

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 liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	17/10/2018 12:38
Date Of Accident	13/10/2018 18:30
Exact Location Of Accident	SIMS AVE TWDS GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB3114B
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Insured/Policyholder

Name Of Registered Owner	STARLIGHT BUILDING MAINTENANCE SERVICES (S) PTE LT
Co Reg No	198600227K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62812408

Vehicle Particulars

Manufacturer	KIA
Model	K2900-2.9 D (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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCV17S007932
Cover Note Number	

Driver

Name of Driver	MARUDHA MUTHU RAYAR
NRIC No	G6828952T
Date Of Birth	12/01/1991
Occupation	INDOOR
Date Of Driving Pass	29/06/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81169831
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O YISHUN AVE 7 #01-01 SIMPANG LODGE 2
Postcode	768930
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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)	5
Passenger 1	NAME: : CHITTIRAI GENDER: : MALE
Passenger 2	NAME: : KENEDY GENDER: : MALE
Passenger 3	NAME: : BALAMURAGAN GENDER: : MALE
Passenger 4	NAME: : MURUGAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20181014/2033.

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	FBD7378U
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Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	MOTORCYCLE
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	RIDER OF VEH B
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBD7378U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
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:

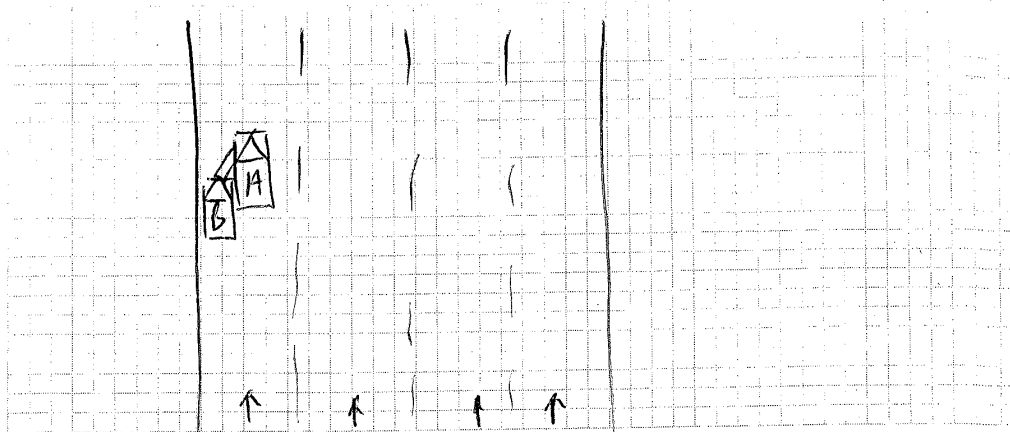
17/10/18

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

Date & Time:

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

Date & Time:

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

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20181014/2033

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20181014/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2018 12:05		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: MARUDHA MUTHU RAYAR			Address: C/O 2 YISHUN AVE 7 #01-01 SIMPANG LODGE 2 SINGAPORE 768930		
ID Type / ID No.: FIN NO / G6828952T			Contact No.: Home/Office: Mobile: 81169831		
Nationality: INDIAN			Email:		
Sex: Male	Age: 27	Date of Birth: 12/01/1991	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/10/2018 18:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along Sims Ave towards Geylang Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: MOVING MOTORBIKE AGAINST STATIONARY LORRY				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD7378U	Motorcycle					0
GBB3114B	Lorry				Slightly Damaged	4

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181014/2033

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/201810

CONTINUATION OF REPORT

Driver			
Name	MARUDHA MUTHU RAYAR	ID No.	G6828952T
Related Vehicle	NIL	Contact No.	81169831
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 the 13th October 2018 at about 6.30pm, I was driving along Sims Avenue at the extreme left lane. Suddenly my vehicle broke down as such I switched on hazard light and got down from my vehicle to make a check.

While my passengers from the left got down from the vehicle by opening the front left passenger door, a motorbike rider suddenly came from behind and collided onto the front left passenger door, despite the hazard light that was switched on to alert road users to be more aware of the vehicle.

My lorry front left passenger door was dented due to the impact of the collision.

The rider fell to the ground after collided onto the front left passenger door. The rider informed that he felt pain on his body and face, as such ambulance was called in and the rider was conveyed to Tan Tock Seng Hospital.

I would wish to state that I do not have a video recording device installed inside my vehicle.

The front left passenger who opened the door is one: Arulanandu Atockiya Kennedy, G8380625M, male, Indian, hp: 84351063



SINGAPORE
POLICE FORCE



T/20181014/2033

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

* Report No. T/20181014/2033

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:
G /
Sr Staff Sgt CHUA WANGLONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
* Staff Sgt YAN MINGSHENG DANIEL
* Contact No.: 65476252

Authentication Stamp
NP168

Signature Of Informant:

M. Reyes
Date/Time:
14/10/2018 12:05

Classification Of Case:

SINGAPORE
POLICE FORCE

FIWPS111Eb_E2 -- IPA Work Permit 0 35199837 / 09 OCT 2018

EMPLOYER'S COPY



STARLIGHT BUILDING MAINTENANCE SERVICES (S) PTE LTD
62 UBI ROAD 1
#06-13 OXLEY BIZHUB 2
SINGAPORE 408734

09 Oct 2018

Your application is approved

Dear Sir / Madam

We are pleased to inform you that MARUDHA MUTHU RAYAR's Work Permit application has been approved in-principle. Please bring your new worker to Singapore before this approval expires on 07 Jan 2019.

The next page lists the steps you need to take for your worker to be issued a Work Permit card. Your worker can start work on the second day of the arrival in Singapore while waiting for the steps to be completed.

You need to complete the steps within 14 days of the worker's arrival. Otherwise, MOM's approval will be withdrawn and you will need to send your worker home.

Yours sincerely

Penny Han (Mrs)
Controller of Work Passes

NAME OF FOREIGN WORKER
MARUDHA MUTHU RAYAR
WORK PERMIT NO.
0 35199837
PASSPORT NO.
H4784147
DATE OF APPLICATION
09 OCT 2018
CPF SUBMISSION NO
198600227K - PTE - 01
MONTHLY LEVY RATE
S\$950
SB TRANSMISSION REF NO
7565100

IMPORTANT

- You must comply with the Employment of Foreign Manpower Act, and the Conditions and Regulatory Conditions of Work Permit. MOM will take action on non-compliance. You can read the rules at www.mom.gov.sg

Accident Sketch Plan Pg. 1



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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	29 Jun 2012
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	29 Jun 2012

NP 428A



Accident Sketch Plan Pg. 1

ERGO

ORIGINAL

THE SCHEDULE

Agency	A000537	Class of Policy	COMMERCIAL VEHICLE	Policy Number	DMCV17S007932
Account	A000537	Issued on	22/11/2017 in Singapore Branch	Replacing Policy no.	DMCV16S005599
Client		Acceptance Date	22/11/2017		

Period of Insurance from 03/12/2017 to 02/12/2018 , both dates inclusive

Insured's Name	STARLIGHT BUILDING MAINTENANCE SERVICES (S)PTE LTD
Address	62 UBI ROAD 1 #06-13 SINGAPORE 408734

Business/Occupation BUILDING MAINTENANCE
Financial interest HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

Premium	BASIC ANNUAL PREMIUM	SGD2,045.40		
	LESS NCD	SGD0.00		
	HOOD COVER (UP TO S\$2,000.00)	SGD0.00		
	Total Annual Premium	SGD2,045.40	Premium Due	SGD2,045.40
			Premium GST	SGD143.18
			Total Due	SGD2,188.58

Act Premium SGD0.00

Risk No. 001	COMMERCIAL VEHICLE (PRIVATE USE)			
1. Registration	GBB3114B	Make/Model	KIA 2900L 5 M/T	
Type of Cover	Comprehensive	No. of seats	0	Body Type LORRY + HOOD
Engine No.	J38286040	Capacity cc's	0	Year of Reg'n 2008
Chassis No.	KNCSE014287330569			
	Tonnage	1.48	Certificate Ref. CP1	
SETTLEMENT - MARKET VALUE AT TIME OF ACCIDENT		MARKET VALUE		
EXCESS: (SECTION I)		SGD700.00		
YOUNG&INEXP DRIVERS (SECTION I)		SGD2,500.00		
EXCESS: WINDSCREEN COVER (VEH BELOW 10 TONS)		SGD100.00		

1 following clauses/endorsements apply only to this motor policy

CONDITION PRECEDENT (APPLICABLE TO CORPORATE POLICYHOLDERS)
PREMIUM PAYMENT WARRANTY (APPLICABLE TO CORPORATE POLICYHOLDER3)
CONTRACTS (RIGHTS OF THIRD PARTIES) ACT
SANCTION LIMITATION AND EXCLUSION CLAUSE

NO INSURER SHALL BE DEEMED TO PROVIDE COVER AND NO INSURER SHALL BE
LIABLE TO PAY ANY CLAIM OR PROVIDE ANY BENEFIT HEREUNDER TO THE
EXTENT THAT THE PROVISION OF SUCH COVER, PAYMENT OF SUCH CLAIM OR
PROVISION OF SUCH BENEFIT WOULD EXPOSE THAT INSURER TO ANY SANCTION,
PROHIBITION OR RESTRICTION UNDER UNITED NATIONS RESOLUTIONS OR THE
TRADE OR ECONOMIC SANCTIONS, LAWS OR REGULATIONS OF THE EUROPEAN
UNION OR UNITED KINGDOM OR UNITED STATES OF AMERICA.

PROPERTY DAMAGE CLARIFICATION CLAUSE

TERRORISM EXCLUSION ENDORSEMENT

ENDT 2 - EXCESS OWN DAMAGE CLAIMS

LODGING OF NON-INJURY MOTOR ACCIDENT REPORTS

ENDT 25 - STRIKE, RIOT AND CIVIL COMMOTION

ENDT 30 - REPLACEMENT PARTS

Continued on page 2



Accident Photo



Accident Photo



Accident Photo





STARLIGHT BUILDING MAINTENANCE
SERVICES PTE LTD
62 UBI ROAD 1, OXLEY BIZHUB 2
#06-13 S'PORE 408734
REG NO: 198600227K
PAX: 1 DRIVER 2 OTHERS

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

