

## 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 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             | 28/03/2018 14:49                                   |
| Date Of Accident           | 27/03/2018 19:40                                   |
| Exact Location Of Accident | ALONG JUNC BETWEEN KIAN TECK AVE & KIAN TECK DRIVE |
| Country/State of Loss      | SINGAPORE                                          |

### DETAILS OF OWN VEHICLE

|                             |                           |
|-----------------------------|---------------------------|
| Vehicle Registration Number | YP2033L                   |
| <b>Insured/Policyholder</b> |                           |
| Name Of Registered Owner    | LIXIN ENGINEERING PTE LTD |
| Co Reg No                   | 200207000Z                |
| Email Address               | NOEMAIL                   |
| Mobile Phone No             |                           |
| Alternative Phone No        | OFFICE-62659845           |

### Vehicle Particulars

|                                                                              |                    |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer                                                                 | MITSUBISHI         |
| Model                                                                        | CANTER             |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL USE     |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5078387117-01                          |
| Cover Note Number         |                                        |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | SEENIVASAN MUTHUKUMAR |
| Passport No/FIN      | G7737965M             |
| Date Of Birth        | 04/06/1986            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 19/07/2017            |
| Driving Experience   | 0 YEAR AND 8 MONTH    |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-81166039  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | NOEMAIL               |

|                                                     |                     |
|-----------------------------------------------------|---------------------|
| Address                                             | 31 GUL RD<br>#03-00 |
| Postcode                                            | 629358              |
| 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 | RAINING                    |
| Road Surface       | WET                        |

#### Other Information

|                                                                                             |                                              |
|---------------------------------------------------------------------------------------------|----------------------------------------------|
| Was any foreign vehicle involved in this accident?                                          | NO                                           |
| Number of vehicles involved in the accident                                                 |                                              |
| Was any body injured in the Accident?                                                       | YES                                          |
| Was any injured conveyed to hospital by ambulance?                                          | NO                                           |
| 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)                                                     | 11                                           |
| Passenger 1                                                                                 | NAME: : ISLAM MD NAZIMUL<br>GENDER: : MALE   |
| Passenger 2                                                                                 | NAME: : RAHMAN MOST AFIZUR<br>GENDER: : MALE |
| Passenger 3                                                                                 | NAME: : UNKNOWN<br>GENDER: : MALE            |
| Passenger 4                                                                                 | NAME: : UNKOWN<br>GENDER: : MALE             |
| Passenger 5                                                                                 | NAME: : UNKNOWN<br>GENDER: : MALE            |
| Passenger 6                                                                                 | NAME: : UNKNOWN<br>GENDER: : MALE            |
| Passenger 7                                                                                 | NAME: : UNKNOWN<br>GENDER: : MALE            |
| Passenger 8                                                                                 | NAME: : UNKNOWN<br>GENDER: : MALE            |
| Passenger 9                                                                                 | NAME: : UNKNOWN<br>GENDER: : MALE            |
| Passenger 10                                                                                | NAME: : UNKNOWN<br>GENDER: : MALE            |

**Details of Police Action**

|                                           |                                                                                              |
|-------------------------------------------|----------------------------------------------------------------------------------------------|
| Was the accident reported to the police?  | YES                                                                                          |
| If Yes, Please state which Police Station |                                                                                              |
| Police Station Name                       | BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE                                                      |
| Police Station Address                    | <b>ROAD:</b> 21 BUKIT BATOK EAST AVE 4 , <b>POSTCODE:</b> 659840 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-6659999 - <b>FAX NO:</b> 66655793                                        |
| Was notice of intended Prosecution given? | NO                                                                                           |
| If Yes, against whom?                     |                                                                                              |

**Circumstances of Accident**

PLS REFER TO THE POLICE REPORT: T/20180327/2198

**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         | SLC5585M                          |
| Vehicle Make/Model/Colour           |                                   |
| Details Of Properties               |                                   |
| Vehicle Category                    | PRIVATE CAR                       |
| Name of Driver                      | SELEMBRASAN S/O GOPAL PATHMAVATHY |
| NRIC/Passport Number                | S8722472D                         |
| Contact Number                      | 85467283                          |
| Address                             |                                   |
| Postcode                            |                                   |
| Insurance Company Name              |                                   |
| Nature Of Damage                    |                                   |
| No. Of Passenger (Including Driver) |                                   |

**DETAILS OF INJURED PERSON 1**

|                                                     |                       |
|-----------------------------------------------------|-----------------------|
| Name                                                | SEENIVASAN MUTHUKUMAR |
| Approximate Age                                     |                       |
| Injuries Sustain                                    | BACK & NECK           |
| Injured person in which vehicle?                    | YP2033L               |
| Were seat belts worn?                               | YES                   |
| Was this injured conveyed to hospital by ambulance? | NO                    |
| Address                                             |                       |
| Postcode                                            |                       |

**DETAILS OF INJURED PERSON 2**

|                                                     |                  |
|-----------------------------------------------------|------------------|
| Name                                                | ISLAM MD NAZIMUL |
| Approximate Age                                     |                  |
| Injuries Sustain                                    | BACK & NECK      |
| Injured person in which vehicle?                    | YP2033L          |
| Were seat belts worn?                               |                  |
| Was this injured conveyed to hospital by ambulance? | NO               |
| Address                                             |                  |
| Postcode                                            |                  |

**DETAILS OF INJURED PERSON 3**

|      |                    |
|------|--------------------|
| Name | RAHMAN MOST AFIZUR |
|------|--------------------|

|                                                     |             |
|-----------------------------------------------------|-------------|
| Approximate Age                                     |             |
| Injuries Sustain                                    | BACK & NECK |
| Injured person in which vehicle?                    | YP2033L     |
| Were seat belts worn?                               |             |
| Was this injured conveyed to hospital by ambulance? | NO          |
| Address                                             |             |
| Postcode                                            |             |

## Accident Sketch Plan

### SKETCH PLAN

#### 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 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. 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.

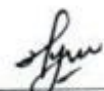


Policyholder's Signature  
Date & Time:

  
S. MUTHUKUMAR

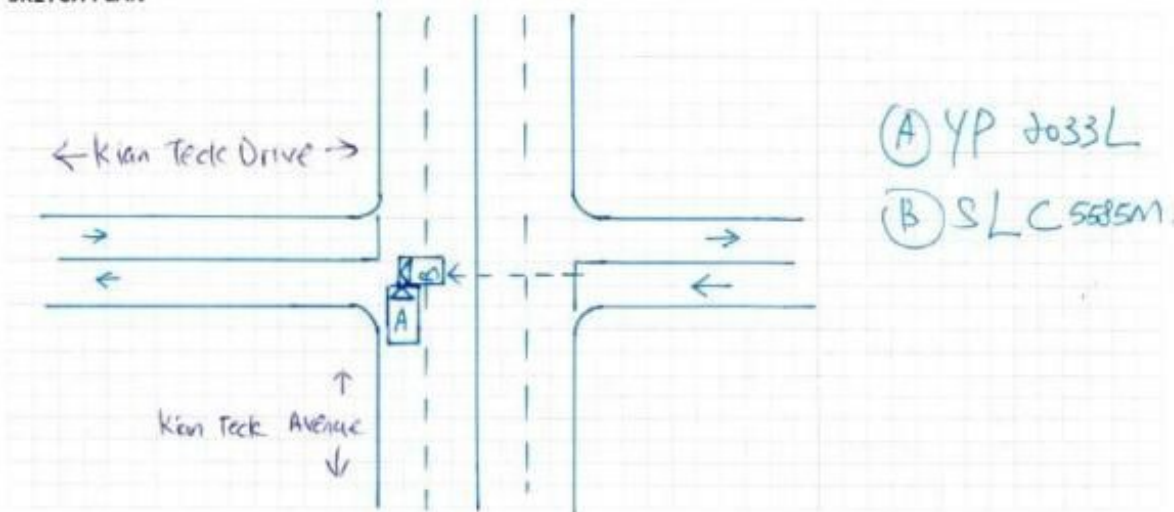
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 27/3/18

S. MUTHUKUMAR

 28/03/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement Please Refer To Police  
Report No: T/20180327/2198

## DECLARATION

If We declare the foregoing particulars are true in every respect.



S. Muthukumar

Policyholder's Signature

Date & Time:



S-muthukumar

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/5/18

Apr 28/03/18

Reporting Centre Personnel's Signature \_\_\_\_\_

Name: \_\_\_\_\_

NRIC/FIN No.:

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180327/2198

2 of 3

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20180327/2198

## CONTINUATION OF REPORT

|                                   |                                  |                                        |                                    |
|-----------------------------------|----------------------------------|----------------------------------------|------------------------------------|
| <b>Driver</b>                     |                                  |                                        |                                    |
| Name                              | Selembasan S/O Gopal Pathmavathy | ID No.                                 | S8722472D                          |
| Related Vehicle                   | SLC5585M (Car)                   | Contact No.                            | 85467283                           |
| Hospital/Clinic                   | NIL                              | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment                    | NIL                              | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL                              | Degree of Injury                       | NIL                                |
| <b>Driver</b>                     |                                  |                                        |                                    |
| Name                              | SEENIVASAN MUTHUKUMAR            | ID No.                                 | G7737965M                          |
| Related Vehicle                   | YP2033L (Lorry)                  | Contact No.                            | 62659845                           |
| Hospital/Clinic                   | NORTHEAST MEDICAL CENTRE         | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                    | 27/03/2018                       | Date Discharge                         | 27/03/2018                         |
| No. of Days granted Medical Leave | 03                               | Degree of Injury                       | Slight                             |

### Brief Details.

On 27/03/2018, at around 1940hrs, I was driving my vehicle, YP2033L along Kian Teck Avenue. As I was approaching the junction between Kian Teck Avenue and Kian Teck Drive, I did not notice any vehicle hence I did not stop as there was also no stop line. I wish to state that there are stop line at both side of Kian Teck Drive.

Suddenly, another vehicle, SLC5585M dashed out from the right side. I immediately jam braked however it was too late and the head of my vehicle collided into the left side of the other vehicle. After the collision, the driver and I alighted from our vehicle to make a check on the damages and exchange particulars. The other driver also called police. SCDF ambulance and traffic police arrived at the scene shortly.

At the point of time no one was injured hence the traffic police advised both parties to let our insurance company handle the accident. After the accident, two of my colleagues namely, Islam Md Nazimul (G8597672P), Rahman Most Afizur (G7746525T) and myself felt pain in our back and neck area hence we went to Northeast Medical Group. We were all given 3 days of medical leave from 27/03/2018 to 29/03/2018. There are a total of 10 passenger in my vehicle.

There is no in car camera in my vehicle. I noticed there is a in car camera in the other vehicle.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180327/2198

1 of 3

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6559999

Report No. T/20180327/2198

## REPORT OF A TRAFFIC ACCIDENT

|                                             |            |                              |                                                                           |                           |                            |
|---------------------------------------------|------------|------------------------------|---------------------------------------------------------------------------|---------------------------|----------------------------|
| Date/Time Report Made:<br>27/03/2018 22:57  |            | Vide Report No.:             |                                                                           | Station Diary No.:<br>110 |                            |
| <b>Informant's Particulars</b>              |            |                              |                                                                           |                           |                            |
| Name of Informant:<br>SEENIVASAN MUTHUKUMAR |            |                              | Address:<br>APT BLK 824 JURONG WEST STREET 81 #02-454<br>SINGAPORE 640824 |                           |                            |
| ID Type / ID No.:<br>FIN NO / G7737965M     |            |                              | Contact No.:<br>Home/Office: 82858845      Mobile: 81168039               |                           |                            |
| Nationality:<br>INDIAN                      |            |                              | Email:                                                                    |                           |                            |
| Sex:<br>Male                                | Age:<br>31 | Date of Birth:<br>04/06/1986 | Type of Informant:<br>Driver                                              |                           |                            |
| Race:<br>Indian                             |            |                              | Language:<br>English                                                      |                           | Institution / School Name: |
| Occupation:<br>DRIVER                       |            |                              | Driving Licence Information:<br>Class: 2B,3      Date of Expiry:          |                           |                            |

## General Information of the Accident

|                                                                                   |                           |                                    |                                            |                                     |
|-----------------------------------------------------------------------------------|---------------------------|------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident:                                                                 | Injury Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>27/03/2018 19:40 | Type of Location:<br>X-Junction     |
| Location:<br>Junction of Road 1 and Road 2<br>KIAN TECK AVENUE<br>KIAN TECK DRIVE |                           |                                    |                                            |                                     |
| Weather:<br>Drizzling                                                             |                           | Road Surface:<br>Wet               |                                            | Road Speed Limit:                   |
| Traffic Flow:<br>Two Way                                                          |                           | Traffic Control:<br>Not Controlled |                                            | Traffic Volume:<br>Light            |
| Type of Collision:<br>Between Moving Vehicles - Head To Side                      |                           |                                    |                                            | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type  | Make | Model | Color | Condition         | No of Passenger |
|-------------|-------|------|-------|-------|-------------------|-----------------|
| SLC5585M    | Car   |      |       |       | Seriously Damaged | 0               |
| YP2033L     | Lorry |      |       |       | Slightly Damaged  | 10              |

## Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180327/2199

2 of 3

Police Station Of Origin:

Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

Report No: T/20180327/2199

## CONTINUATION OF REPORT

|                                   |                                  |                                        |                                    |
|-----------------------------------|----------------------------------|----------------------------------------|------------------------------------|
| <b>Driver</b>                     |                                  |                                        |                                    |
| Name                              | Selembasan S/O Gopal Pathmavathy | ID No.                                 | S8722472D                          |
| Related Vehicle                   | SLC5585M (Car)                   | Contact No.                            | 85487283                           |
| Hospital/Clinic                   | NIL                              | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment                    | NIL                              | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL                              | Degree of Injury                       | NIL                                |
| <b>Driver</b>                     |                                  |                                        |                                    |
| Name                              | SEENIVASAN MUTHUKUMAR            | ID No.                                 | G7737985M                          |
| Related Vehicle                   | YP2033L (Lorry)                  | Contact No.                            | 62659845                           |
| Hospital/Clinic                   | NORTHEAST MEDICAL CENTRE         | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                    | 27/03/2018                       | Date Discharge                         | 27/03/2018                         |
| No. of Days granted Medical Leave | 03                               | Degree of Injury                       | Slight                             |

### Brief Details.

On 27/03/2018, at around 1940hrs, I was driving my vehicle, YP2033L along Kian Teck Avenue. As I was approaching the junction between Kian Teck Avenue and Kian Teck Drive, I did not notice any vehicle hence I did not stop as there was also no stop line. I wish to state that there are stop line at both side of Kian Teck Drive.

Suddenly, another vehicle, SLC5585M dashed out from the right side. I immediately jam braked however it was too late and the head of my vehicle collided into the left side of the other vehicle. After the collision, the driver and I alighted from our vehicle to make a check on the damages and exchange particulars. The other driver also called police. SCDF ambulance and traffic police arrived at the scene shortly.

At the point of time no one was injured hence the traffic police advised both parties to let our insurance company handle the accident. After the accident, two of my colleagues namely, Islam Md Nazimul (G8697672P), Rahman Most Afizur (G7746525T) and myself felt pain in our back and neck area hence we went to Northeast Medical Group. We were all given 3 days of medical leave from 27/03/2018 to 29/03/2018. There are a total of 10 passenger in my vehicle.

There is no in car camera in my vehicle. I noticed there is a in car camera in the other vehicle.

Police Report



SINGAPORE  
POLICE FORCE



T/20180327/2198

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6559999

3 of 3

Report No. T/20180327/2198

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:

J/

Sgt 2 YAP QI LONG

Signature Of Informant:

S. MATHURU MAR

Signature Of Interpreter:

Not applicable

Date/Time:

27/03/2018 22:57

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 85476232

Classification Of Case:

SS 114

Authentication Stamp

NP168



Singapore Police Force