. Right before I move off, the said vehicle squeezed and subsequently collided to my vehicle. My vehicle did not sustain any damages however the other vehicle sustained minor dents on the left passenger door.

There were no injuries reported, no government property damaged.

I am lodging this report for record and insurance purposes only. The other party had agreed to settle the matter privately.





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

3 of 3 Report No. T/20230721/2043

CONTINUATION OF REPORT

Signature of Officer Recording The Report: J / SGT 1 MUHAMMAD YUSRI BIN YUSOFF	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/07/2023 13:51
Officer In Charge Of Case: TP / GIA / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:
NP168	