

Date In: 10/1/18 16:18	Job description	Date & Time Completed	Done by
Ref No: NA/ABE 18000629/h4	SAS e-filing		
Veh No: YN 3784 G	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 10/1/18 06:45	i-Motor Claim Form		
OD / <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: MBW 7125	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: () %	[Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA1800282	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	20.00	
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QJ:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
at 1:	TP (N11): TP (Non INC) against INC \$20		
at 2 / 3:	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	10/01/2018 16:18
Date Of Accident	10/01/2018 06:45
Exact Location Of Accident	JUNC OF WOODLANDS AVE 10 & WOODLANDS AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3784G
Insured/Policyholder	
Name Of Registered Owner	ICF INTERNATIONAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64170711

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0013208-MVA-R001
Cover Note Number	-

Driver

Name of Driver	ALAGAN PRABU
Passport No/FIN	G6086033K
Date Of Birth	26/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2008
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84118244
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	101 EUNOS AVE 3
Postcode	409835
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	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	MBW7125 (COMMERCIAL VEHICLE)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	19
Passenger 1	NAME: : THANGAVELLAN MARAIMANI GENDER: : MALE
Passenger 2	NAME: : ULLI SATISH GENDER: : MALE
Passenger 3	NAME: : THANGAMANI RAJARAMAN GENDER: : MALE
Passenger 4	NAME: : KANCHI VENKATESWARA RAO GENDER: : MALE
Passenger 5	NAME: : ROYAL GENDER: : MALE
Passenger 6	NAME: : UDDIN BORHAN GENDER: : MALE
Passenger 7	NAME: : AL AMIN MOHAMMAD GENDER: : MALE
Passenger 8	NAME: : KODIDASU KRISHNA GENDER: : MALE
Passenger 9	NAME: : GANESAN MATHIYAZHAGAN GENDER: : MALE

Passenger 10	NAME: : RAJU NATARAJAN
	GENDER: : MALE
Passenger 11	NAME: : AHASANULLAH MOHAMMED
	GENDER: : MALE
Passenger 12	NAME: : RAHMAN MAHBUBUR
	GENDER: : MALE
Passenger 13	NAME: : PALASH MOHAMMAD
	GENDER: : MALE
Passenger 14	NAME: : BALAKUMAR KUMARAVEL
	GENDER: : MALE
Passenger 15	NAME: : PACKIYA RAJ AROCKIA SAMY
	GENDER: : MALE
Passenger 16	NAME: : RASU SAKTHI
	GENDER: : MALE
Passenger 17	NAME: : MEDISETTI RAMAKOTI
	GENDER: : MALE
Passenger 18	NAME: : THANKAIAN VIJIN
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	MBW7125
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABU BAKAR BIN AHMED
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YP6597A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ALAGAN PRABU
Approximate Age
Injuries Sustain SLIGHTLY
Injured person in which vehicle? YN3784G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name THANGAVELLAN MARAIMANI
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? YN3784G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name ULLI SATISH
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? YN3784G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 4

Name THANGAMANI RAJARAMAN
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? YN3784G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 5

Name KANCHI VENKATESWARA RAO

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? YN3784G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 6

Name ROYAL

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? YN3784G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 7

Name UDDIN BORHAN

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? YN3784G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 8

Name AL AMIN MOHAMMAD

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? YN3784G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 9

Name KODIDASU KRISHNA

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? YN3784G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 10

Name GANESAN MATHIAZHAGAN

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? YN3784G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE


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5. **Any false reporting may be referred to the Police for investigation.**
6. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

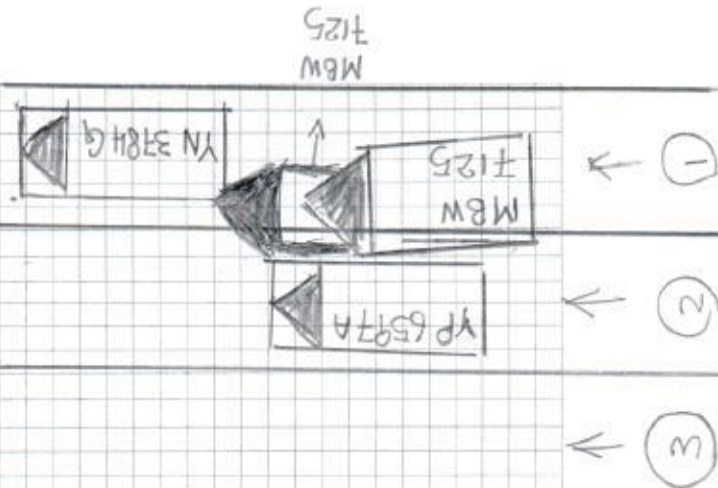
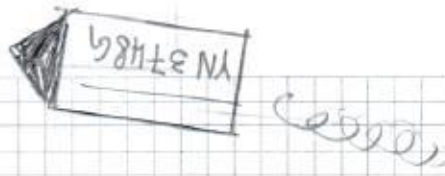


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 1 / 18) (DD/MM/YYYY), TIME: (6 : 45) (HH:MM)

LOCATION: Junc of woodlands Ave 10 & woodlands Ave 9

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 3784 G
b) INSURANCE COMPANY: QBE
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: ICF International pte Ltd (MALE / FEMALE) 64170711
b) NRIC/FIN/PASSPORT: _____ CONTACT: 674 64171222
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Alagan Prabu (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 84118244
c) ADDRESS: 101 Eunus Ave 3 CS) 409835

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MBW 7125 MODEL: _____
b) DRIVER'S NAME: Abu Bakar Bin Ahmed
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: YP 6597A MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Camera : No.

email =

attach scene photo.

fax =

waiting chop.



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

Report No. T/20180110/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2018 13:02	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ALAGAN PRABU			Address: 101 EUNOS AVE 3 SINGAPORE 409835		
ID Type / ID No.: FIN NO / G6086033K			Contact No.: Home/Office: Mobile: 84118244		
Nationality: INDIAN			Email:		
Sex: Male	Age: 30	Date of Birth: 26/04/1987	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: MARINE TRADES WORKER-CUM- DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/01/2018 06:45	Type of Location:
Location: Along Road 1 WOODLANDS AVENUE 10 WOODLANDS AVENUE 9 WOODLAND AVE 10 AND WOODLAND AVE 9 JUNCTION				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
MBW7125	Lorry	MITSUBISHI			Seriously Damaged	2
YN3784G	Lorry	MITSUBISHI	FE83BE6SR DEA		Seriously Damaged	18
YP6597A	Lorry		CANTER FEB21ER4S DEB (CBU)		Seriously Damaged	7



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

Report No. T/20180110/2059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABU BAKAR BIN AHMED	ID No.	771009015555
Related Vehicle	MBW7125 (Lorry)	Contact No.	6012-7716876
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
Driver			
Name	ALAGAN PRABU	ID No.	G6086033K
Related Vehicle	YN3784G (Lorry)	Contact No.	84118244
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	RASU SAKTHI	ID No.	G2434107R
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
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	Slight



**SINGAPORE
POLICE FORCE**



T/20180110/2059

3 of 9

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

Report No. T/20180110/2059

CONTINUATION OF REPORT

Passenger			
Name	PACKIYA RAJ AROCKIA SAMY	ID No.	G8345801T
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
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	Slight
Passenger			
Name	BALAKUMAR KUMARAVEL	ID No.	G8192559W
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
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	Slight
Passenger			
Name	PALASH MOHAMMAD	ID No.	G7970582P
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
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	Slight
Passenger			
Name	ALAGAN PRABU	ID No.	G6086033K
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
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	Slight



Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
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Report No. T/20180110/2059

CONTINUATION OF REPORT

Passenger			
Name	RAHMAN MAHBUBUR	ID No.	G6783597U
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	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	Serious
Passenger			
Name	AHASANULLAH MOHAMMED	ID No.	G7461878U
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	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	Serious
Passenger			
Name	RAJU NATARAJAN	ID No.	G2187382
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	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	Serious
Passenger			
Name	GANESAN MATHIAZHAGAN	ID No.	G2380368U
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	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	Serious



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

Report No. T/20180110/2059

CONTINUATION OF REPORT

Passenger			
Name	KODIDASU KRISHNA	ID No.	G2433117U
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	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	Serious
Passenger			
Name	AL AMIN MOHAMMAD	ID No.	G6814468Q
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	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	Serious
Passenger			
Name	UDDIN BORHAN	ID No.	G7403941W
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	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	Serious
Passenger			
Name	ROYAL	ID No.	G7776068M
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	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	Serious



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CONTINUATION OF REPORT

Passenger			
Name	KANCHI VENKATESWARA RAO	ID No.	G2433377P
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	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	Serious
Passenger			
Name	THANGAMANI RAJARAMAN	ID No.	G8333594M
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	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	Serious
Passenger			
Name	ULLI SATISH	ID No.	G2433789N
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	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	Serious
Passenger			
Name	THANGAVELLAN MARAIMANI	ID No.	G2637677M
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	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	Serious



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

Report No. T/20180110/2059

CONTINUATION OF REPORT

Passenger			
Name	THANKAIAN VIJIN	ID No.	G7847372Q
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
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	Slight
Passenger			
Name	MEDISETTI RAMAKOTI	ID No.	G2433698R
Related Vehicle	YN3784G (Lorry)	Contact No.	NIL
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	Slight
Driver			
Name	RAMAK RISHNAN SARAVANAKUMAR	ID No.	G6921384M
Related Vehicle	YP6597A (Lorry)	Contact No.	97795361
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 10/01/2018 AT AROUND 0640 TO 0645 HRS AT WOODLAND AVE 10 BETWEEN WOODLAND AVE 9

I WAS TRAVELING AT WOODLAND AVE 10 AT THE RIGHT MOST LANE . I STOPPED BEFORE THE TRAFFIC LIGHT JUNCTION BETWEEN WOODLAND AVE 10 AND WOODLAND AVE 9. BESIDE ME WAS A SINGAPORE LORRY YP6597A, WE BOTH STOPPED BEFORE THE TRAFFIC LIGHT JUNCTION WHEN IT WAS RED WHEN SUDDENLY A MALAYSIA LORRY 'MBW7125' CAME AND HIT THE LORRY BESIDE ME AND AFTER THAT IT CONTINUE TO SHIFT RIGHT AND HIT THE REAR OF MY LORRY. MY LORRY THEN CAME OUT OF THE WHITE LINE OF THE JUNCTION AND CAME OUT TO THE YELLOW BOX JUNCTION ABOUT 3-6 METER FROM THE WHITE LINE TO THE YELLOW BOX.



**SINGAPORE
POLICE FORCE**



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Report No. T/20180110/2059

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

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180110/2059

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

Report No. T/20180110/2059

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
LEE KWANG HONG KENDRICK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/01/2018 13:02

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

conveyed by ambulance



Injury				
S/N	Full Name	Short name	Fin No	Hospital
1	Thangavellan Maraimani	Maraimani	G2637677M	Tan Tock Seng
2	Ulli Satish	Ulli Satish	G2433789N	Tan Tock Seng
3	Thangamani Rajaraman	Rajaraman	G8333594M	Tan Tock Seng
4	Kanchi Venkateswara Rao	Venkateswara	G2433377P	Tan Tock Seng
5	Royal	Royal	G7776068M	Tan Tock Seng
6	Uddin Borhan	Borhan	G7403941W	Tan Tock Seng
7	Al Amin Mohammad	Al Amin	G6814468Q	Tan Tock Seng
8	Kodidasu Krishna	Krishna	G2433117U	Tan Tock Seng
9	Ganesan Mathiyazhagan	Mathi	G2380368U	Tan Tock Seng
10	Raju Natarajan	Natarajan	G2187382P	Khoo Teck Puat
11	Ahasanullah Mohammed	Mohammed	G7461878U	Khoo Teck Puat
12	Rahman Mahbubur	Mahbubur	G6783597U	Khoo Teck Puat

Slight

~~Non~~ Injury

S/N	Name	Short name	Fin No
1	Alagan Prabu	Prabu	G6086033K
2	Palash Mohammad	Palash	G7970582P
3	Balakumar Kumaravel	Kumaravel	G8192559W
4	Packiya Raj Arockia Samy	Arockia samy	G8345801T
5	Rasu Sakthi	Sakthi	G2434107R
6	Mediseti Ramakoti	Ramakoti	G2433698R
7	Thankaian Vijin	Vijin	G7847372Q



non - conveyed by ambulance

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
ICF INTERNATIONAL PTE. LTD.

Sector: **MARINE**

Name
ALAGAN PRABU

Occupation
MARINE TRADES WORKER-CUM-DRIVER

Work Permit No.
0 34151156

Date of Application
15-04-2011

Date of Issue
17-03-2016

Date of Expiry
18-04-2018

L6599429

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G 6086033K**

Name
ALAGAN PRABU

Birth Date **26 Apr 1987**

Issue Date **20 Nov 2013**

Valid Till **25 Nov 2018**

002247303G

VISIT PASS
Immigration Regulations

Name
ALAGAN PRABU

Date of Birth **26-04-1987** Sex **M** Nationality **INDIAN**

FIN **G6086033K** Date of Issue **17-03-2016** Date of Expiry **18-04-2018**

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.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 25 Motorcycles <= 200 cc 26 Nov 2005

Class 26 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 26 Nov 2005

Licence No: G6086033K

NP 428A

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401363C

1 Raffles Quay, #29-10 South Tower, Singapore 048583
Tel: 65-6224 6633 Fax: 65-6533 3270
GST Registration No.: M200644018
www.qbe.com.sg



Certificate of Insurance

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

Certificate No.
8-V0013208-MVA-R001

Account Name **PLANNER.COM PTE LTD**

MCI Type **MZ300**

1 Index Mark and Registration Number of Vehicle or Chassis No: **YN3784G**

2 Name of Policyholder **ICF INTERNATIONAL PTE LTD**

3 Effective date of Commencement of Insurance for the purpose of the Regulations **24/06/2017**

4 Date of Expiry **23/06/2018**

5 Person or Classes of Person entitled to drive*

(a) 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 the 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*

(a) Use in connection with the Policyholder's business.

(b) Use for the carriage of passengers (other than for hire or reward)

(c) 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.

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

I/WE HEREBY CERTIFY that the Policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 02/06/2017