

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	29/05/2019 12:30
Date Of Accident	25/05/2019 06:30
Exact Location Of Accident	X-JUNC OF TUAS SOUTH AVE 5 & TUAS SOUTH WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM5111R
Insured/Policyholder	
Name Of Registered Owner	KOK & CHAN MARINE SERVICES PTE LTD
Co Reg No	200513139N
Email Address	KCMSVCS@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97319607
Alternative Phone No	OFFICE-97319607

Vehicle Particulars

Manufacturer	ISUZU
Model	FRR33P-8.2 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG180034963
Cover Note Number	

Driver

Name of Driver	SOH CHUN PENG
NRIC No	S7039664E
Date Of Birth	19/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2012
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90822857
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 502 J/WEST AVE 1 #04-831
Postcode	640502
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?	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)	43
Passenger 1	NAME: : ANU MD ANOWAR HOSSAIN GENDER: : MALE
Passenger 2	NAME: : SORDAR FARUK GENDER: : MALE
Passenger 3	NAME: : MIA CHAN GENDER: : MALE
Passenger 4	NAME: : HOQUE MD AMINUL GENDER: : MALE
Passenger 5	NAME: : MALEK MOHAMMAD ABDUL GENDER: : MALE
Passenger 6	NAME: : KHAN MOHAMMAD ROBIN GENDER: : MALE
Passenger 7	NAME: : ISLAM MD NAJRUL GENDER: : MALE
Passenger 8	NAME: : PERIYASAMY DASARADAN GENDER: : MALE
Passenger 9	NAME: : CHINNAKANNAN SINGARAM GENDER: : MALE
Passenger 10	NAME: : CHOWDHURTY TASIR GENDER: : MALE

Passenger 11	NAME: : ALI SHEAK MD RAMJAN GENDER: : MALE
Passenger 12	NAME: : SHOFIQL GENDER: : MALE
Passenger 13	NAME: : SHEIKH MOHASIN GENDER: : MALE
Passenger 14	NAME: : SADDER AL AMIN GENDER: : MALE
Passenger 15	NAME: : MIAH SHAHJAHAN GENDER: : MALE
Passenger 16	NAME: : BHUYIAN MD SHAYED AHAMMED GENDER: : MALE
Passenger 17	NAME: : KHA EMADUL HAQ GENDER: : MALE
Passenger 18	NAME: : RAMALINGAM SENTHILKUMAR GENDER: : MALE
Passenger 19	NAME: : KRISHNAN MURUGAN GENDER: : MALE
Passenger 20	NAME: : MD ALAL GENDER: : MALE
Passenger 21	NAME: : HEIN LATT GENDER: : MALE
Passenger 22	NAME: : RAMACHANDIRAN YUVARAJA GENDER: : MALE
Passenger 23	NAME: : BILLAH MD MASUN GENDER: : MALE
Passenger 24	NAME: : PARAMASOVAM, ANIKANDAN GENDER: : MALE
Passenger 25	NAME: : HOSSAN MD IQBAL GENDER: : MALE
Passenger 26	NAME: : ALI YOUSUB GENDER: : MALE
Passenger 27	NAME: : FARID S A GENDER: : MALE
Passenger 28	NAME: : UNKNOWN GENDER: : MALE
Passenger 29	NAME: : UNKNOWN GENDER: : MALE

Passenger 30	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 31	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 32	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 33	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 34	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 35	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 36	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 37	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 38	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 39	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 40	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 41	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 42	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	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO.T/20190529/2044. REMARK: TOTAL HAVE 28 PEOPLE INJURED, INJURY DETAILS PLEASE REFER TO POLICE REPORT.

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	XE3700H
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	ANU MD ANOWAR HOSSAIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	YM5111R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SOH CHUN PENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	YM5111R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	SORDAR FARUK
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	YM5111R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	HOQUE MD AMINUL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	YM5111R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES

Address

Postcode

DETAILS OF INJURED PERSON 5

Name MALEK MOHAMMAD ABDUL

Approximate Age

Injuries Sustain

Injured person in which vehicle? YM5111R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 6

Name MIA CHAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? YM5111R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 7

Name KHAN MOHAMMAD ROBIN

Approximate Age

Injuries Sustain

Injured person in which vehicle? YM5111R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 8

Name ISLAM MD NAJRUL

Approximate Age

Injuries Sustain

Injured person in which vehicle? YM5111R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 9

Name PERIYASAMY DASARADAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? YM5111R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 10

Name	CHINNAKANNAN SINGARAM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	YM5111R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:


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


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

I AM AWARE 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.

SKETCH PLAN

Tues South Ave 5

Tues South Blvd

Tues South Way

vehicle @: YMS111R

vehicle @: XE3700H

green

Tues South Ave 5

As Per Police Report No. T/20190529/2044.

☐ Claim own policy
☐ Claim third party
☒ Claim OD / TP at other works hop Hoe Ke
☐ For record purpose

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

Signature 

[Signature]

John

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190529/2044

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20190529/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2019 11:19	Vide Report No.: J/20190525/0049	Station Diary No.: 34
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Informant's Particulars

Name of Informant: SOH CHUN PENG	Address: APT BLK 502 JURONG WEST AVENUE 1 #04-831 SINGAPORE 640502		
ID Type / ID No.: NRIC NO / S7039664E	Contact No.: Home/Office: Mobile: 90822857		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 48	Date of Birth: 19/11/1970	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Lorry driver	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/05/2019 06:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TUAS SOUTH AVENUE 5 JUNCTION OF TUAS SOUTH WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE3700H	Prime Mover				Seriously Damaged	0
YM5111R	Lorry				Seriously Damaged	42

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20190529/2044

CONTINUATION OF REPORT

Passenger			
Name	ANU MD ANOWAR HOSSAIN	ID No.	G6576416X
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SOH CHUN PENG	ID No.	S7039664E
Related Vehicle	YM5111R (Lorry)	Contact No.	90822857
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	27/05/2019
No. of Days granted Medical Leave	24	Degree of Injury	Serious
Passenger			
Name	SORDAR FARUK	ID No.	G2147519Q
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Passenger			
Name	MIA CHAN	ID No.	G2148113R
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight



**SINGAPORE
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Police Station Of Origin:
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CONTINUATION OF REPORT

Passenger			
Name	HOQUE MD AMINUL	ID No.	G2586776P
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	MALEK MOHAMMAD ABDUL	ID No.	G2575597P
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	KHAN MOHAMMAD ROBIN	ID No.	G2574948R
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Passenger			
Name	ISLAM MD NAJRUL	ID No.	G2147538L
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight



**SINGAPORE
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Police Station Of Origin:
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Report No. T/20190529/2044

CONTINUATION OF REPORT

Passenger			
Name	PERIYASAMY DASARADAN	ID No.	G7698674L
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	CHINNAKANNAN SINGARAM	ID No.	G7698673N
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	CHOWDHURY TASIR	ID No.	G8724379L
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	08	Degree of Injury	Slight
Passenger			
Name	ALI SHEAK MD RAMJAN	ID No.	G6591873R
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight



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Report No. T/20190529/2044

CONTINUATION OF REPORT

Passenger			
Name	SHOFIQL	ID No.	G2474679N
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	SHEIKH MOHASIN	ID No.	G7901762R
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Passenger			
Name	SADDER AL AMIN	ID No.	G2474757W
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	MAH SHAHJAHAN	ID No.	G2475420R
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight



**SINGAPORE
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649482
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Report No. T/20190529/2044

CONTINUATION OF REPORT

Passenger			
Name	BHUYIAN MD SHAYED AHAMMED	ID No.	G2474491X
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	KHA EMADUL HAQ	ID No.	G2474983K
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	RAMALINGAM SENTHILKUMAR	ID No.	G7791398Q
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	KRISHNAN MURUGAN	ID No.	G7594384P
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight



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Report No. T/20190529/2044

CONTINUATION OF REPORT

Passenger			
Name	MD ALAL	ID No.	G6943603Q
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	HEIN LATT	ID No.	G7715637U
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Passenger			
Name	RAMACHANDIRAN YUVARAJA	ID No.	G7935522X
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Serious
Passenger			
Name	BILLAH MD MASUN	ID No.	G2476417L
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20190529/2044

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20190529/2044

CONTINUATION OF REPORT

Passenger			
Name	PARAMASOVAM ,ANIKANDAN	ID No.	G7983090P
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	HOSSAN MD IQBAL	ID No.	G6944562X
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	ALI YOUSUB	ID No.	G6944561L
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Passenger			
Name	FARID S A	ID No.	G6562504R
Related Vehicle	YM5111R (Lorry)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20190529/2044

Police Station Of Origin:
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649482
Tel No: 1800-7929999

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Report No. T/20190529/2044

CONTINUATION OF REPORT

Brief Details.

On 25/05/2019 at about 0630hrs, I was driving a blue Isuzu lorry bearing registration number: YM5111R along Tuas South Way towards Tuas South Boulevard. As I was approaching the junction of Tuas South Way and Tuas South Avenue 5, I slowed down a little however as the traffic light was still in my favor, I proceeded onwards. Suddenly, I felt a hard collision on the driver side of my vehicle. I blacked out a little before waking up again and saw that there was already ambulance, SCDF and Police at the accident. I later established that the front of a orange Quon prime mover bearing registration number: XE3700H had collided against the side of my lorry. There were about 42 passengers in my lorry excluding myself, and 27 of them together with myself were conveyed to various hospitals.

I wish to state that I was admitted to NUH on 25/05/2019 and discharged on 27/05/2019. I suffered fractures on my right arm and was given 24 days of MC. I wish to state that the front and side of my lorry was seriously damaged. I also wish to state that I am unable to remember much about the accident due to shock. Vide incident J/20190525/0049 under TP IO Lim Wong Lee (65476438).



**SINGAPORE
POLICE FORCE**



T/20190529/2044

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20190529/2044

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 LIM MING YAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Signature Of Informant:

Date/Time:

29/05/2019 11:19

Classification Of Case:

Authentication Stamp

NP168



Signature :

Singapore Police Force

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/Policy Number : DMCG18003493
Vehicle Registration Number : YM5111R
Cover Type : Comprehensive
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : KOK & CHAN MARINE SERVICES PTE LTD
Commencement Date of Insurance : 18/09/2018
Expiry Date of Insurance : 17/09/2019
Excess : EXCESS: (SECTION I)..... S\$ 800.00
EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS).. S\$ 100.00
YOUNG&INEXP DRIVERS(SECTION I) S\$ 2,500.00

24-Hour Motor Accident Reporting
and Assistance Helpline

6333 2222

www.ergo.com.sg

Finance Company/Hire Purchase Owner :

*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

* Limitations as to Use:

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover :

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

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 (*).

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)

For and on behalf of **ERGO Insurance Pte. Ltd.**
Approved Insurer

Karl-Heinz Jürg

Authorized Signature

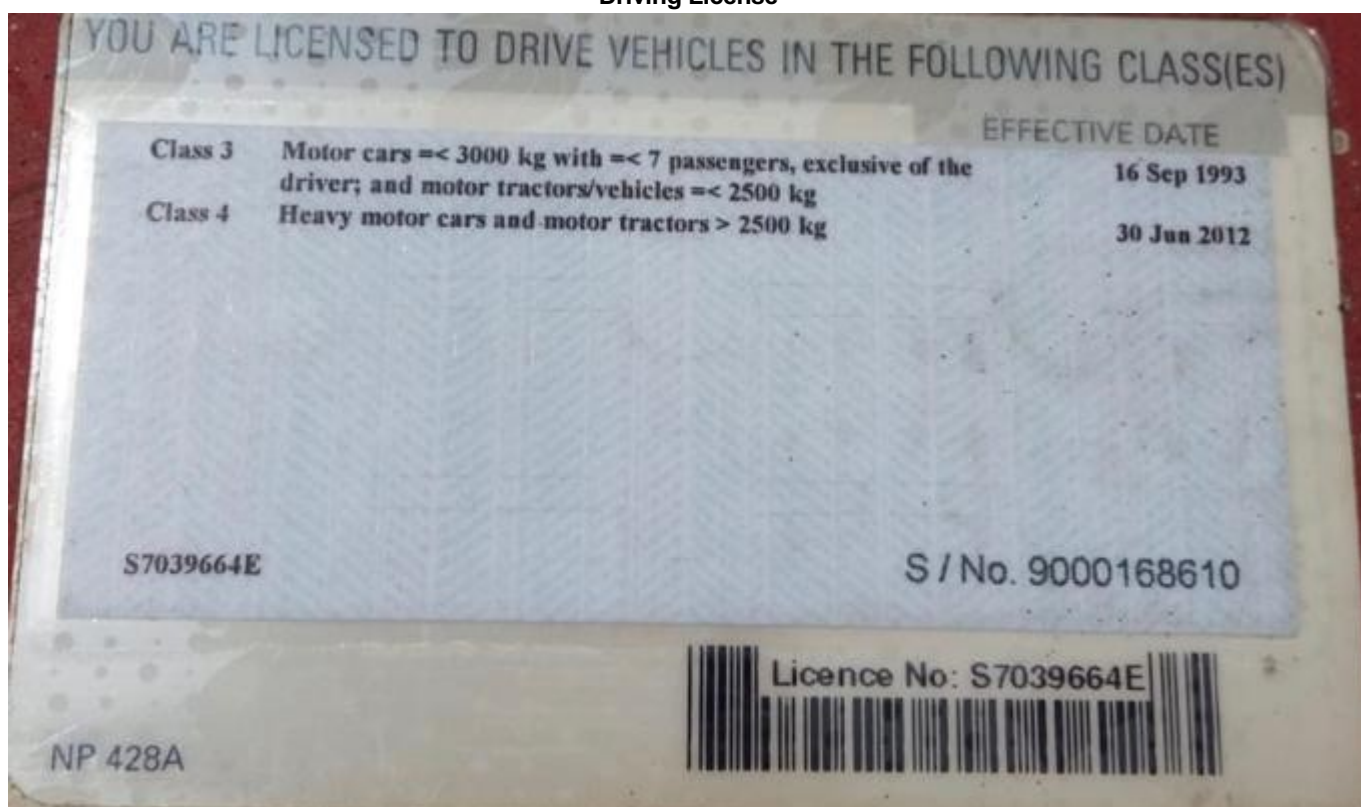
A000580(A000580)	LWL INSURANCE AGENCY	
Vehicle Chassis Number : JALFRR33P67000028, Vehicle Engine Number : 6HH1418085		CP1, 05/09/2018 18:21



Driving License



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



TP VEHICLE



TP VEHICLE



Accident Scene Photo



Accident Scene Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

