

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 16:56 (SGT)
Reported by	Actual Driver
Date of Accident	29/11/2024 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS CROSSING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ5432T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	K2 CLEANING PTE LTD
Company Reg No	201729690N
Email Address	K2PTELTD@GMAIL.COM
Mobile Phone No	(Phone) +65-97873383
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2755
Vehicle Fuel	Diesel
First Registration Date	30/12/2021
Chassis no	JHHAGV4610K001543
Effective Date/Time of Ownership	30/12/2021 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MCV23B00036800

DRIVER

Name of Driver	RAMALINGAM GOBINATH
Passport No/FIN	G2088513R
Date Of Birth	17/11/1988
Occupation	Outdoor
Driving Pass Date	01/11/2022
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-85251760
Alt. Phone Number	-
Email Address	K2PTELT@GMAIL.COM
Address	38 WOODLANDS INDUSTRIAL PARK E1 #03-19
Address complement	-
Postcode	757700
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)	2
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	Bus

PASSENGER 1

Name	LOR KIAN MENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : T/20241201/2031

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 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 2

Vehicle Registration Number JTS1339
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 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 YP5667M

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	SKS2396P
Vehicle Manufacturer	Honda
Vehicle Model	Vezei
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAMALINGAM GOBINATH
Gender	Male
Phone No	(Phone) +65-85251760
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YQ5432T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	LOR KIAN MENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YQ5432T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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.

K2 CLEANING PTE LTD
 ROC NO : 201729690N
 38 Woodlands Industrial Park E1
 #03-19 Singapore 757700
 Contact : 9787 3383

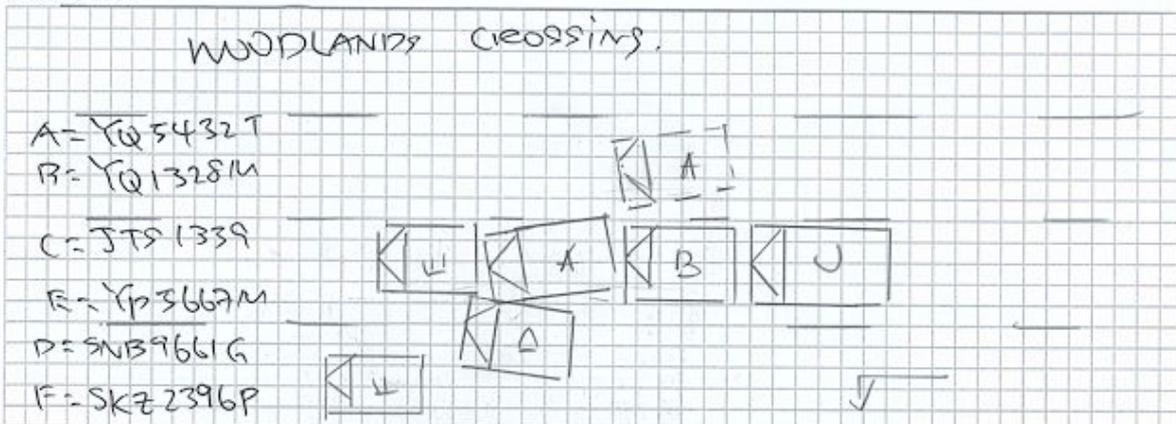
Policyholder's Signature / Date & Time

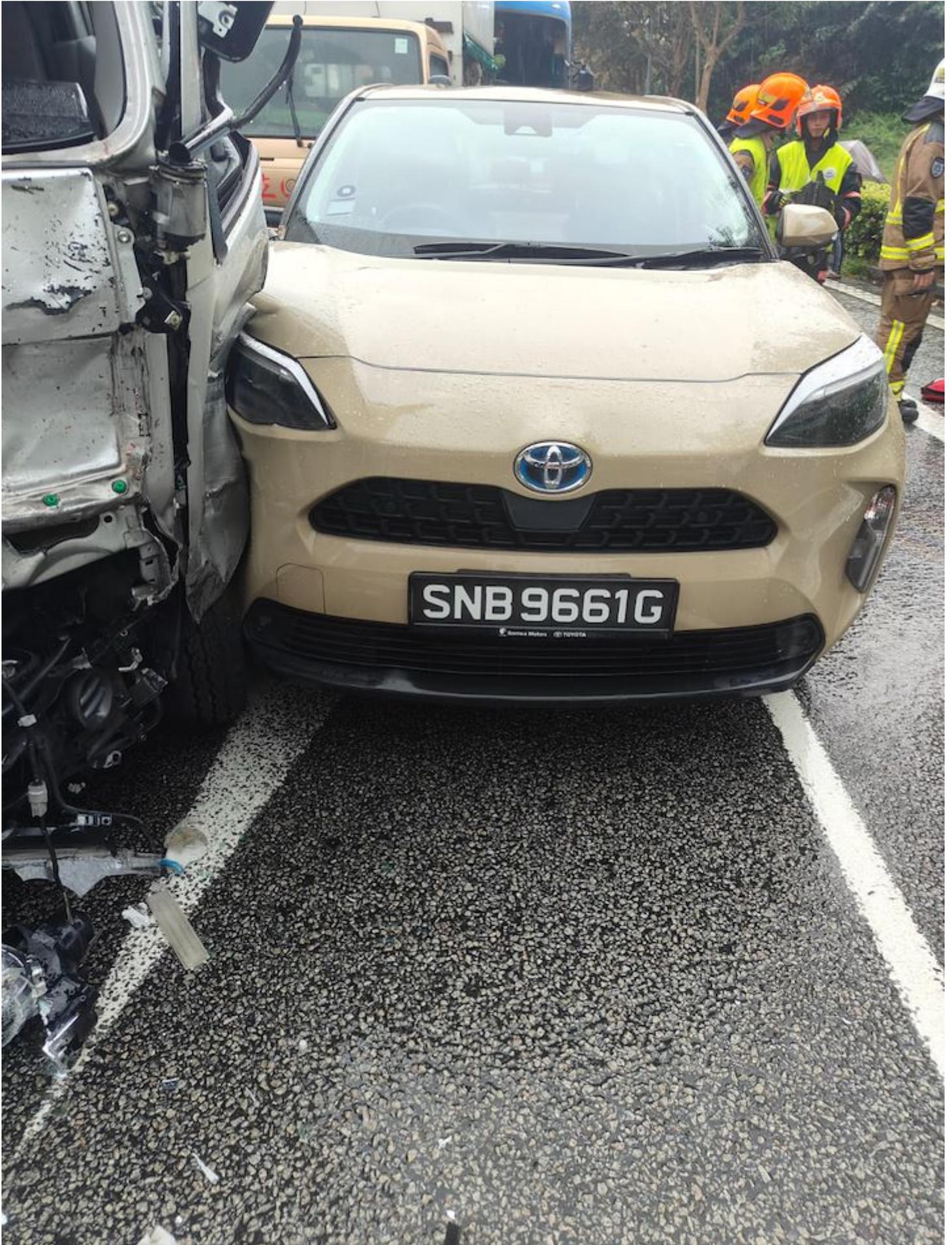
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Sketch Plan





























**SINGAPORE
POLICE FORCE**



T/20241201/2031

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20241201/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2024 12:09	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: RAMALINGAM GOBINATH		Address: 38 WOODLANDS INDUSTRIAL PARK E1 #03-18 SINGAPORE 757700	
ID Type / ID No.: FIN NO / G2088513R		Contact No.:	Mobile: 85251760
Nationality: INDIAN		Email:	
Sex: Male	Age: 36	Date of Birth: 17/11/1988	Type of Informant: Driver
Race: Tamil		Language:	
Occupation: Delivery man using motorised personal mobility aids/devices		Driving Licence Information: Class: 2B,3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/11/2024 08:00	Type of Location: Straight Road
Location: WOODLANDS CROSSING				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
YQ5432T	Lorry				Seriously Damaged	1
	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241201/2031

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20241201/2031

CONTINUATION OF REPORT

Passenger			
Name	LOR KIAN MENG	ID No.	S7540227I
Related Vehicle	YQ5432T (Lorry)	Contact No.	92416747
Hospital/Clinic	WOODLANDS HEALTH CAMPUS	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2024	Date Discharge	29/11/2024
No. of Days granted Medical Leave	01	Degree of	Slight
Driver			
Name	RAMALINGAM GOBINATH	ID No.	G2088513R
Related Vehicle	YQ5432T (Lorry)	Contact No.	85251760
Hospital/Clinic	WOODLANDS HEALTH CAMPUS	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	29/11/2024	Date Discharge	29/11/2024
No. of Days granted Medical Leave	01	Degree of	Slight

Brief Details.

On the 29/11/2024, while I(YQ5432T) was travelling along Woodlands Checkpoint towards Industrial Park E1, I met in an accident.

A lorry that was travelling on the same road with me, collided on the rear side of my vehicle due to unable to brake on time.

I went unconscious and was conveyed into ambulance. I was admitted on the 29/11/2024 at Woodlands Health Campus and was discharged on the 29/11/2024 with 6 days MC (29/11/2024-04/12/2024).

I am lodging this report for record and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20241201/2031

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20241201/2031

CONTINUATION OF REPORT

Signature of Officer Recording The L / SGT 1 MAHENDRAVARMAN SARAVANAN 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI MUHAMMAD AFIQ BIN OSMAN Contact No.: 81863537

Signature Of Informant: 
Date/Time: 01/12/2024 12:09
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: SC2224C20002-02 Vehicle Registration No: YQ5432T
 Name (as shown in NRIC): K2 CLEANING PTE LTD NRIC/FIN/Passport No: 2XXXXX690N
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 38 WOODLANDS INDUSTRIAL PARK E1 #03-19 Singapore (757700)
 Contact (Tel): _____ Mobile No.: 97873383
 Email Address: K2PTELTD@GMAIL.COM
 Date of Accident: 29/11/2024 Time of Accident: 08:00AM
 Place of Accident: WOODLANDS CROSSING
 Insurance Company: ECICS

(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:

I WISH TO REVERT TO CLAIM MY OWN INSURANCE.

K2 CLEANING PTE LTD
 ROC NO : 201729690N
 38 Woodlands Industrial Park E1
 #03-19 Singapore 757700
 Contact : 9787 3383

X
 Policyholder / Actual Driver's Signature
 Date:

ESTHER LIM

Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date:



ECICS Limited
10 Eunos Road 8
#09-04A Singapore Post Centre
Singapore 408600
Tel: (65) 6206 5588 Fax: (65) 6338 9267
Email: enquiries@ecics.com.sg
Website: https://www.ecics.com.sg
Co. Reg. No. 199901301C

ORIGINAL MOTOR COMMERCIAL
THE SCHEDULE

Agency B0000888	Class of Policy MOTOR POLICY - COMMERCIAL	Policy No.	MCV23B00036800
Account B0000888	Issued on 19/12/2023		
	Singapore Head Quarters		
Client C0004186	Acceptance Date 19/12/2023		
	Fund/Acct.No.Sfx		SIF/SD

Period of Insurance from 30/12/2023 to 29/12/2024, both dates inclusive

Insured's Name	K2 CLEANING PTE. LTD.
Address	38 WOODLANDS INDUSTRIAL PARK E1 #03-19 SINGAPORE 757700

Premium	BASIC PREMIUM.....	SGD 1,612.81
	NO CLAIM DISCOUNT.....15.00%	SGD 241.92
	Total Annual Premium	SGD 1,370.89
	Premium Due	SGD 1,370.89
	Premium GST	SGD 109.67
	Total Due	SGD 1,480.56

OCCUPATION:

- MOVING SERVICES (EG DELIVERY SERVICES, BAGGAGE TRANSFER SERVICES, FURNITURE MOVING SERVICES)
- GENERAL CLEANING SERVICES (INCLUDING CLEANING OF PUBLIC AREAS, OFFICES AND FACTORIES) EXCEPT HOUSEHOLD CLEANING

Risk Group No. 01

Risk No. 00001 MOTOR COMMERCIAL

Registration	YQ5432T	Make/Model	TOYOTA DYNA 150 5MT
Type of Cover	COMPREHENSIVE	No. of seats	3
Engine No.	1GD8847462	Capacity CC	2755
Chassis No.	JRHAGV4610K001543	Yr of Manuf/Regn	2021/2021
Vehicle Usage	COMMERCIAL VEHICLE	Tonnage	1.93
Hire Purchase	UNITED OVERSEAS BANK LIMITED		
Item 1.			

SUM INSURED: MARKET VALUE AT THE TIME OF LOSS

EXCESS APPLICABLE

WINDSCREEN	SGD 100.00
SECTION I - STANDARD EXCESS (AUTHORISED DRIVERS)	SGD 750.00

ADDITIONAL EXCESS:

SECTION I - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS EXCESS (AGE <30, >65 OR HOLDS A VALID DRIVING LICENSE FOR <2 YEARS)	SGD 3,000.00
SECTION I - FOREIGNERS DRIVERS EXCESS	SGD 1,000.00

THE FOLLOWING ENDORSEMENTS AND/OR OPTIONAL BENEFITS SHALL APPLY TO THIS POLICY :

ENDORSEMENTS : 2, 15, 25, 57, 72(b), 89, 95, V0012, V0017, V0019, V0062, V0065

SUBJECT OTHERWISE TO THE TERMS, EXCEPTIONS AND CONDITIONS OF THIS POLICY.

HQ/NAA/1093/MN00064449/19-12-2023/15:50:39/NAA