

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	22/04/2019 10:49
Date Of Accident	20/04/2019 15:55
Exact Location Of Accident	JUNCTION OF JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5328Y
Insured/Policyholder	
Name Of Registered Owner	SEBAS CONSTRUCTION & ENGINEERING PTE. LTD.
Co Reg No	201013760H
Email Address	SEBASCNE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-65156304

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3000621900
Cover Note Number	

Driver

Name of Driver	CHANDRAN KARUPPIAH
NRIC No	G7902143T
Date Of Birth	12/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	25/02/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84202025
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	71, BUKIT BATOK CRESCENT, #07-09, PRESTIGE CENTRE, SINGAPORE 658071
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	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190420/2124

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	SGJ5478L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOO YU HUI RICSON
NRIC/Passport Number	S9407397I
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1
NAME: :
GENDER: : FEMALE

DETAILS OF INJURED PERSON 1

Name UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGJ5478L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

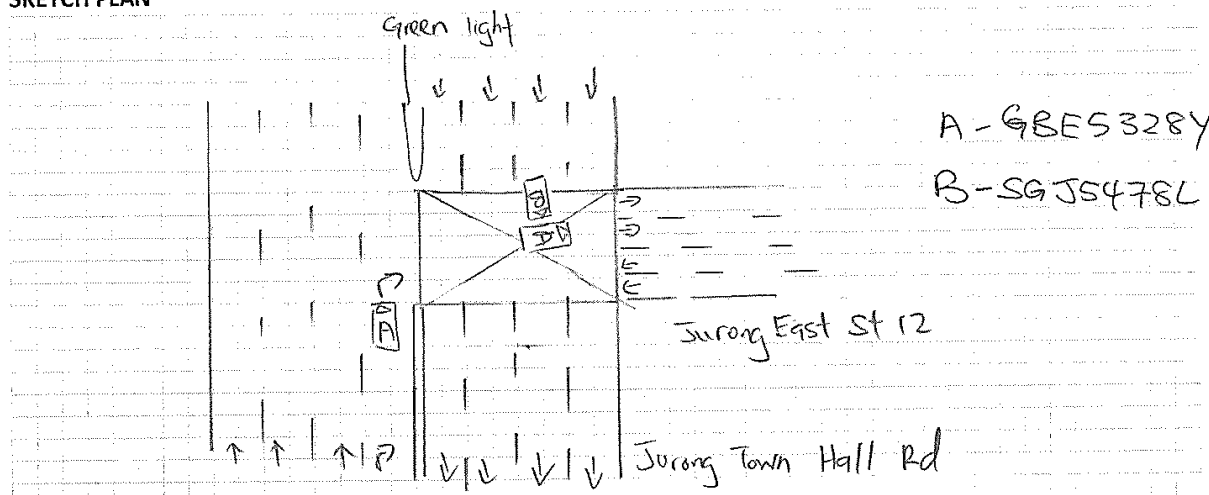
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I AM AWARED THAT MY INSURER MAY HAVE A **14 DAYS TIMEFRAME** FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

GDPR/PL SketchPlanForm 05

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20190420/2124

☐ Claim own policy
☐ Claim third party
☒ Claim OD TP at other works hop Y-Tech
☐ For record purpose

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.:

☐ Claim own policy
☐ Claim third party
☒ Claim OD TF at other works hop Y-Tech
☐ For record purpose

Policy No. DMCYSN3000621900

Insurer China Veh.No. GBES328Y



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

M230G/C
N SN
AN0420A
COMPREHENSIVE
AUTOSAFE

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. Engine No :1KD2566659
Chassis No:JTFHT02P000182195
1. Index Mark and Registration Number of Vehicle DMCVSN3000621900
GBE5328Y
2. Name of Policy Holder M/S SEBAS CONSTRUCTION & ENGINEERING PTE LTD
3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment 11 JANUARY 2019
EX SECT. IS\$350.00
EX CN WINDSCREENS\$100.00
4. Date of Expiry of Insurance 10 JANUARY 2020
5. Persons or Classes of Persons entitled to drive *

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 DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: *

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.

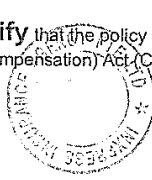
THE POLICY DOES NOT COVER.

- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : HONG LEONG FINANCE LTD AS HP OWNER

* 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.

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

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20190420/2124

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20190420/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2019 20:30		Vide Report No.:		Station Diary No.: 148	
Informant's Particulars					
Name of Informant: CHANDRAN KARUPPIAH			Address: C/O SEBAD CONSTRUCTION & ENGINEERING PTE. LTD SINGAPORE		
ID Type / ID No.: FIN NO / G7902143T			Contact No.: Home/Office: Mobile: 84202025		
Nationality: INDIAN			Email:		
Sex: Male	Age: 34	Date of Birth: 12/05/1984	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/04/2019 15:55	Type of Location: Bend
Location: Along Road 1 JURONG TOWN HALL ROAD TOWARDS JURONG EAST STREET 12				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE5328Y	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	White	Seriously Damaged	0
SGJ5478L	Car	TOYOTA	VIOS 1.5E A	Black	Seriously Damaged	2

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20190420/2124

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3
Report No. T/20190420/2124

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHANDRAN KARUPPIAH	ID No.	G7902143T
Related Vehicle	GBE5328Y (Van)	Contact No.	84202025
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
Driver			
Name	KOO YU HUI RICSON	ID No.	S9407397I
Related Vehicle	SGJ5478L (Car)	Contact No.	82826010
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 20/04/2019 at about 1558hrs, I was driving in my vehicle (GBE5328Y) along Jurong Town Hall Road and came to a stop as the traffic light was red. Subsequently, the traffic light turns green and I made a right turn towards Jurong East Street 12. Suddenly, there was an upcoming vehicle (SGJ5478L) from the opposite traffic driving towards my direction and collided onto the left side of my vehicle.

No presence of Traffic Police and Ambulance. Subsequently, I was informed by the driver that the passengers were injured. The left door of my vehicle was dented and scratched.



SINGAPORE
POLICE FORCE



T/20190420/2124

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

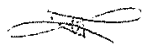


Report No. T/20190420/2124

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 1 LIM JUNJIE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/04/2019 20:30
Officer In Charge Of Case: TP / AEIT / Sr. Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204 SN 126	Classification Of Case:
Authentication Stamp NP168  Signature : _____ Singapore Police Force	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G7902143T**


Name: **CHANDRAN KARUPPIAH**

Birth Date: **12 May 1984**

Issue Date: **29 Nov 2016**

Valid Till: **28/11/2021**

002633996A



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


		EFFECTIVE DATE	
CC	Class 2B	Motorcycles <= 200 CC	29 Nov 2016
	Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	25 Feb 2019

G7902143T

S / No.9000334529

NP 428A

Licence No:G7902143T




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

Employer
SEBAS CONSTRUCTION & ENGINEERING PTE. LTD.

Name
CHANDRAN KARUPPIAH

Work Permit No. **033562684** Sector **CONSTRUCTION**

 **K0965712**

WP Expiry - 28/06/2020

VISIT PASS
Immigration Regulations

Name
CHANDRAN KARUPPIAH

FIN
G79D2143T

Date of Birth **12-05-1964** Sex **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.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

