

## 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 Authorised 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 ability
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 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 Report	19/05/2016 19:05
Date Of Accident	18/05/2016 16:40
Exact Location Of Accident	BRICKLAND ROAD TOWARDS BUKIT BATOK ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB4963K
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#### Insured/Policyholder

Name Of Registered Owner	QUEK & TAN BUILDING CONSTRUCTION PTE LTD
Co Reg No	199304548k
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-68448555

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D 1KD (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Commercial Vehicle

#### Insurance Company

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	16-MB004804-R06
Cover Note Number	

#### Driver

Name of Driver	CHOWDHURY MOFIJ
Work Permit No	G8356863T
Date Of Birth	03/11/1987
Occupation	Outdoor
Date Of Driving Pass	19/05/2014
Driving Experience	1 Year And 11 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address  
 Postcode  
 Was driver an employee of the Insured's Company Yes  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident Unknown - REFER TO SKETCH PLAN  
 Weather Conditions Raining  
 Road Surface Wet

#### Other Information

Was any foreign vehicle involved in this accident? No  
 Was any body injured in the Accident? Yes  
 Was any other material or property damaged? Yes  
 Was there any video captured by Car Camera? No  
 Number of Passengers (Including Driver) 8

#### Details of Police Action

Was the accident reported to the police? Yes  
 If Yes, Please state which Police Station  
 Police Station Name Nanyang N.p.c  
 Police Station Address **ROAD:** 2 JURONG WEST AVE 5 , **POSTCODE:** 649482 , **COUNTRY:** Singapore  
 Police Station Contact **TEL NO:** 1800-7929999 - **FAX NO:**  
 Was notice of intended Prosecution given? No  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO ATTACHMENT TO POLICE REPORT NO : T/20160518/2206.  
 Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN5161R  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address

#### DETAILS OF INJURED PERSON 1

Name NAGARATHINAM JAYARASU  
 Approximate Age  
 Injuries Sustain

Injured person in which vehicle? GBB4963K  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name CHINNAKKARUPPAN VELLICHAMY  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GBB4963K  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance?  
Address  
Postcode

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Police for investigation.**
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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)**

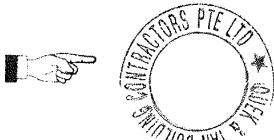
I understand, acknowledge, agree and consent that :

(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.

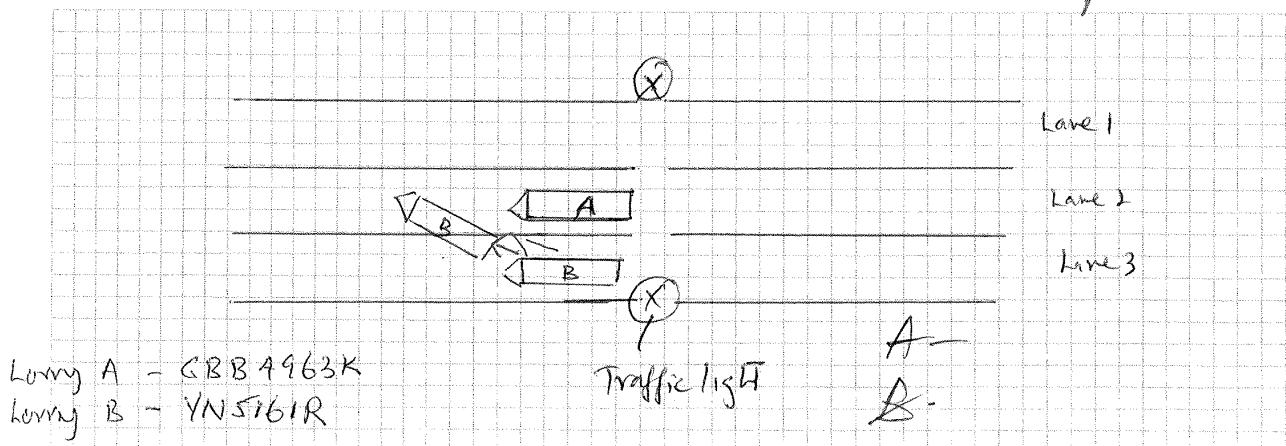


Policyholder's Signature / Date & Time

*2/2 13-8-2016*  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

( ) Claim Own Damage    ☒ Claim TP    ( ) Reporting Only    ( ) Claim OD/TP at other workshop

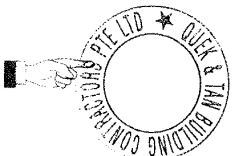
Workshop name: \_\_\_\_\_

**Describe Circumstances of the Accident**

Refer to Attachment to Police Report No:  
T/2160512/2016

**Declaration**

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



Policyholder's Signature / Date & Time

*[Signature]* 19-5-2016

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

*[Signature]*

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20160518/2206

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20160518/2206**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/05/2016 22:27		Vide Report No.: F/20160518/0128		Station Diary No.: 190	
<b>Informant's Particulars</b>					
Name of Informant: CHOWDHURY MOFIJ			Address:		
ID Type / ID No.: FIN NO / G8356863T			Contact No.: Home/Office: Mobile: 98745561		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 28	Date of Birth: 03/11/1987	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: RENOVATION WORKER			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/05/2016 16:40	Type of Location: Straight Road
Location: Along Road 1 BRICKLAND ROAD BUKIT BATOK ROAD ALONG BRICKLAND ROAD TOWARDS BUKIT BATOK ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
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

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBB4963K	Lorry	TOYOTA		Silver		7
YN5161R	Lorry			Silver		2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20160518/2206

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20160518/2206

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	CHINNAKKARUPPAN VELLICHAMY	ID No.	NIL
Related Vehicle	GBB4963K (Lorry)	Contact No.	86544687
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/05/2016	Date Discharge	18/05/2016
No. of Days granted Medical Leave	01	Degree of Injury	Slight
<b>Passenger</b>			
Name	NAGARATHINAM JAYARASU	ID No.	NIL
Related Vehicle	GBB4963K (Lorry)	Contact No.	98109748
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/05/2016	Date Discharge	18/05/2016
No. of Days granted Medical Leave	01	Degree of Injury	Slight
<b>Driver</b>			
Name	CHOWDHURY MOFIJ	ID No.	G8356863T
Related Vehicle	NIL	Contact No.	98745561
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 18/05/2016 at 1640hrs, I was driving my lorry registration bearing GBB4963K along Brickland Road towards Bukit Batok Road. Its a 3 lane road and I am driving in the middle lane. My destination is Bukit Batok Town Council Office. There are total of 2 passengers sitting at the front and 5 passengers sitting at the rear of the lorry. While I was travelling on the said road, it was drizzling and the road surface was wet. While driving along on the 2nd lane, I spotted 01 taxi that stopped on the extreme left lane, which the taxi is picking up the passenger. There was a vehicle behind the taxi who then brake immediately. The vehicle then came into a stop. However there was another lorry registration bearing YN5161R swerved right into my lane suddenly to avoid the stationary vehicles. I then applied my brakes however my front left of my vehicle then hit onto the rear right of the said lorry. I then came down to make a check and 02 of my passengers sitting at the rear of my lorry namely Nagarathinam Jayarasu and Chinnakkaruppan Vellichamy were both injured due to the impact. Nagarathinam Jayarasu complain of pain on his right



**SINGAPORE  
POLICE FORCE**



T/20160518/2206

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
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Report No. T/20160518/2206

**CONTINUATION OF REPORT**



back and Chinnakkaruppan Vellichamy complain pain on his right elbow. Ambulance came and convey both of them to the hospital. I do not know which hospital they went to. Traffic Police came and gave me a case number F/20160518/0128 and advised me to lodge a Traffic Accident Report.



I wish to inform that both of them informed me that they were given 01 day of MC. I did not take the other party's particulars. There are no in car camera in my vehicle.

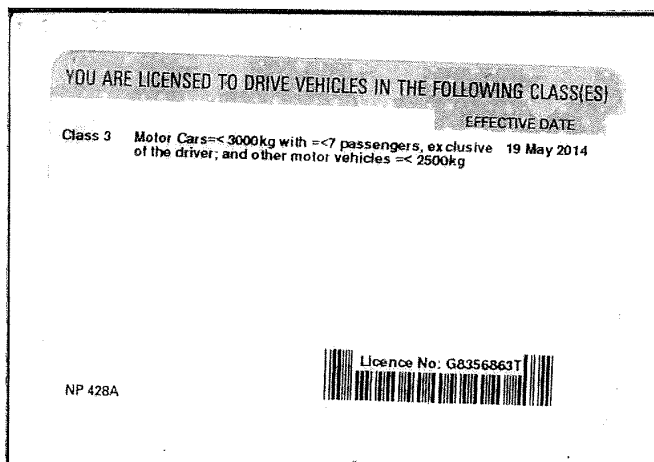
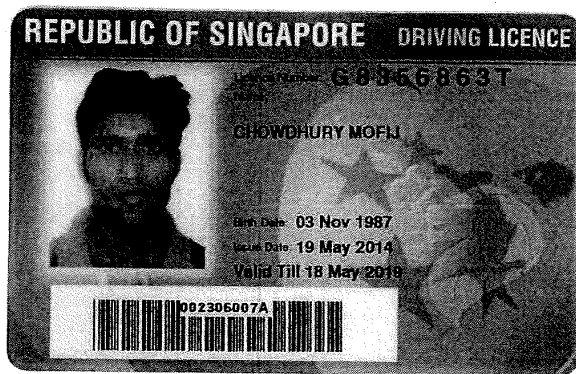


# Driver's Driving Work Permit Pg.1

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WORK PERMIT	
Employment of Foreign Manpower Act (Chapter 91A)	
Republic of Singapore	
Employer QUEK & TAN BUILDING CONTRACTORS PTE LTD	
Sector: CONSTRUCTION	
Name CHOWDHURY MOFIJ	
Occupation CONSTRUCTION WORKER-CUM-DRIVER	
	Work Permit No. 0 62759674
	Date of Application 04-12-2015
	Date of Issue 07-01-2016
	Date of Expiry 06-01-2017
	
L6394595	

VISIT PASS			
Immigration Regulations			
Name CHOWDHURY MOFIJ			
	Date of Birth 03-11-1987	Sex M	Nationality BANGLADESHI
	FIN G8356863T	Date of Issue 07-01-2016	Date of Expiry 06-01-2017
	MULTIPLE JOURNEY VISA ISSUED		
	YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED, OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.		
			



## Certificate of Insurance Pg.1

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmsis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

FORM MZ300

### Certificate of Insurance

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)**  
**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960**  
**ROAD TRANSPORT ACT, 1987 (MALAYSIA)**  
**MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

Policy No.: 16-MB004804-R06 (Comm Vehicle Carry Own Goods)

1. **Index Mark and Registration Number of Vehicle** GBB4963K **Chassis No.:** JTFAT35Y80K200583
2. **Name of Policyholder** QUEK & TAN BUILDING CONTRACTORS PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 15/05/2016
4. **Date of Expiry of Insurance** 14/05/2017

5. **Persons or Class 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 regulations 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 regulation 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.

6. **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 Policyholders' business.
- 3) Use for social domestic and pleasure purposes.

The policy does not cover:-

- 1) Use for hire or reward or 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.

\* 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 (Malaysia), are not to be included under these headings.

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

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

Account: 1277DDA

**Insurance Plan:** Comprehensive Approved Workshop Plan  
**Limit for total loss or theft:** Prevailing Market Value  
**Policy Excess:** Own Damage Claims SGD 500  
Windscreen Excess SGD 100  
**Financial Interest:** HONG LEONG FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed 25/04/2016

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

