

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 08/06/2023 14:11 (SGT)
Reported by Actual Driver
Date of Accident 03/06/2023 18:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information TAMPINES AVE 10 TWDS TAMPINES LINK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP6877S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HENG TAT CONSTRUCTION PTE LTD
Company Reg No 200814426Z
Email Address hengtatlee@gmail.com
Mobile Phone No (Phone) +65-68449218
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VC05014767

DRIVER

Name of Driver VURKAVALAN PERUMAL
Passport No/FIN G2195725P
Date Of Birth 09/05/1985
Occupation Outdoor

Date Of Driving Pass	06/01/2019
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91321395
Alt. Phone Number	-
Email Address	hengtatlee@gmail.com
Address	C/O 1 BUKIT BATOK CRESCENT #06-16 WCEGA PLAZA
Address complement	-
Postcode	658064
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)	8
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	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
Gender	Male

PASSENGER 7

Name	WORKER
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

REFER TO POLICE REPORT

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 FBC3335A
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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) 2

SKETCH PLAN

VEH NO: YP6877S
 INSURER: Lompac
 DATE OF ACC: 03/06/23 @ 1815

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

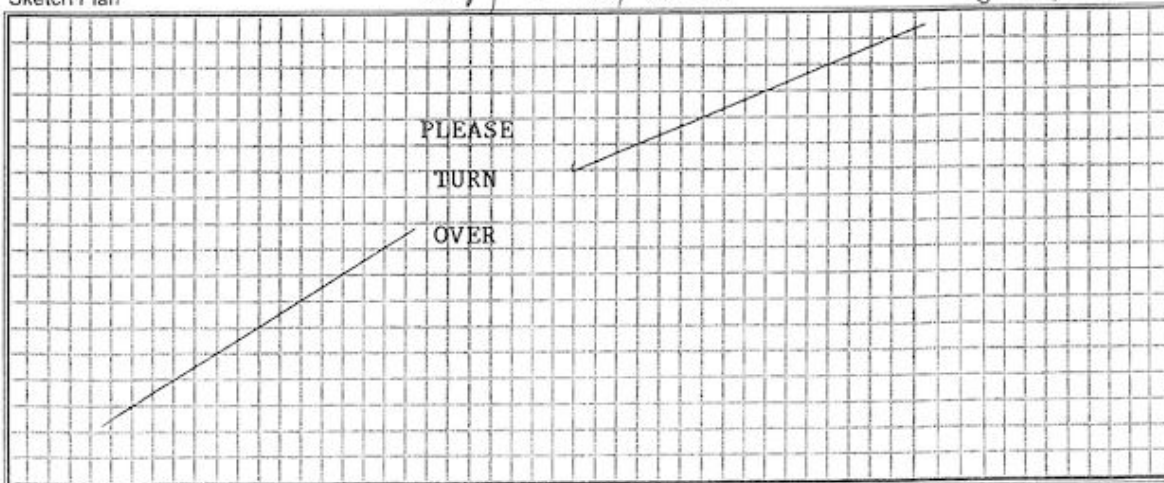
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 Policyholder's Signature / Date & Time

[Signature]
 Driver's Signature (if driver is not the policyholder) / Date & Time
[Signature] - 8/6/2023

[Signature]
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card) Dunghin (YS) 08/06/23

Sketch Plan

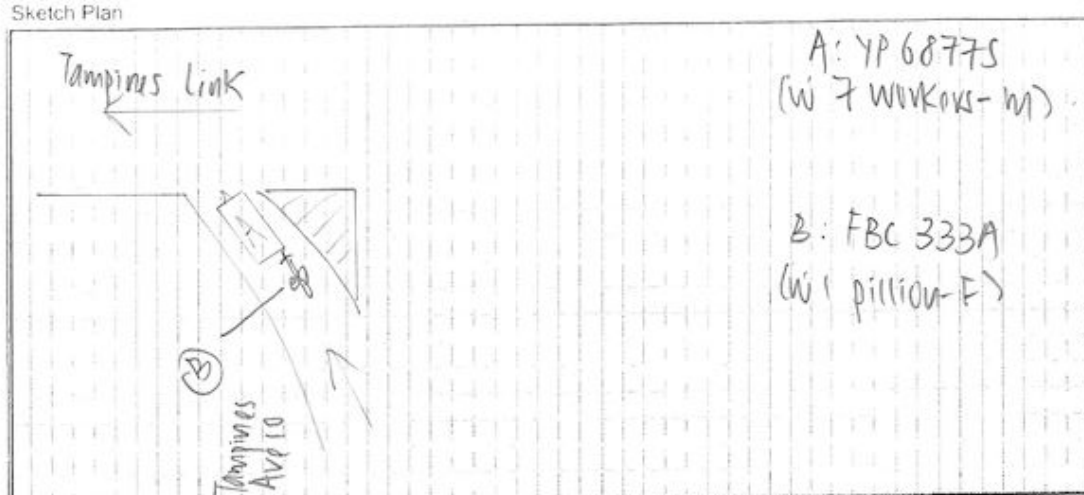


Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

() Claim OD/ TP at other workshop (_____)



Vehicle No: YP 6877S (Londac)
 Date & Time: 03/06/23 @ 1815 (clearly)


Refer to police report.


P/S: I was not aware that I have to file an accident report within 24 hrs from date of accident. However, a police report (as per attach) was filed within stipulated timeline.

Declaration

I/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


 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card) (YS)

Date: 8/6/2023

To: Accident Reporting Centre (ARC)

MOTOR VEH NO.: YP6877S

NAME OF OWNER: HENG TAT CONSTRUCTION PTE LTD

ROC NO.: 200814426Z

We hereby approve Vurkavalan Perumal FIN No.: G2195725P, our employee to drive our motor vehicle no.: YP6877S and to file the accident report (Third Party Claim) which occurred on 3/6/2023 at 6.15pm along Tampines Avenue 10.

Thank you.

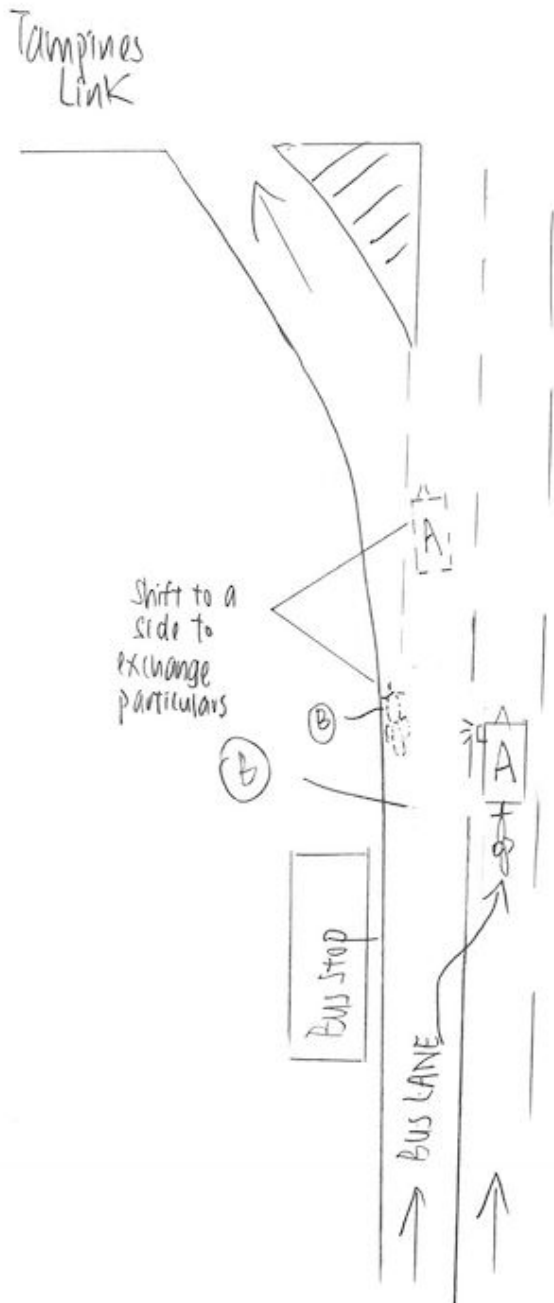
Regards,

yanleng 

Name of Signatory: Yan Leng

Contact No.: 6844 9218

Email: hengtatlee@gmail.com



A: YP6877S

B: FBC 3335A

Tampines Ave 10


20/06/2023



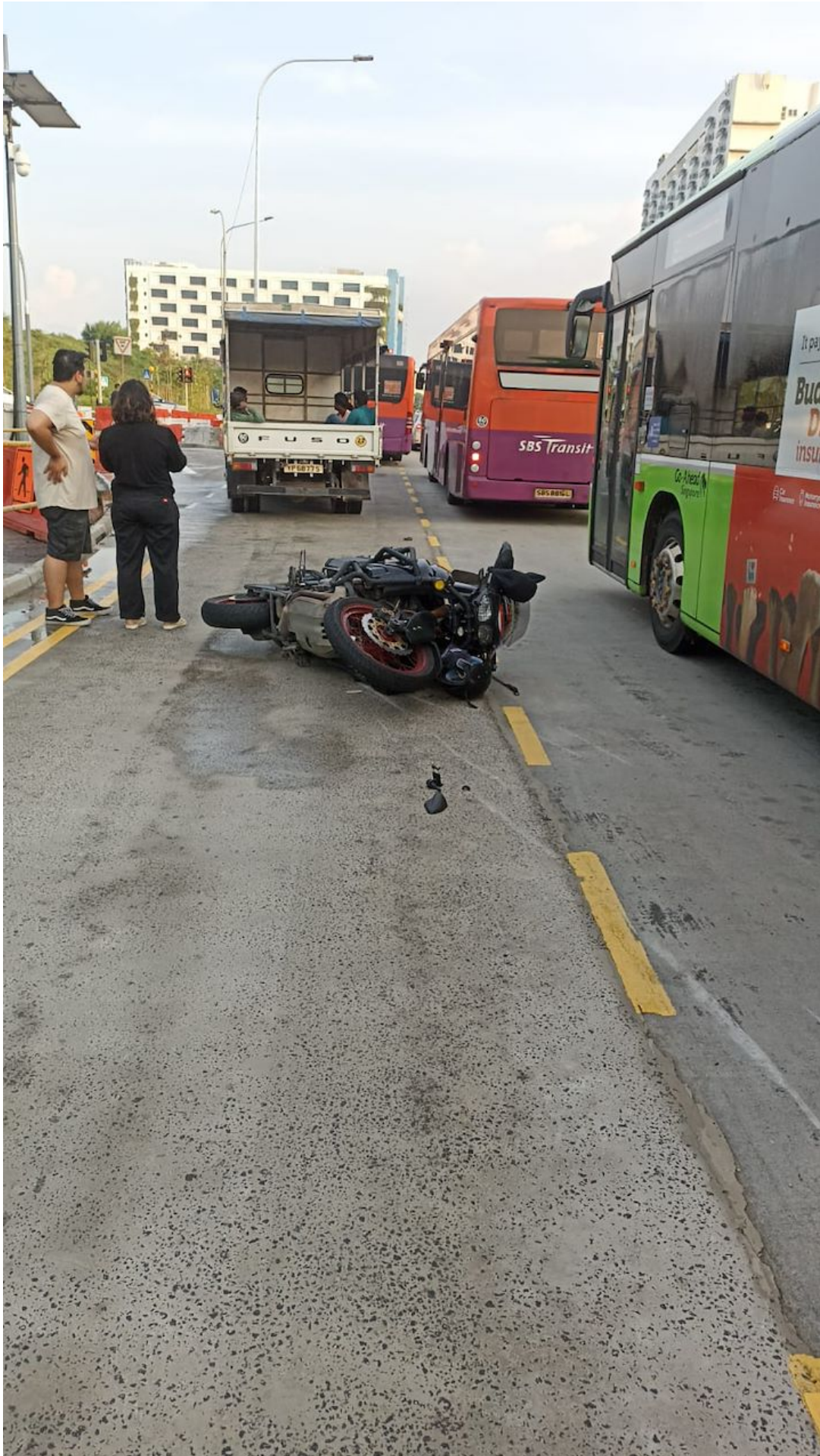


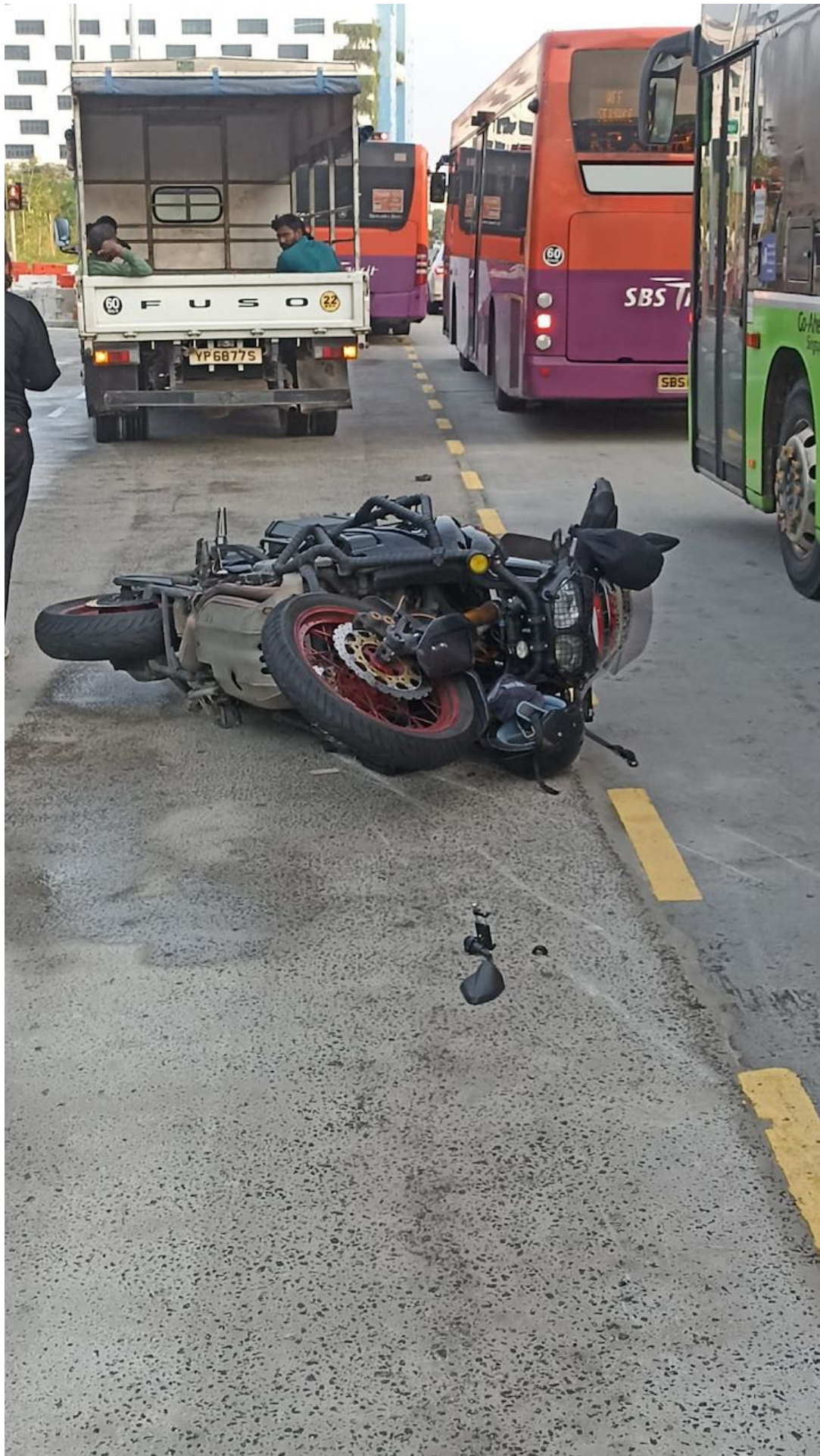
















**SINGAPORE
POLICE FORCE**



T/20230604/2033

1 of 3

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

Report No. T/20230604/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2023 13:08	Vide Report No.:	Station Diary No.: 56
--	------------------	--------------------------

Informant's Particulars

Name of Informant: VURKAVALAN PERUMAL			Address:		
ID Type / ID No.: FIN NO / G2195725P			Contact No.: Home/Office: Mobile: 91321395		
Nationality: INDIAN			Email:		
Sex: Male	Age: 38	Date of Birth: 09/05/1985	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: CONSTRUCTION DRIVER			Driving Licence Information: Class: 2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/06/2023 18:15	Type of Location: Straight Road
Location: TAMPINES AVENUE 10			
Weather: Clear		Road Surface: Dry	
Traffic Flow: One Way		Traffic Control: Not Controlled	
Type of Collision: Between Moving Vehicles - Head To Rear			Traffic Volume: Moderate
			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC333A	Motorcycle				Slightly Damaged	0
YP6877S	Lorry				Slightly Damaged	8

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230604/2033

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

2 of 3

Report No. T/20230604/2033

CONTINUATION OF REPORT

Driver			
Name	VURKAVALAN PERUMAL		ID No. G2195725P
Related Vehicle	NIL		Contact No. 91321395
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MUHAMMAD ZAIHAN BIN RADWAN		ID No. NIL
Related Vehicle	NIL		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

Brief Details.

On the above-mentioned date, time and location, I was driving my company van (bearing no YP6877S) along Tampines Avenue 10 towards Tampines Link when the motorcyclist (bearing no FBC3335A) hit me from the rear side while I was turning left. The motorcyclist lost balance and hit on the road from the back. He suffered a slight injury left hand however, he did not require any medical assistance. I managed to get his particulars and informed my supervisor in regard to this accident. No one was injured on my side and there was no in-built camera. No government property was being damaged, and no foreign vehicle was involved.



**SINGAPORE
POLICE FORCE**





T/20230604/2033

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

3 of 3
Report No. T/20230604/2033

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SGT 2 NUR AZFARINAH BTE ABDULLAH 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219

Signature Of Informant: 
Date/Time: 04/06/2023 13:08
Classification Of Case:

NP168


**SINGAPORE
POLICE FORCE**


T/20230614/2016

1 of 3

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

Report No. T/20230614/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2023 09:51	Vide Report No.: T/20230604/2033	Station Diary No.: 12
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: VURKAVALAN PERUMAL			Address:		
ID Type / ID No.: FIN NO / G2195725P			Contact No.: Home/Office: Mobile: 91321395		
Nationality: INDIAN			Email:		
Sex: Male	Age: 38	Date of Birth: 09/05/1985	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: CONSTRUCTION DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/06/2023 18:15	Type of Location: Straight Road
Location: TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
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
FBC3335A	Motorcycle				Slightly Damaged	0
YP6877S	Lorry				Slightly Damaged	8

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230614/2016

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

2 of 3

Report No. T/20230614/2016

CONTINUATION OF REPORT

Name	MUHAMMAD ZAIHAN BIN RADWAN	ID No.	NIL
Related Vehicle	FBC3335A (Motorcycle)	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	VURKAVALAN PERUMAL	ID No.	G2195725P
Related Vehicle	YP6877S (Lorry)	Contact No.	91321395
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am lodging this report as my previous report did not indicate the motorcycle plate number correctly. The correct plate number is FBC3335A.



**SINGAPORE
POLICE FORCE**




T/20230614/2016


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

3 of 3

Report No. T/20230614/2016

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SGT 1 YONG DONG HAN JARED 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219

Signature Of Informant: 
Date/Time: 14/06/2023 09:51
Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

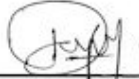
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1123680003 Vehicle Registration No: YP 6877.S
 Name (as shown in NRIC): Vurkavalan Perumal NRIC/FIN/Passport No: G2195725P
 (*Vehicle Driver/Policyholder) (* Please delete as appropriate)
 Address: C/O 1 Bukit Batok Crescent #06-16 WEGA PLAZA Singapore (658064)
 Contact (Tel): - Mobile No.: 91321395
 Email Address: hangtatlee@gmail.com
 Date of Accident: 03/06/2023 Time of Accident: 18:15
 Place of Accident: Tampines Ave 10 towards Tampines Link
 Insurance Company: Lompac Ins Berhad

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

There was some miscommunication during e-filing.
- Amended sketch plan as per attached.
- I wish to state that prior to impact, i have checked for traffic on e left (bus lane) ^{with my left signal on} as i saw FBC 3335A was on e bus lane, i continued on e 2nd lane from e left & next thing i knew was there was an impact from e rear. Motor bike FBC 3335A have steered out from e left lane and hit onto e rear portion of my lorry (before i can switch in to e left lane). Both vehicles steered to e left lane after e impact to avoid obstructing e traffic.


 Policyholder / Actual Driver's Signature
 Date: 20/06/2023


 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card): Dunlyn (YS)
 Date: 20/06/23