# **SINGAPORE ACCIDENT STATEMENT**

#### **IMPORTANT NOTICE**

- . 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 First Submission 26/08/2024 17:31 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 25/08/2024 15:15 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information TWDS PIE BEFORE CLEMENTI AVE 6 AFTER CLEMENTI AVE 2 Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBE2733E** 

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NINJA LOGISTICS PTE LTD Company Reg No 201412014E Email Address SG-FLEET-VEHICLE-MANAGEMENT@NINJAVAN.CO Mobile Phone No (Phone) +65-84021305 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of Employment

accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual CC 3000

Vehicle Fuel First Regisration Date

Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2008602899

**DRIVER** 

Name of Driver **GUNASEKARAN RAJESH** Passport No/FIN G5414008N Date Of Birth 06/05/1989 Occupation Outdoor Driving Pass Date 12/05/2014 Driving License Pass Class Driving License Validity Valid Driving experience 10 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-84021305 Alt. Phone Number Email Address SG-FLEET-VEHICLE-MANAGEMENT@NINJAVAN.CO Address 3 KAY SIANG ROAD Address complement Postcode 248923 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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 PASSENGER 1 Name CHANDRAN SEKARAN Gender Male

# DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

Was notice of intended Prosecution given?

No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20240826/7094.

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 **SNC783S** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **VEHICLE B** No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number YQ134I 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 **VEHICLE C** No. Of Passenger (Including Driver)

## **INJURED PERSONS DETAILS**

# INJURED 1

Name of injured person **GUNASEKARAN RAJESH** Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? **GBE2733E** Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Nο INJURED 2 Name of injured person CHANDRAN SEKARAN Gender Male Phone No

 Gender
 Mal

 Phone No

 Address

 Address Complement

 Post Code

 Approximate Age Years Old

 Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

No

#### 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.
- 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.
- 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.
- 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.

NINJA LOGISTICS PTE. LTD.

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

D:GBE2733E
BESMC783S
C:YQ13414
Along AYE Towards PIZ
4 Clementi Ave 6, After
Clementi Ave 2 Exit)

1

| escribe Circumstance of the Accident |   |  |  |  |  |
|--------------------------------------|---|--|--|--|--|
|                                      |   |  |  |  |  |
|                                      | Statement Pls Refer To                      |  |  |  |  |
| 111-11                               | Strafement Pls Pefer To<br>T/202 fot26/7094 |  |  |  |  |
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If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

ROC NO: 201412014E

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date 8. Time

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

2

























Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20240826/7094

| DEDODT         | OF A      | TOAFFIG   | ACCIDENT         |
|----------------|-----------|---|------------------|
| PS DE POLUME I | 0.115-103 | 1 1-1 1/4 1/4 1-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ALC: A CHI MEDIA |

| Date/Time Report Made:<br>26/08/2024 16:33 |                           | nde:                         | Vide Report No.:                        | Station Diary No.: |  |  |
|--|---------------------------|------------------------------|---|--------------------|--|--|
| Informan                                   | t's Particular            | s                            |   |                    |  |  |
|  | Informant:<br>aran Rajesh |                              | Address:<br>3 Kay Siang Road SINGAPORE  | 248923             |  |  |
| ID Type / ID No.:<br>FIN NO / G5414008N    |                           | *                            | Contact No.:<br>Home/Office:            | Mobile: 84021305   |  |  |
| Nationali<br>INDIAN                        | ty:                       |                              | Email:<br>sg-fleet-vehicle-management@r | injavan.co         |  |  |
| Sex:<br>Male                               | Age:<br>35                | Date of Birth:<br>06/05/1989 | Type of Informant:<br>Driver            |                    |  |  |
| Race:<br>Indian                            |                           |                              | Language:<br>English                    |                    |  |  |
| Occupation:<br>Parcel Delivery             |                           |                              | Driving Licence Information:<br>Class:  | Date of Expiry:    |  |  |

| General Information                   | of the Accident  |                |                    |   |                                    |
|---------------------------------------|------------------|----------------|--------------------|---|------------------------------------|
| Type of Accident:                     | Injury<br>Others |                | Drink Drive:<br>No | Date/Time of Accident: 25/08/2024 15:15 | Type of Location:<br>Straight Road |
| Location:<br>CLEMENTI AVENU           | JE 3             | ,              |                    |   |                                    |
| Weather:<br>Clear                     |                  | Road St<br>Dry | urface:            |   |                                    |
| Traffic Flow: Tra                     |                  | Traffic C      | Fraffic Control:   |   | affic Volume:                      |
| Type of Collision:<br>3 VEHICLES CHAI | N COLLISION      |                |                    |   | yone conveyed by<br>abulance:      |

|             | hicle Involved |        |       |       |           |                 |
|-------------|----------------|--------|-------|-------|-----------|-----------------|
| Vehicle No. | Type           | Make   | Model | Color | Condition | No of Passenger |
| GBE2733E    | Motor van      | TOYOTA | HIACE |       |           | 1               |
| SNC783S     | Motor car      |        |       |       |           | 0               |
| YQ134L      | Lorry          | OTHERS |       |       |           | 0               |

| Details of Person Involved      |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240826/7094

## CONTINUATION OF REPORT

| Passenger          |                           |            |             |                           |                                   |
|--------------------|---------------------------|------------|-------------|---------------------------|-----------------------------------|
| Name               | CHANDRA SEKARAN           |            |             |                           | NIL                               |
| Related Vehicle    | GBE2733E (Motor van)      |            | Contact No. |                           | 86209576                          |
| Hospital/Clinic    | BOK FAMILY CLINIC PTE LTD |            |             | of<br>g<br>ce &<br>Date   | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment     | 25/08/2024                | Date Disch | harge NIL   |                           | 1                                 |
| No. of Days grante | Degree of                 | Injury     | ury Slight  |                           |                                   |
| Driver             |                           |            |             |                           |                                   |
| Name               | GUNASEKARAN RAJESH        |            | ID No       |                           | G5414008N                         |
| Related Vehicle    | GBE2733E (Motor van)      |            |             | ct No.                    | 84021305                          |
| Hospital/Clinic    | BOK FAMILY CLINIC PTE LTD |            |             | of<br>g<br>ce &<br>/ Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment     | NIL                       | Date Disch | narge       | NIL                       |                                   |
| No. of Days grant  | ed Medical Leave (MC) 03  | Degree of  | Injury      | Sligh                     | 1                                 |

# Brief Details.

On 25/08/2024 at about 1515hrs, i was driving my company van (GBE 2733E) along AYE (after Clementi Ave 2 exit) in the left lane with 1 passenger inside my van.

The vehicles ahead slow down and stopped, so i also slow down and stopped in time. Suddenly i felt an impact from behind and when i alighted to check my company van then i realized that i was involved 3 vehicle chain collision accident as following sorts:

1st vehicle : GBE 2733E (A) 2nd vehicle : SNC 783S (B) 3rd vehicle : YQ 134L (C)

Me and my passenger were felt discomfort after the accident impact so we went to seek for medical assist and were given 3 days of MC.

Hence i hereto lodge this report to claim against vehicle B (SNC 783S)'s insurance for my accident damages.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20240826/7094

CONTINUATION OF REPORT

| Signature Of Officer Recording The Report:<br>Not applicable                        | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass, No signature is required, |
|---|---|
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>26/08/2024 16:33  |
| Officer In Charge Of Case:<br>TP / AEIT /<br>PHNG KAR SOON<br>Contact No.: 65476439 | Classification Of Case:   |
| NP168   |   |



# Allianz Insurance Singapore Pte. Ltd.

#### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1960 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number

Date of Issue

: 21 November 2023

Coverage

COMPREHENSIVE - AUTHORISED WORKSHOP

Policyholder

NINJA LOGISTICS PTE. LTD.

Finance Company

Period of Insurance

01 November 2023 To 31 October 2024 (both dates inclusive)

Registration Number GBE2733E

Chassis Number of Vehicle

: KDH2010176045

#### Persons or Classes of Persons Entitled to Drive\*:

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his/her permission or to whom the vehicle is hired.
- \* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

## Limitation as to Use^:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.
- (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is
- Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

## Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
- (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

21 November 2023

Issue Date

Hicham Raissi

Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

Intermediary Code

: 0000195 PACIFIC PRIME INSURANCE BROKERS SINGAPORE PTE LTD

: Section 1: Own Damage

600.00

Section 1: Windscreen

SS SS

100.00 0.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Road #09-01 | Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg

Section 2: Liabilities To Third Parties