

VEHICLE NO: GBF 8671 E

MAKE & MODEL: Toyota Dyna

AUTO/MANUAL

DATE OF ACCIDENT	26 / 07 / 2023	C.C.
TIME OF ACCIDENT	0820 hrs	AM / PM
LOCATION OF ACCIDENT	West Camp Road towards CTE	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Construction Professional Resources Pte Ltd	
EMAIL	MAGESH@CPRSINGAPORE.BIZ	OFFICE: ——— MOBILE: 9025 5178
NRIC	201004622D	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO	
INCURANCE CO.	FATUC	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5135143471	
NAME OF DRIVER	AS ABOVE / IF NO: Kalyanasundaran SIVANESAN	
NRIC	G7859969W	
DATE OF BIRTH	02 / 05 / 1981	
ANY PASSENGER	YES / NO	
NAME OF PASSENGER	N/A	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	15 / 09 / 2017	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 85061826 Office: ——— Home: ———	
EMAIL	MAGESH@CPRSINGAPORE.BIZ	
ADDRESS	Blk 113 Bukit Batok West Ave 6 # 05-162 61650113	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	NO / If yes, Who?	
CONTACT NO.	N/A	
ROLICE REPORT	NO / If yes, Where?	
NOTICE OF INTENDED PROSECUTION?	NO / If yes, Who?	
VEHICLE B NO.	XE 1955C	Any Passenger: Unknown
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS	N/A	
WITNESS CONTACT NO.	N/A	
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	DRIVER / OWNER / BOTH	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	



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SKETCH PLAN

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

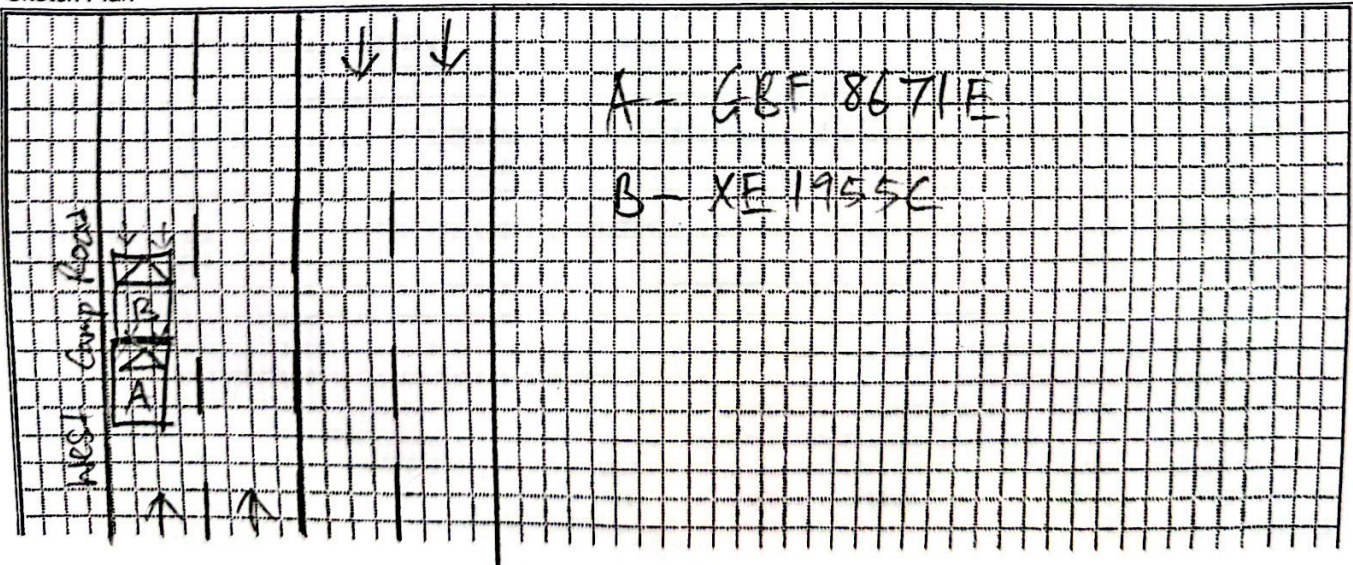


Policyholder's Signature / Date & Time

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

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

Sketch Plan



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Describe Circumstance of the Accident

Refer to Police Report No: T/20230726/2027

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

Witnessed by Reporting Centre Personnel



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**SINGAPORE
POLICE FORCE**



T/20230726/2027

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20230726/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2023 11:00	Vide Report No.:	Station Diary No.: 61
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Informant's Particulars

Name of Informant: KALYANASUNDARAM SIVANESAN			Address: APT BLK 113 BUKIT BATOK WEST AVENUE 6 #05-162 SINGAPORE 650113		
ID Type / ID No.: FIN NO / G7859969W			Contact No.: Home/Office: Mobile: 85061826		
Nationality: INDIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 02/05/1981	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/07/2023 08:15	Type of Location: Straight Road
Location: WEST CAMP ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving vehicle against - stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF8671E	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	0
XE1955C	Tipper Truck	MERCEDES BENZ	ACTROS	White		0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



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T/20230726/2027

Police Station Of Origin:
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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20230726/2027

CONTINUATION OF REPORT

Driver			
Name	KALYANASUNDARAM SIVANESAN		ID No. G7859969W
Related Vehicle	GBF8671E (Lorry)		Contact No. 85061826
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/07/2023 at about 0816hrs, I had parked my company lorry bearing plate GBF8671E at road shoulder (bicycle lane) along West Camp Road towards CTE near to lamp post in between 67 and 68. I alighted from the lorry to go toilet and had switched on the hazard light. Everything was in order.

Later at about 0840hrs when I returned, I discovered my front windscreen was badly cracked and the left side mirror was damaged. I informed the matter to my manager about the incident, and they assist to retrieve the front dash camera footage. It's captured a hit and run case at about 0820hrs where a heavy vehicle (tipper truck) had collided on to my front vehicle when making a reversed. The vehicle is XE1955C. No one was injured as no passengers was onboard.



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T/20230726/2027

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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20230726/2027

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
L /
SR STAFF SGT MOHAMMAD
FARHAN BIN HUSIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SSI TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

Date/Time:
26/07/2023 11:00

Classification Of Case:

NP168



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