

# 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 First Submission .....	27/07/2023 16:56 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	24/07/2023 08:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	GILLMAN FLYOVER GOING TO TELOK BLANGAH RD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBE9961S
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	COVERALL SINGAPORE PTE LTD
Company Reg No .....	1XXXXX167K
Email Address .....	marketing@coverall.com.sg
Mobile Phone No .....	(Phone) +65-91093721
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv350
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2488

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMCPHQ23-001629

### DRIVER

Name of Driver .....	ARIYAPPU ANANTHAN
Passport No/FIN .....	GXXXX311M
Date Of Birth .....	10/06/1986
Occupation .....	Outdoor

Date Of Driving Pass .....	10/03/2014
Driving experience .....	9 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83554936
Alt. Phone Number .....	-
Email Address .....	marketing@coverall.com.sg
Address .....	APT BLK 683 TESSENSOHN ROAD
Address complement .....	# 02-103
Postcode .....	210683
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003779999
Alt. Police Station Phone No .....	(Fax) +65-63773923
Police Station Address .....	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230724/2019

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	SD CARD WITH TP OFFICER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJQ404K
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIM KOK HUEI EDDIE
NRIC No .....	SXXXX158E
Contact Number .....	(Phone) +65-96816043
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMZ8019D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SOPHIA TIANG KIEW HUI
NRIC No .....	SXXXX309C
Contact Number .....	(Phone) +65-82800614
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.
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  5. 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)
- 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.



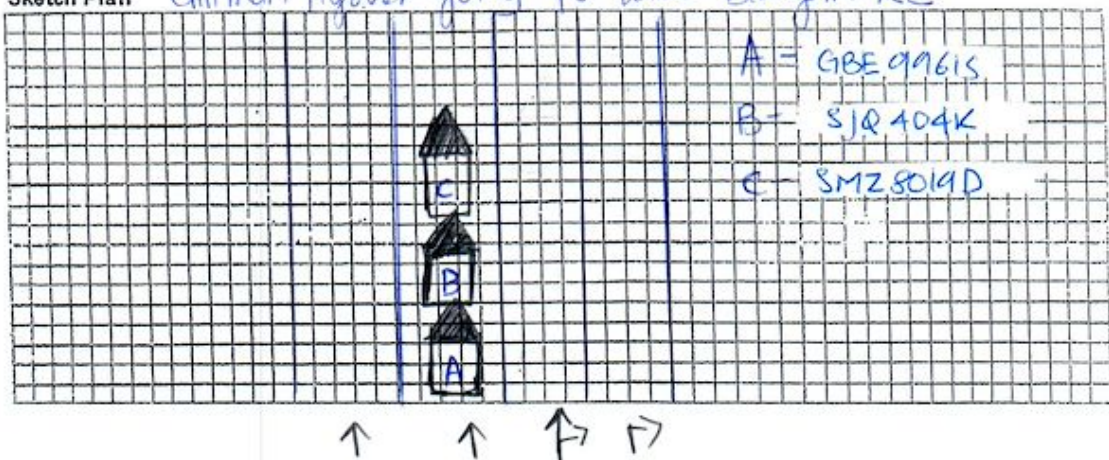
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Gillman Flyover going to Telok Blangah Rd





**The Circumstance of the Accident**

*please refer to the attached  
police Report*

*- 120230724/2019 -*

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*A. Smith 27/7/23*

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

*pmuelh 27/7/23*

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

v1.0 2022

2



**SINGAPORE  
POLICE FORCE**



T/20230724/2019

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

2 of 3

Report No. T/20230724/2019

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ARIYAPPU ANANTHAN	ID No.	G5300311M
Related Vehicle	GBE9961S (Van)	Contact No.	83554936
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LIM KOK HUEI EDDIE	ID No.	S7719158E
Related Vehicle	SJQ404K (Car)	Contact No.	96816043
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
<b>Driver</b>			
Name	SOPHIA TIANG KIEW HUI	ID No.	S8867309C
Related Vehicle	SMZ8019D (Car)	Contact No.	82800614
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 24/7/2023 at about 0845hrs, I was travelling along Alexandra Rd at the Gillman flyover going to Telok Blangah Rd. The traffic was heavy. I was driving on the 2nd lane to the left out of 4 lanes when suddenly the car in front of me brake as he had hit the car in front of him. I quickly applied my brakes however there was not enough time for me to stop completely hence I hit onto the car's rear. I stopped my vehicle and we exchanged particulars. Traffic police and ambulance was there. I was not injured. The driver of SJQ404K however wished to be conveyed to the hospital for further check-up. My van's front part was dented and the NISSAN logo had already dropped off. The front left side bumper was also damaged. The signal light function is also damaged. My van do have an in car camera.






























**SINGAPORE  
POLICE FORCE**


T/20230724/2019

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 3

Report No. T/20230724/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/07/2023 11:20	Vide Report No.: D/20230724/0032	Station Diary No.: 26
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**Informant's Particulars**

Name of Informant: ARIYAPPU ANANTHAN	Address: APT BLK 683 TESSENSOHN ROAD #02-103 SINGAPORE 210683		
ID Type / ID No.: FIN NO / G5300311M	Contact No.: Home/Office: Mobile: 83554936		
Nationality: INDIAN	Email:		
Sex: Male	Age: 37	Date of Birth: 10/06/1986	Type of Informant: Driver
Race: Indian	Language: English		
Occupation: OPERATIONS COORDINATO	Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/07/2023 08:45	Type of Location: Flyover
Location:  ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
GBE9961S	Van				Slightly Damaged	0
SJQ404K	Car				Slightly Damaged	0
SMZ8019D	Car				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20230724/2019

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

2 of 3

Report No. T/20230724/2019

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ARIYAPPU ANANTHAN	ID No.	G5300311M
Related Vehicle	GBE9961S (Van)	Contact No.	83554936
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
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Name	LIM KOK HUEI EDDIE	ID No.	S7719158E
Related Vehicle	SJQ404K (Car)	Contact No.	96816043
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
<b>Driver</b>			
Name	SOPHIA TIANG KIEW HUI	ID No.	S8867309C
Related Vehicle	SMZ8019D (Car)	Contact No.	82800614
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.**

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**SINGAPORE  
POLICE FORCE**

T/20230724/2019

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

3 of 3

Report No. T/20230724/2019

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
D /  
SGT 3 NURJANNAH BINTE  
AMRAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI ABDUL RAHIM BIN SALIM  
Contact No.: 65476904

Signature Of Informant:

Date/Time:  
24/07/2023 11:20

Classification Of Case:

NP168



68E99615

# SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: D/2023 07 24 / 0032

I, Sgt(13) T. 70067 SULTHAN.  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)  
of 10 LBI NEMUE 3 S(708865).  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 01 X ROAD 16 GB MICRO SD CARD.
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from ARIYAPPU ANANTHAN G3300311M.  
(Name, NRIC or Passport No. / Rank and No.)  
of 78 GILSTEAD RD S(309116).  
(Address / Police Station / NPC / NPP)  
on 24/07/2023. at 0955 HRS.  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

Received by:

A. Puthi  
(Signature)

[Signature]  
(Signature)

ARIYAPPU ANANTHAN G3300311M Sgt(13) T. 70067 SULTHAN  
(Name, NRIC or Passport No. / Rank and No.) (Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 10 ENEM : 6547 6413.