

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	04/10/2019 12:12
Date Of Accident	02/10/2019 20:00
Exact Location Of Accident	ALONG MARINA PARADE ROAD TOWARDS STILL ROAD SOUTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YK4527S
Insured/Policyholder	
Name Of Registered Owner	KOK KEONG LANDSCAPE PTE LTD
Co Reg No	200512433R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90269692
Alternative Phone No	OFFICE-62811601

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE639ETORDE
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	DMCVSN3077851800
Cover Note Number	

Driver

Name of Driver	SELLAM KANNUCHAMY
Passport No/FIN	G7954153U
Date Of Birth	07/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90503042
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O 10 LORONG SEMANGKA
Postcode	698936
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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	SLU2916D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97980504
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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 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. 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:

- 4 OCT 2019

D. 10 h

GIA RMC SketchPlanForm_03



Driver's Signature
(If driver is not the policyholder)

Date & Time: - 4 OCT 2019

D = 12 h

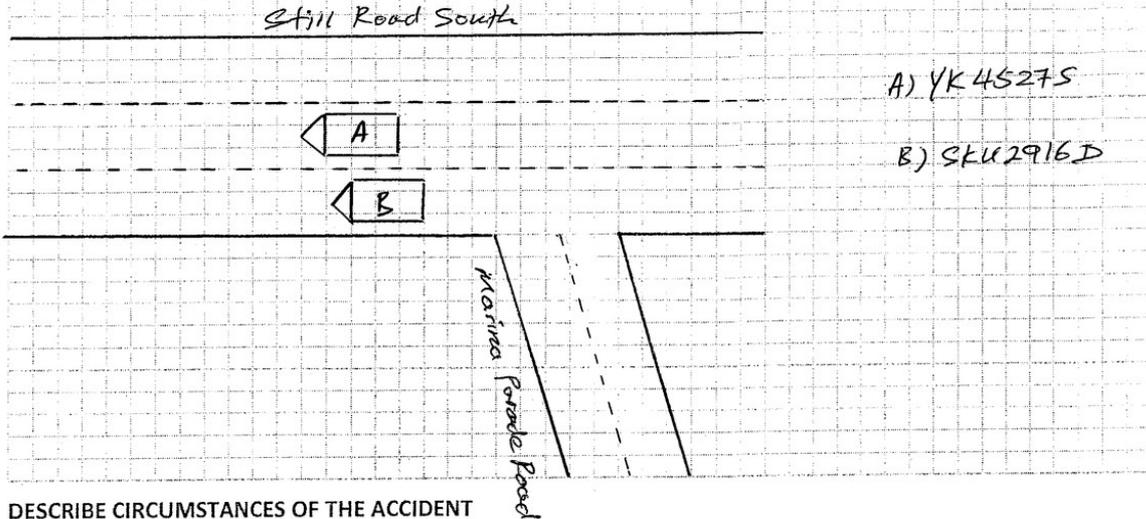


Reporting Centre Personnel's Signature
Name: Poh Kwee Choo

NRIC/FIN No.: S6840583A

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/10/2019 about 20:00, I was driving my vehicle along Marina Parade Road towards Still Road South. After the junction suddenly the vehicle B (SKU2916D) horn and stop me says that my vehicle hit onto his vehicle which is I never felt any impact or sound.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 4 OCT 2019


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 4 OCT 2019


 Reporting Centre Personnel's Signature
 Name: Poh Kwee Choo
 NRIC/FIN No.: S6840583A

INSURANCE POLICY SCHEDULE Pg. 1



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

3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg. No. 200208384E

ORIGINAL

THE SCHEDULE

Agency AN0166A Class of Policy MOTOR COMMERCIAL VEHICLE Policy Number DMCVSN3077851800
Account AN0166A Issued on 07/12/2018 in SINGAPORE
Client 3227548 Acceptance Date 07/12/2018

Period of Insurance from 13/12/2018 to 12/12/2019 , both dates inclusive For Renewal/Extension, Please Contact
COE AUTO TRADING

Insured's Name... KOK KEONG LANDSCAPE PTE LTD
Address. 10 LORONG SEMANGKA
SINGAPORE 698936
18 Sin Ming Lane
#02-03 Midview City
Singapore 573960
Tel: 64589833, 64571902
Fax: 64565729

Business/Occupn... CONSTRUCTION

Premium	Base Annual Premium.....	S\$1,391.00		
	No Claim Discount	20.00%	S\$278.20-	
	Total Annual Premium	S\$1,112.80	Premium Due	S\$1,112.80
			Premium GST	S\$77.90
			Total Due	S\$1,190.70

Risk No. 001 MOTOR COMMERCIAL VEHICLE
ORIGINAL REGISTRATION DATE: 13-06-2000
1. Registration YK4527S Make/Model .. MITSUBISHI FE639ETORDE
Type of Cover Third Party, Fire & Theft No. of seats 3 Body Type LORRY
Engine No. .. 4D34H40977 Capacity cc's 0 Yr of Manuf/Regn 2000/2000
Chassis No... FE639EA40842
Tonnage 2.45 Certificate Ref. MZ300/C
Sum Insured..Market value at the time of loss

The following clauses and endorsements apply to this policy

Subject to Endt. 3(q).

MODIFIED VEHICLES (FOR COMMERCIAL VEHICLES/BUSES/RENTAL VEHICLES)

It is hereby declared and agreed that the Company shall not be liable for any claims under SECTION I or II or both if the vehicle has been modified without prior notice/declaration to the Company.

Subject otherwise to the terms, exceptions and conditions of the Policy.

MEMORANDUM : CONDITION NO. 4 - NOTIFICATION OF ACCIDENTS

It is hereby noted and agreed that Condition No. 4 of the Policy is amended to read as follows:-

Notification Clause

-
- a) In the event of any accident involving the Motor Vehicle, irrespective of whether it would give rise to a claim, the Insured shall, together with the Motor Vehicle, call at the Company's Approved Authorised Workshop and/or Reporting Centre and report the accident within 24 hours of the accident or by the next working day thereof.
 - b) In case of theft or other criminal act which may give rise to a claim under this policy the Insured shall give immediate notice of the occurrence to the Company and the police and co-operate with the Company in securing the conviction of the offender.
 - c) Every letter, claim, writ, summons and process shall be notified or forwarded unanswered to the Company immediately upon receipt. Notice shall also be given to the Company immediately after

Continued on page 2

DRIVER'S DRIVING LICENCE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G7954153U**
Name: **SELLAM KANNUCHAMY**

Birth Date: **07 Apr 1983**
Issue Date: **20 Mar 2015**
Valid Till **19 Mar 2020**

002407641C



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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	20 Mar 2015
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	20 Mar 2015

Licence No: G7954153U



NP 428A

DRIVER'S WORK PERMIT FROM MOM Pg. 1

FIWPS111Eb_E2 - IPA Work Permit 0 33669186 / 31 AUG 2019

EMPLOYER'S COPY



KOK KEONG LANDSCAPE PTE. LTD.
10 LORONG SEMANGKA
SINGAPORE 698936

02 Sep 2019

Your application is approved

Dear Sir / Madam

We are pleased to inform you that SELLAM KANNUCHAMY's Work Permit application has been approved in-principle. Please bring your new worker to Singapore before this approval expires on 01 Dec 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
SELLAM KANNUCHAMY
WORK PERMIT NO.
0 33669186
PASSPORT NO.
M1975284
DATE OF APPLICATION
31 AUG 2019
CPF SUBMISSION NO
200512433R - PTE - 02
MONTHLY LEVY RATE
S\$950
SB TRANSMISSION REF NO
6123406

▲ 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

Ministry of Manpower Work Pass Division

Web <http://www.mom.gov.sg>

Contact Us <http://www.mom.gov.sg/contact>

Page 1 of 2

DRIVER'S WORK PERMIT FROM MOM Pg. 2

FIWPS111Eb_W2 – IPA Work Permit 0 33669186 / 31 AUG 2019

EMPLOYEE'S COPY



SB Transmission Ref No:6123406

Check your employment details

If you find a problem, please contact your employer or employment agent.

உங்களுடைய வேலைவாய்ப்பு விவரங்களைச் சரிபார்க்கவும்

நீங்கள் ஒரு பிரச்சனையைக் கண்டறிந்தால், உங்களுடைய முதலாளியை அல்லது வேலைவாய்ப்பு நிறுவனத்தைத் தொடர்புகொள்ளுங்கள்.

YOUR NAME உங்கள் பெயர் SELLAM KANNUCHAMY	DATE OF BIRTH / SEX பிறந்த தேதி / பாலினம் 07 APR 1983 / MALE	NATIONALITY தேசிய இனம் INDIAN
PASSPORT NUMBER பாஸ்போர்ட் எண் M1975284	WORK PERMIT NUMBER / FIN வேலை அனுமதி எண் / FIN 0 33669186 / G7954153U	DATE OF APPLICATION விண்ணப்ப தேதி 31 AUG 2019
NAME OF EMPLOYER முதலாளியின் பெயர் KOK KEONG LANDSCAPE PTE. LTD.	INDUSTRY தொழில்துறை CONSTRUCTION	OCCUPATION தொழில் CONSTRUCTION WORKER-CUM-DRIVER
BASIC MONTHLY SALARY அடிப்படை மாத சம்பளம் S\$ 1000	FIXED MONTHLY ALLOWANCES நிலையான மாதாந்திர ஈட்டுப்படிக்கள் S\$ 0	FIXED MONTHLY SALARY நிலையான மாதச் சம்பளம் S\$ 1000
MONTHLY HOUSING, AMENITIES AND SERVICES DEDUCTIONS மாதாந்தரக் குடியிருப்பு, வசதிகள் மற்றும் சேவைகளுக்கான பிடித்தங்கள் S\$ 0	MONTHLY DEDUCTION FOR OTHERS பிற மாதாந்தரப் பிடித்தங்கள் S\$ 0	MONTHLY SALARY AFTER TAKING INTO ACCOUNT FIXED MONTHLY ALLOWANCES AND DEDUCTIONS நிலையான மாதாந்திர ஈட்டுப்படி மற்றும் பிடித்தங்களைக் கணக்கில் எடுத்துக் கொண்ட பிறகுள்ள மாதச் சம்பளம் S\$ 1000
HOUSING PROVIDED வீட்டுவசதி வழங்கப்பட்டுள்ளது YES	SPORE EMPLOYMENT AGENCY (EA) சிங்கப்பூர் வேலைவாய்ப்பு முகவர் N.A.	AGENCY FEE TO BE PAID TO S'PORE EA (EXCLUDE FEES FOR OVERSEAS EXPENSES) சிங்கப்பூர் வேலைவாய்ப்பு முகவருக்கான ஏஜென்சி கட்டணம் ஊழியரால் செலுத்தப்பட்டது. (வெளிநாட்டு செலவுகளுக்கான கட்டணங்கள் நீங்கலாக) N.A.

IMPORTANT

Get a copy of your employment contract. It should state your job scope, working days and hours, basic monthly salary and terms such as deductions and leave entitlements.

உங்கள் வேலைவாய்ப்பு ஒப்பந்தத்தின் நகல் ஒன்றைப் பெற்றுக்கொள்ளுங்கள். அதில் உங்கள் வேலையின் வரையறை, வேலைநாட்கள் மற்றும் மணிநேரங்கள், அடிப்படை மாதாந்தர ஊதியம் மற்றும் கழிப்புத்தொகைகள் மற்றும் விடுமுறைக்கான உரிமைகள் போன்ற நிபந்தனைகள் குறிப்பிடப்பட்டிருக்க வேண்டும்.

Do not pay any fees for the \$5000 security bond, levy, work permit application or renewal or cancellation, medical insurance or examinations, training courses and the cost of your journey home. These fees are to be paid by your employer.

\$5000 பிணைப் பத்திரம், தீர்வை, வேலை அனுமதிச்சீட்டு விண்ணப்பம் அல்லது புதுப்பித்தல் அல்லது இரத்து, மருத்துவக் காப்பீடு அல்லது பரிசோதனைகள், பயிற்சி வகுப்புகள் மற்றும் நீங்கள் தாய்நாட்டிற்குச் செல்வதற்கான பயணக் கட்டணம் ஆகியவற்றுக்காக நீங்கள் எந்தக் கட்டணங்களையும் செலுத்த வேண்டாம். இக்கட்டணங்கள் உங்களுடைய முதலாளியால் செலுத்தப்பட வேண்டும்.

Ministry of Manpower Work Pass Division

Web <http://www.mom.gov.sg>

Contact Us <http://www.mom.gov.sg/contact>

Page 2 of 5

Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

CHASSIS NO. : FE639EA40842

U.W. : 2500 KG

M.L.W. : 4990 KG

PASS. CAP. : 02

TYRE SIZE : F.700-16-8

GBE3597 : R.175R-14-8(D)