MALM19048096 / Ah Lim Motor Company - AMK ENTRY DATE & TIME: 13/04/2019 10:40 SUBMITTED BY: Eileen Chua

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	13/04/2019 10:40
Date Of Accident	13/02/2019 08:30
Exact Location Of Accident	BKE TOWARDS WOODLANDS LAMP POST 111
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YM9731A
Insured/Policyholder	
Name Of Registered Owner	WAN SHENG HAO CONSTRUCTION PTE LTD
Co Reg No	199509134E
Email Address	NYO@WSHC.COM.SG
Mobile Phone No	(LOCAL) +65-91953876
Alternative Phone No	OFFICE-65709929
Vehicle Particulars	
Manufacturer	ISUZU
Model	NHR85AUE4A
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ18-007468
Cover Note Number	26/11/2018 - 25/11/2019
Driver	
Name of Driver	PALANIYANDI MUTHU
Passport No/FIN	F8091075N
Date Of Birth	27/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91953876
Fax Number	
Contact Number	

NYO@WSHC.COM.SG

C/O 55 SERANGOON NORTH AVE 4 #06-08 Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident **CHAIN COLLISION** 

Weather Conditions **CLOUDY** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

YES

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : ATAR

GENDER: : MALE

Passenger 2 NAME: : MR MA

> GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] ROCHOR N.P.C

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GX4798X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Page 2 of 32

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number GBD5541C

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 UNKNOWN

Approximate Age

Injuries Sustain BODY UNWELL

Injured person in which vehicle? GX4798X

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

_			Cerup Pos	f(u)
Date of accident: /3/ >/19	Times 8:30 ah	1 RKE	Lowards	wood land
Date of accident: 13/2/19 My Vehicle A: YM 9731 A SKETCH PLAN	Vehicle R: (1X 4)	$798 \times \text{Vehic}$	Inc. (TRO)	3-16/6
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DESCRIBE CIRCUMSTANCES OF THE A	CCIDENT			
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	1/201/07	15/218	7	
Claim OD/TP at Ah Lim Motor	Claim OD/TP at ot	horworkshop [	Tonomin a Only	
	•		Reporting Only	}
Remarks: Please forward a copy of a My workshop:	ny enie accident report to:			
Email address :				
& myself :				
Email address :				
Note: Please take note that your ins	urer have 14 days timeframe	e for you to submit ow	n damage claim unde	er
you own policy. Kindly check with yo	our own insurer for more inf	formation.	Λ	
DECLARATION			THE LOND	
I/We declare the foregoing particulars are true $\int_{0}^{\infty}$	ue in every respect.	(*	7 /	
NER COVE	1.1 V-	(2)		
[3].	49 V		103	
Policyholder's Signature SH)		Reporting Cen	tre Personnel's Signature	2
	river is not the policyholder) e & Time:	Name:		
Part of the state	· so + (1115-)	NRIC/FIN No.:	AH LIM MOTOR C	OMPANY

AH LIM MOTOR COMPANY

#### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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.:





Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

T/20190213/	2134

Report No. T/20190213/2134

1 of 3

Date/Time Report Made: 13/02/2019 16:15		Vide Report No.:	Station Diary No.: 66		
Informant'	s Particu	lars			
Name of Informant:		Address:			
PALANIYANDI MUTHU			APT BLK 55 Serangoon North Avenue 4 #06-08 SINGAPORE 555859		
ID Type / ID No.: FIN NO / F8091075N			Contact No.: Home/Office:	Mobile: 91953876	
Nationality: INDIAN		Email:			
Sex: Male	Age: 48	Date of Birth: 27/09/1970	Type of Informant: Driver		
Race: Indian		Language: English	Institution / School Name:		
Occupation: Civil engineering/Building construction labourer		Driving Licence Information: Class: 3 Date of Expiry:			

General Informat	ion of the Accident				Difference of the second	
Type of Accident:	pe of Non-Injury		Date/Time of Accident: 13/02/2019 08:30		Type of Location: Straight Road	
Location: Along Road 1 BUKIT TIMAH EX Towards Woodla Lamp Post Numb	nds.					
Weather: Cloudy		Road Surface: Dry		Road	d Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear		ear		•	one conveyed by ulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBD5541C	Van				Slightly Damaged	2
GX4798X	Van				Slightly Damaged	2
YM9731A	Lorry				Slightly Damaged	3





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

2 of 3 Report No. T/20190213/2134

#### CONTINUATION OF REPORT

#### Brief Details.

On 13/02/19 at about 0830hrs, I was driving just about 2.5km into Bukit Timah Expressway towards Woodlands from Pan Island Expressway on the third lane when I saw a van, GX4798X, colliding with another van, GBD5541C, on the same lane. I immediately applied my brakes but could not stop in time hence my lorry, YM9731A, hit the rear of van GX4798X. As a result both my lorry and the said van got slight damages.

My left front side of lorry underneath headlight is cracked, and left side mirror is broken. Van GX4798X had broken windows from the rear door and the rear door was dented inwards. Van GX4798X also had quite a certain damage at the front bumper and hood. Van GBD5541C only had slight damages at the rear door of the vehicle below the number plate.

I wish to state that the driver from van GX4798X was conveyed to the hospital due to trauma. No one else was injured or conveyed.

I wish to lodge this report for statement purposes.





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 3 of 3 Report No. T/20190213/2134

Tel No: 1800-2949999

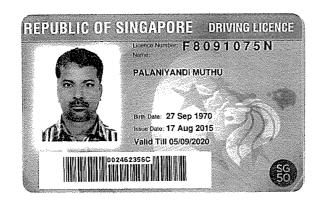
CONTINUATION OF REPORT

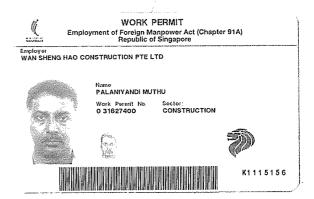
#### Sketch Plan

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: A / Sgt 2 MUHAMMAD JANNATUN NA'IM BIN AZUWAN	Signature Of Informant:	
Signature Of Interpreter:	Date/Time:	-
Not applicable	13/02/2019 16:15	
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:	<del>-</del> /
Authoritication Stamp  NP168  Signature:  Police Force		_





Hp. 9195 8876 / 6570 9889 Ewel. n/0@ W8hc.com.89 do is serangon North Avey # 66-08 et 555-85-9)

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 06 Sep 2010 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No:F8091075N

VISIT PASS
Immigration Regulations

Name
PALANIYANDI MUTHU

PALANIYANDI MUTHU

PALANIYANDI MUTHU

PALANIYANDI MUTHU

Download SGWorkPass App to check status
F8091075N

Date of Birth Sex
27-09-1970 M

Nationality
INDIAN

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.

(m)
(m)
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Cloudy Up. led Veh: 3 Body

Tstal 3

EQ Insurance Company Limited 5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tol 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg reg no. 1978-00490-N



#### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

#### COMMERCIAL VEHICLE PRIVATE (SCH I) Third Party Fire & Theft

Certificate No.: DMCPHQ18-007468

1. Index Mark and Registration Number of Vehicles YM9731A

Form: LCVP1 Excess: Section 1: YEID:

Additional

EQ Insurance-MARS Motor

Accident Help Center

6311 3211

\$\$0.00 \$\$3,000.00 All Claims

2. Name of Policyholder WAN SHENG HAO CONSTRUCTION PTE LTD

1995091345

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 26/11/2018
- 4. Date of Expiry of Insurance 25/11/2019
- 5. Person or Classes of persons entitled to drive\*

Goods Carrying - (MZ300) Authorised Driver. Any of the following:-

(a) The Policyholder

- (b) Any other person who is driving on the Policyholder's order or with his permission.
- \* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage,
- 6. Limitation as to use\*
  - 1) Use in connection with the Insured's business.
  - Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
  - 3) Use for social domestic and pleasure purposes.
  - THE POLICY DOES NOT COVER:
  - 1) Use for hire or reward or for racing pace-making reliability trial or speed testing.
  - 2) Use whilst drawing a greater number of trailers in all than is permitted by Law.
  - 3) Use for the carriage of passengers for hire or reward.
  - 4) Liability arising from or in connection wiht the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

\*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.

IWE 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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase:

ABWIN PTE LTD

8 Kaki Bukit Road 2 #01-33 Ruby Warehouse Complex Singapore 417841 Telo6842/8832 Fax:16743 8750

Date of Issue: 13/11/2018 11:53

Authorised Signatory EQ Insurance Company Limited

Alember of Chystate





















