

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	02/12/2024 18:52 (SGT)
Reported by	Actual Driver
Date of Accident	29/11/2024 08:00 (SGT)
Exact Location of Accident	Bukit Timah Expy, Singapore
Additional Location Information	TOWARDS WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5667M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TECK ENG PTE LTD
Company Reg No	1XXXXX305G
Email Address	elin.cqw@gmail.com
Mobile Phone No	(Phone) +65-82647649
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z24VC05022175

DRIVER

Name of Driver	CHINNIAH SHANMUGAM
Passport No/FIN	GXXXX883N
Date Of Birth	03/09/1981
Occupation	Outdoor
Driving Pass Date	19/04/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82647649
Alt. Phone Number	-
Email Address	elin.cqw@gmail.com
Address	81 UBI AVENUE 4 #09-14
Address complement	-
Postcode	408830
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	6
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	9
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JTS1339
Vehicle Category	Commercial vehicle

PASSENGER 1

Name	SELVAM KABIL
Gender	Male

PASSENGER 2

Name	MACHAKALAI RANJITHKUMAR
Gender	Male

PASSENGER 3

Name	MAHARAJAN NAVANEETHAKRISHNAN
Gender	Male

PASSENGER 4

Name	MURUGESAN SIVA
Gender	Male

PASSENGER 5

Name SIKDAR SHAHALAM
Gender Male

PASSENGER 6

Name RAMAMOORTHY KATHAMUTHU
Gender Male

PASSENGER 7

Name ELANGO KAMAL
Gender Male

PASSENGER 8

Name KARUPPAIAH MUTHUVEL
Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Traffic Police
Police Station Phone No (Phone) +65-65470000
Alt. Police Station Phone No (Fax) +65-65474900
Police Station Address 10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20241129/7097

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 YQ5432T
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 -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKS2396P
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 -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SNB9661G
 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 -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number YQ1328M
 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 -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number JTS1339
 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 -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHINNIAH SHANMUGAM
Gender Male
Phone No (Phone) +65-82647649
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? -
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person SELVAM KABIL
Gender Male
Phone No (Phone) +65-86574524
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? YP5667M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person MACHAKALAI RANJITHKUMAR
Gender Male
Phone No (Phone) +65-83125124
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? YP5667M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 4

Name of injured person MAHARAJAN NAVANEETHAKRISHNAN
Gender Male
Phone No (Phone) +65-83750499
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? YP5667M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 5

Name of injured person MURUGESAN SIVA
Gender Male
Phone No (Phone) +65-89183472
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? YP5667M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 6

Name of injured person SIKDAR SHAHALAM

Gender Male
 Phone No (Phone) +65-90837963
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? YP5667M
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 7

Name of injured person RAMAMOORTHY KATHAMUTHU
 Gender Male
 Phone No (Phone) +65-89015147
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? YP5667M
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 8

Name of injured person ELANGO KAMAL
 Gender Male
 Phone No (Phone) +65-84555772
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? YP5667M
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 9

Name of injured person KARUPPIAH MUTHUVEL
 Gender Male
 Phone No (Phone) +65-86234763
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? YP5667M
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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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

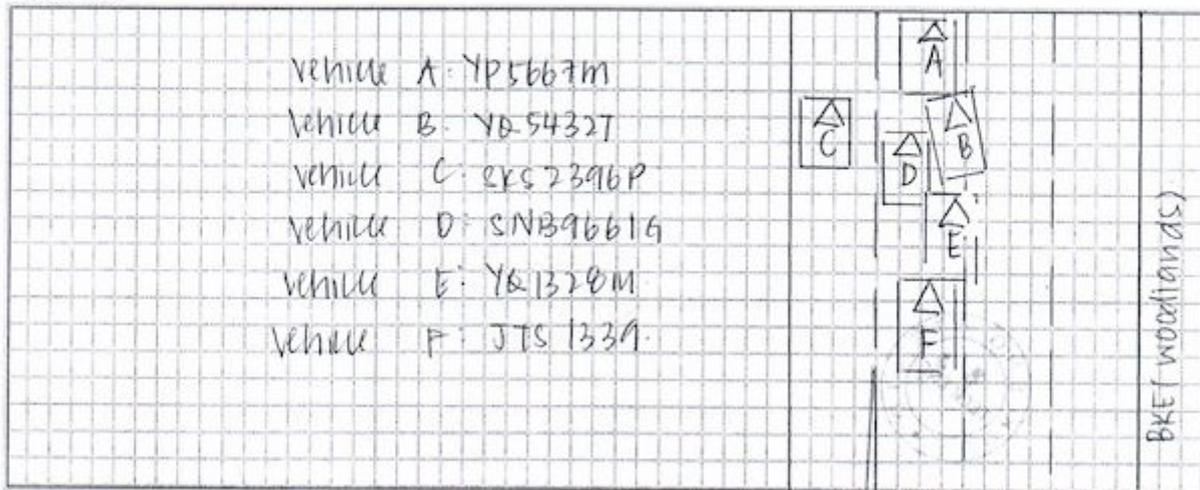
C. S.

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

Quinn
02/10/2024

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

Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report 7/2024/1128/7097



Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

C. S.

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

[Handwritten Signature]
02/12/2024

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





















**SINGAPORE
POLICE FORCE**



T/20241129/7097

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

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Report No. T/20241129/7097

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YQ5432T	Lorry				Seriously Damaged	1

Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		
Driver						
Name	CHINNIAH SHANMUGAM			ID No.	G7595883N	
Related Vehicle	YP5667M (Lorry)			Contact No.	82647649	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	29/11/2024			Date Discharge	29/11/2024	
No. of Days granted Medical Leave (MC)	02			Degree of Injury	Slight	
Passenger						
Name	SELVAM KABIL			ID No.	M3023727N	
Related Vehicle	YP5667M (Lorry)			Contact No.	86574524	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	29/11/2024			Date Discharge	29/11/2024	
No. of Days granted Medical Leave (MC)	02			Degree of Injury	Slight	
Passenger						
Name	MACHAKALAI RANJITHKUMAR			ID No.	S8737130T	
Related Vehicle	YP5667M (Lorry)			Contact No.	83125124	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	29/11/2024			Date Discharge	29/11/2024	
No. of Days granted Medical Leave (MC)	02			Degree of Injury	Slight	



**SINGAPORE
POLICE FORCE**



T/20241129/7097

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

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Report No. T/20241129/7097

CONTINUATION OF REPORT

Passenger			
Name	MAHARAJAN NAVANEETHAKRISHNAN	ID No.	S3412329W
Related Vehicle	YP5667M (Lorry)	Contact No.	83750499
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2024	Date Discharge	29/11/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	MURUGESAN SIVA	ID No.	M3230960N
Related Vehicle	YP5667M (Lorry)	Contact No.	89183472
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2024	Date Discharge	29/11/2024
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Slight
Passenger			
Name	SIKDAR SHAHALAM	ID No.	G2251710X
Related Vehicle	YP5667M (Lorry)	Contact No.	90837963
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2024	Date Discharge	29/11/2024
No. of Days granted Medical Leave (MC)	02	Degree of Injury	Slight
Passenger			
Name	RAMAMOORTHY KATHAMUTHU	ID No.	G8776671W
Related Vehicle	YP5667M (Lorry)	Contact No.	89015147
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2024	Date Discharge	29/11/2024
No. of Days granted Medical Leave (MC)	02	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20241129/7097

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

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Report No. T/20241129/7097

CONTINUATION OF REPORT

Passenger			
Name	ELANGO KAMAL	ID No.	M3267375Q
Related Vehicle	YP5667M (Lorry)	Contact No.	84555772
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2024	Date Discharge	29/11/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	KARUPPAIAH MUTHUVEL	ID No.	M3482962K
Related Vehicle	YP5667M (Lorry)	Contact No.	86234763
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2024	Date Discharge	29/11/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

ON 29/11/2024 AT ABOUT 08:00HR, I WAS DRIVING COMPANY LORRY - YP5667M ALONG BKE TOWARDS WOODLANDS ROAD. DUE TO HEAVY TRAFFIC, MY VEHICLE WAS STATIONARY ALONG LANE 3. SUDDENLY I FELT A HUGE IMPACT ON MY VEHICLE'S REAR PORTION. WHEN I ALIGHTED, I THEN REALISED THAT I WAS INVOLVED IN A CHAIN COLLISION OF 6 VEHICLES.

1ST VEHICLE - YP5667M
2ND VEHICLE - YQ5432T
3RD VEHICLE - SKS2396P
4TH VEHICLE - SNB9661G
5TH VEHICLE - YQ1328M
6TH VEHICLE - JTS1339

SUBSEQUENTLY, WE WERE CONVEYED TO KHOO TECK PUAT HOSPITAL FROM THE ACCIDENT SCENE.



**SINGAPORE
POLICE FORCE**



T/20241129/7097

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

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Report No. T/20241129/7097

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / MUHAMMAD AFIQ BIN OSMAN Contact No.: 81863537

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 29/11/2024 17:33
Classification Of Case:

NP168