SK0N24CEM005 / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 16/12/2024 10:35 (SGT) SUBMITTED BY: Tan Meng Tian VERSION: 1 (16/12/2024 10:35 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 16/12/2024 10:35 (SGT) Reported by Actual Driver Date of Accident 13/12/2024 14:40 (SGT) **Exact Location of Accident** Singapore Additional Location Information **BUKIT BATOK WEST AVE 5** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YP9282M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WEE GUAN ENGINEERING PTE LTD Company Reg No 199804158D **Email Address** alex.chia@weeguan.com.sg Mobile Phone No (Phone) +65-96868669 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model XZU710R 14FT WIDE CAB 7T Variant

Exact purpose for which vehicle was being used at time of

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

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle

Transmission Manual CC 4009 Vehicle Fuel Diesel First Regisration Date

JHHUCV1H50K027254 Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited Policy Number / Cover Note Number 2024-V5022794-VCV

DRIVER

Name of Driver SELVARAJ PRAKASH Passport No/FIN G2881949N Date Of Birth 10/06/1994 Occupation Outdoor Driving Pass Date 11/11/2023 Driving License Pass Class Driving License Validity Valid Driving experience 1 YEAR AND 1 MONTH Gender Mobile Number (Phone) +65-98117836 Alt. Phone Number Email Address alex.chia@weeguan.com.sg BLK undefined undefined undefined-undefined undefined Address undefined undefined Address complement Postcode 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 Collision - Head on 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 **PASSENGER** Name Gender Male PASSENGER 2 **PASSENGER** Male Gender PASSENGER 3 Name **PASSENGER** Gender PASSENGER 4 **PASSENGER** Name Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes

Traffic Police

Police Station Name

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

#### REFER WITH ATTACHED.

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 WITH INSURED

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number **GBG3110K** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver SIM BUIE LANG NRIC No S1597400A Contact Number (Phone) +65-96477505 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
 NALLAIAH PANDI

 Gender
 Male

 Phone No

 Address

 Address Complement

 Post Code

 Approximate Age Years Old

 Injuries Sustained

 Injured person in which vehicle?
 YP9282M

 Were seat belts worn?

 Was this injured conveyed to hospital by ambulance?

### SKETCH PLAN

## IMPORTANT NOTICE

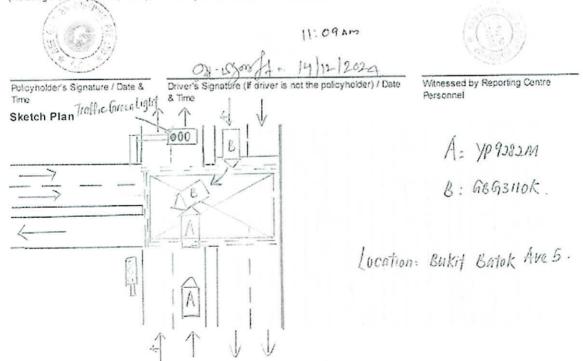
- Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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.
- Any false reporting may be referred to the Police for investigation.
- 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)

Lunderstand, 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' law yers/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;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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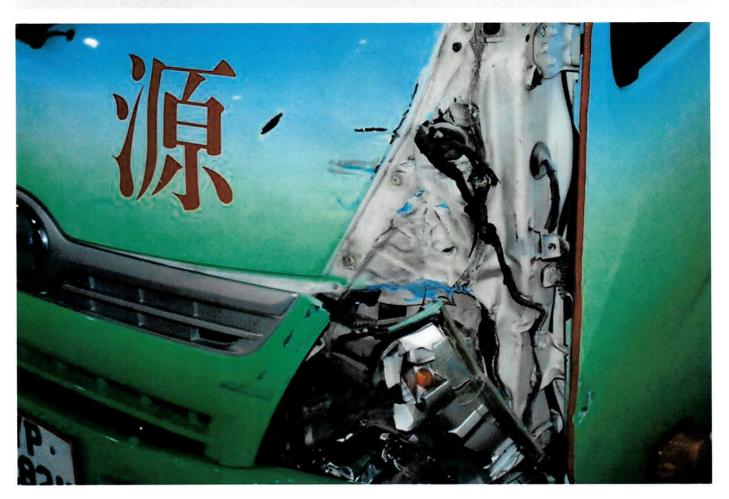




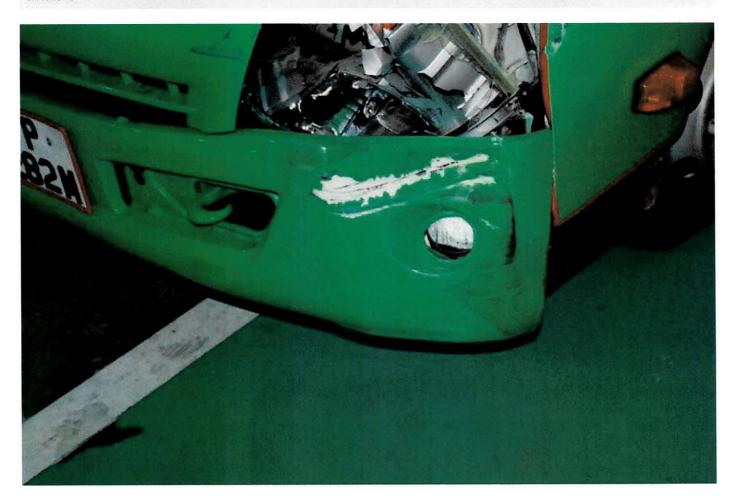




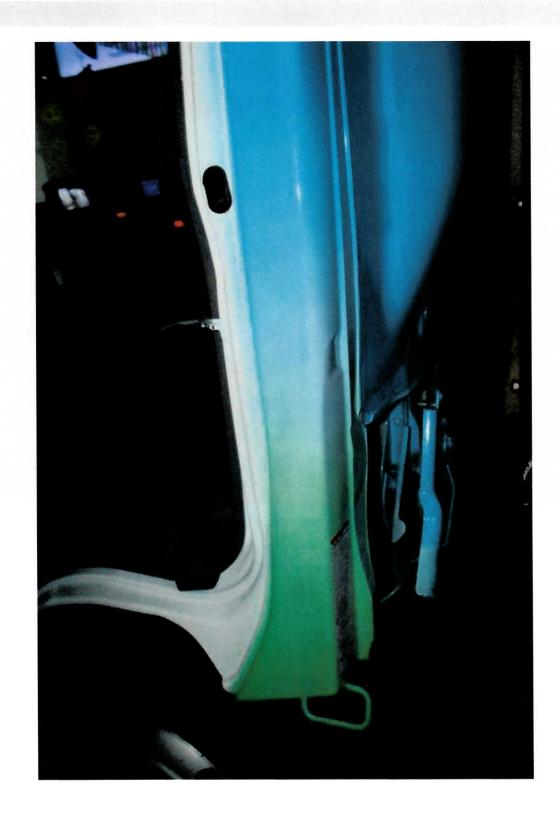












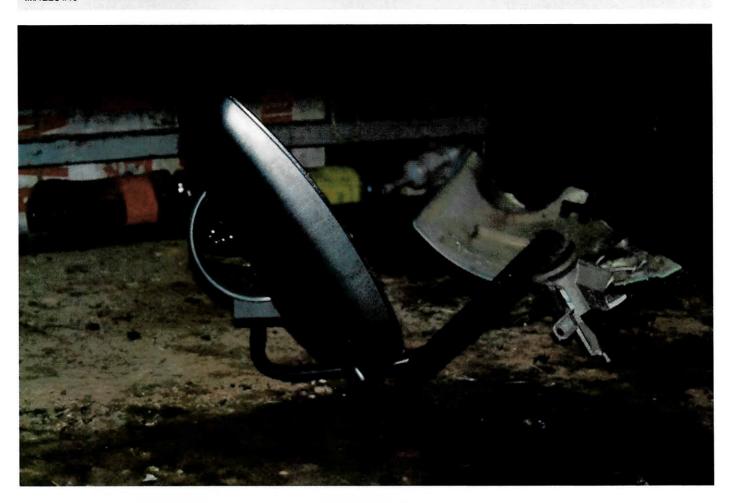














T/20241214/7010

1 of 3

Report No. T/20241214/7010

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

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 14/12/202	e Report Ma 24 10:34	de:	Vide Repart No.:	Station Diary No.:			
Informan	's Particular	S					
	Informant: AJ PRAKAS	Н	Address:				
ID Type / FIN NO /	ID No.: G2881949N		Contact No.: Home/Office: Mobile: 98117836				
Nationali INDIAN	y:		Email: selvaprakash10061994@gmail.com				
Sex: Age: Date of Birth: Male 30 10/06/1994			Type of Informant: Driver				
Race: Indian			Language: English				
Occupati Lorry driv			Driving Licence Information: Class: 3 Date of Expiry: 10/11/2028				

		101101	To the officer of A said auto	Trung of Legation	
Type of Accident: Injury Others		Drink Drive: No	Date/Time of Accident: 13/12/2024 14:40	Type of Location T-Junction	
Location:					
BUKIT BATOK EA	ST AVENUE 5				
Weather: Clear		Road Surface: Dry			
		Traffic Control:	Tra	Traffic Volume: No Traffic	
Traffic Flow: One Way		Traffic Light - Working	g No	Traffic	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG3110K	Lorry		KIA			1
YP9282M	Lorry	HINO	XZU710R 14FT WIDE CAB 7T		Seriously Damaged	4

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



T/20241214/7010

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241214/7010

## CONTINUATION OF REPORT

Passenger						
Name	NALLAIAH PANDI			ID No.		G2573520Q
Related Vehicle	YP9282M (Lorry)			Contact No.		90517816
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge NIL			
No. of Days grant	ed Medical Leave (MC)	01	Degree of	Degree of Injury Slight		
Driver						
Name	SELVARAJ PRAKASH			ID No.	Š	G2881949N
Related Vehicle	YP9282M (Lorry)			Contact No.		98117836
Hospital/Clinic	NIL.			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: 10/11/2028
Date Treatment	NIL	· · · · · · · · · · · · · · · · · · ·	Date Disch	charge NIL		L
No. of Days grant	NIL	Degree of	Injury	Degree of Injury NIL		

## Brief Details.

I was driving my vehicle YP9282M along Bukit Batok Ave 5 & i was driving straight on the most right lane .Front of the traffic light it was green light & i went drove straight . Suddenly vehicle GBG3110K from opposite direction & didn't stop & ran a traffic red light & hit into my vehicle front portion & causing my vehicle front portion damages .

After the incident, my supervisor leg was injured . That's all



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



1/20241214/7010

3 of 3 Report No. T/20241214/7010

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: 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: Not applicable	Date/Time: 14/12/2024 10:34
Officer In Charge Of Case: TP / AEIT / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
NP168	



## CERTIFICATE OF INSURANCE

ORIGINAL

The Motor Policy to which this Certificate relates is issued in accordance with the provisions of the following Legislation: Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189 of the Revised Edition) (Singapore) Motor Vehicles (Third-Party Risks and Compensation) Act Rules, 1996 Edition (Singapore) Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaya) Road Transport Act 1987 (of Malaysia)

Road Transport Act (Amendment) Act 2019 (of Malaysia)

Policy No.

: 2024-V5022794-VCV

Product Type

: Commercial Vehicle

Cover

: Camprehensive Any Workshop

Name of Insured

: WEE GUAN ENGINEERING PTE LTD

Period of Insurance

: From 01/02/2024 to 31/01/2025 (both dates inclusive)

Risk Number 001

Vehicle Registration

: YP9282M

Vehicle Make & Model

: HINO XZU710R 14FT WIDE CAB 7T

Hire Purchase

: United Overseas Bank Limited

## PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

Any person who is driving on the Policyholder's order or with their permission.

 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 so permitted and is not disqualified by order of a 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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

## LIMITATIONS AS TO USE

- (1) Use in connection with the Policyholder's Business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic and pleasure purposes.

The policy does not cover :-

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (of Malaysia) are not to be included under these headings.

Signed for and on behalf of the Company

Khor Hock Seng Group CEO

Great Eastern General Insurance Limited (A wholly-owned subsidiary of Great Eastern Holdings Limited) | 1 Pickering Street, #01-01 Great Eastern Centre Singapore 048659 | Company Registration No: 192000003W | T: +65 6248 2888 | F: +65 6327 3080 | greateasterngeneral.com

610\_LJR

Form MZ300