

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	14/05/2018 12:43
Date Of Accident	12/05/2018 06:20
Exact Location Of Accident	JUNC OF RD1 & RD2 SENOKO SOUTH RD TOWRD SENOKO DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3424X
Insured/Policyholder	
Name Of Registered Owner	M/S QUN HAN CONSTRUCTION PTE LTD
Co Reg No	199601559R
Email Address	GFAUTOMOBILE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-94485536
Alternative Phone No	OFFICE-94485536

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA
Exact Purpose for which vehicle was being used at time of accident	COMMERICAL 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	GOODS VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3083721700
Cover Note Number	

Driver

Name of Driver	MUTHAIAH GANESAN
Passport No/FIN	G2299062X
Date Of Birth	10/06/1992
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94485536
Fax Number	(LOCAL) +65-64409747
Contact Number	OFFICE-64406335
EEmail Address	GFAUTOMOBILE@SINGNET.COM.SG

Address	BLK 421 TAGORE INDUSTRIAL AVE 03-20
Postcode	787805
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?	NO
Number of vehicles involved in the accident	2
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)	23
Passenger 1	NAME: : PARAMANIK SABUZ GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : MALE
Passenger 6	NAME: : UNKNOWN GENDER: : MALE
Passenger 7	NAME: : UNKNOWN GENDER: : MALE
Passenger 8	NAME: : UNKNOWN GENDER: : MALE
Passenger 9	NAME: : UNKNOWN GENDER: : MALE
Passenger 10	NAME: : UNKNOWN GENDER: : MALE

Passenger 11	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 12	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 13	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 14	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 15	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 16	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 17	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 18	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 19	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 20	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 21	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 22	NAME: : UNKNOWN
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER SKETCH PLAN & POLICE REPORT ATTACHED.

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	TIB1169Z
Vehicle Make/Model/Colour	BUS

Details Of Properties

Vehicle Category	BUS
Name of Driver	CHE WANLIANG
NRIC/Passport Number	G2289591K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PARAMANIK SABUZ
Approximate Age	
Injuries Sustain	BACK INJURY
Injured person in which vehicle?	YN3424X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

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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:



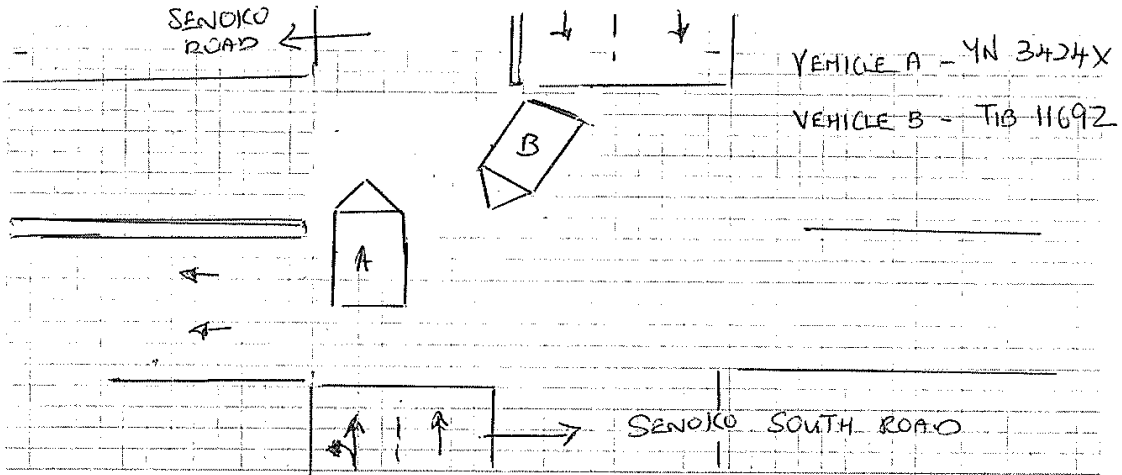
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Sally
NRIC/FIN No.: 5184Z



Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT, T/20180512/2038,
(WOODLANDS EAST N.P.C)

DECLARATION

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

—sd



M. Amb

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



h

Reporting Centre Personnel's Signature
Name: Sathy
NRIC/FIN No.: 51842



**SINGAPORE
POLICE FORCE**



T/20180512/2038

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

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Report No. T/20180512/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2018 10:16			Vide Report No.:		Station Diary No.: 84
Informant's Particulars					
Name of Informant: MUTHAIAH GANESAN			Address:		
ID Type / ID No.: FIN NO / G2299062X			Contact No.: Home/Office: Mobile: 94485536		
Nationality: INDIAN			Email:		
Sex: Male	Age: 25	Date of Birth: 10/06/1992	Type of Informant: Driver		
Race: Others			Language:	Institution / School Name:	
Occupation: CONSTRUCTION WORKER-CUM- DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/05/2018 06:20	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SENOKO SOUTH ROAD SENOKO DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
TIB1169Z	Bus/Coach/Mi nibus	MERCEDES BENZ	O4O5G AUTO	Multi-Colored	Slightly Damaged	0
YN3424X	Lorry	MITSUBISHI	FE83BEOSR DEA	White	Slightly Damaged	22

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180512/2038

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

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Report No. T/20180512/2038

CONTINUATION OF REPORT

Driver			
Name	Che Wanliang	ID No.	G2289591K
Related Vehicle	TIB1169Z (Bus/Coach/Minibus)	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	NIL
Driver			
Name	MUTHAIAH GANESAN	ID No.	G2299062X
Related Vehicle	YN3424X (Lorry)	Contact No.	94485536
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	NIL
Passenger			
Name	Paramanik Sabuz	ID No.	G6993548L
Related Vehicle	NIL	Contact No.	94337955
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the above mentioned date and time, I was driving my company lorry (YN3424X), travelling on Senoko South Road towards Senoko Drive, together with 22 passengers, with 2 at the front and 20 at the rear.

I was travelling on the left lane and was about arrive at a junction. I continued to travel forward and when the traffic light turned amber, I continued accelerate forward into the middle area of the junction. I then noticed a SMRT public transport bus (TIB1169Z) on the opposite side of the traffic, turning into my direction, intending to filter to my left.

I realized that I was going to collide with the bus (TIB1169Z), and so I swerved to the right to take evasive action. When I turned to the right, I also stepped on brakes to slow down my vehicle (YN3424X). As a result, the backend of my vehicle (YN3424X) steeped out (left direction) and the left rear side collided with



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T/20180512/2038

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Report No. T/20180512/2038

CONTINUATION OF REPORT

the middle left side of the bus (TIB1169Z).

There was slight damage present on both of the vehicles. The left rear side of my vehicle suffered slight dents, however no one on the bus (TIB1169Z), was injured to my knowledge.

However, one of my passengers namely, Paramanik Sabuz, G6993548L, HP: 94337955 was injured. He was sitting on the rear of my lorry (YN3424X) and was leaning against the back of my vehicle (YN3424X). When the collision occurred, he back slammed on the rear and he sustained a back injury as a result. He was conveyed to Ng Teng Fong Hospital by ambulance. I still do not know the extent of his injuries.

**SINGAPORE
POLICE FORCE**

T/20180512/2038

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180512/2038

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 /

MUHAMMAD AQMALFARHAN BIN JALANI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/05/2018 10:16

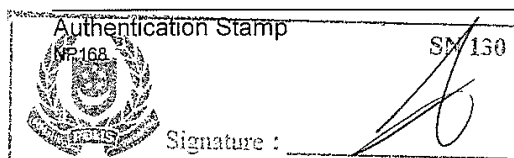
Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

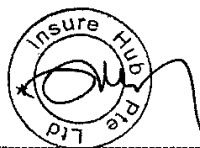
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COMPREHENSIVE

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)

CERTIFICATE No.	DMCVSN3083721700	Engine No :4M42A91245 Chassis No:FE83BEA20915
1. Index Mark and Registration Number of Vehicle	YN3424X	
2. Name of Policy Holder	M/S QUN HAN CONSTRUCTION PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20 NOVEMBER 2017	EX SECT. IS\$550.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	19 NOVEMBER 2018	
5. Persons or Classes of Persons entitled to drive *	<p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>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.</p>	
6. Limitations as to use: *	<p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER.</p> <p>(1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>	
<p>* 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.</p>		

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

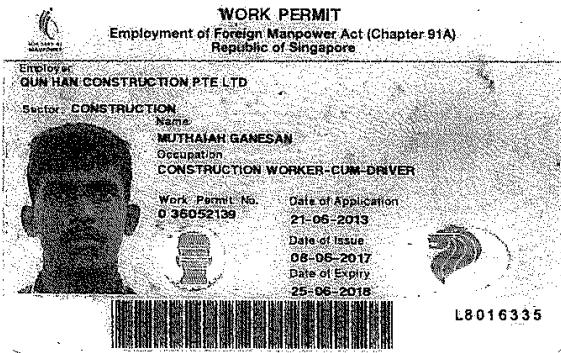


Countersigned By:

Authorised Officer

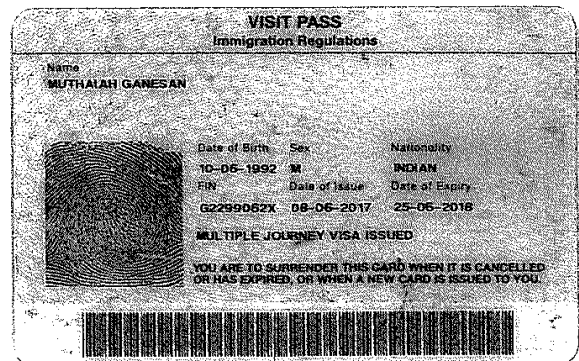
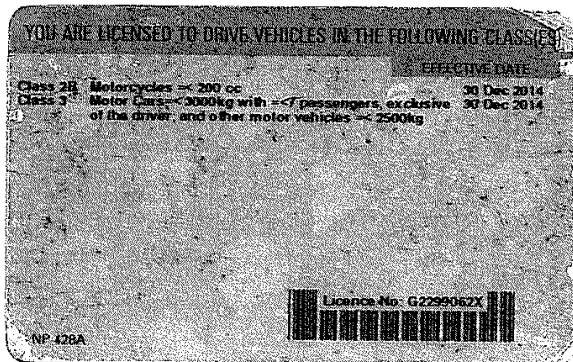
Authorised Signatory

DRIVER IC & DL Pg. 1



HP 94485536

YN 3424X



INSURED VEH



CHASSIS NO

NO : FE88DE4979915

N WT : 2440 KG

DEN WT : 5900 KG

AGER CAP : 1 DRIVER 2 OTHER

IZE : (F) 700R 16 TUBE

(R) 175R 14 8PR

INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



3RD PARTY BUS

