

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 | 19/11/2019 14:56 |
| Date Of Accident | 09/08/2019 13:50 |
| Exact Location Of Accident | PLAZA S'PURA LOADING/UNLOADING VEH ENTRANCE/EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | YP2198U |
| Insured/Policyholder | |
| Name Of Registered Owner | KM CONSTRUCTION CO(S)PTE.LTD. |
| Co Reg No | - |
| Email Address | INFO@KMCONSTRUCTION-CS.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-67419554 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MITSUBISHI |
| Model | - |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 19-MU004833-R02 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | CHINNIAH MURUGESAN |
| Passport No/FIN | G6945870Q |
| Date Of Birth | 13/06/1991 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/02/2015 |
| Driving Experience | 4 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81389687 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | 40 KAKI BUKIT PLACE KM CONSTRUCTION CO(S)PTE LTD |
| Postcode | 416218 |
| 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? | 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 | ORCHARD NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7359999 - FAX NO: 67331934 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190809/2070

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 | SMF5869S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

Accident Sketch Plan

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**.
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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:

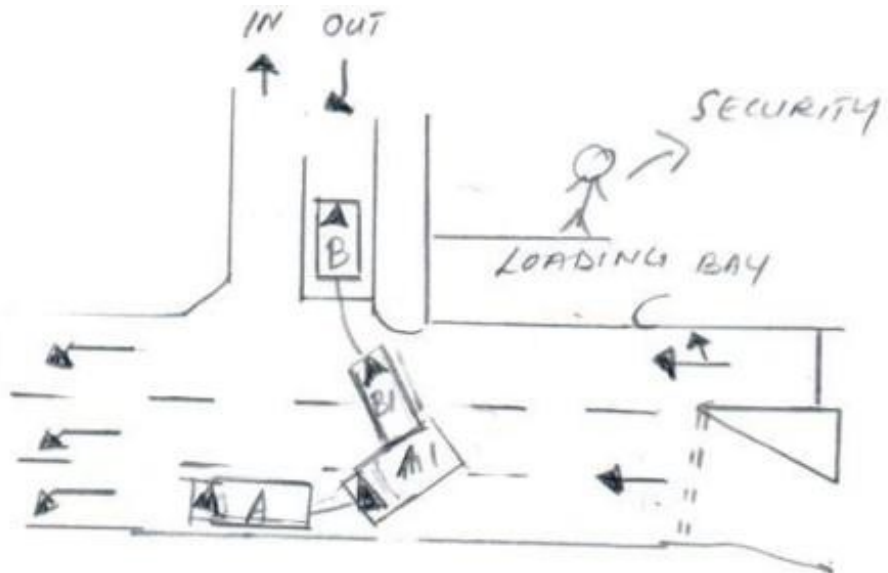
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

A - YP21984
B - SMF58695



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190801/2070

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:

Signature 19/11/19

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190809/2070

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20190809/2070

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------|--|------------------------------------|
| Driver | | | |
| Name | MELVIN POH | ID No. | NIL |
| Related Vehicle | SMF5869S (Car) | Contact No. | 96365602 |
| 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 |
| Driver | | | |
| Name | CHINNAIAH MURUGESAN | ID No. | G6945870Q |
| Related Vehicle | YP2198U (Lorry) | Contact No. | 81389687 |
| 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 |

Brief Details.

On 09/08/2019 at about 1350hrs, I was driving my company's (KM Construction Co.(S) Pte Ltd) lorry YP2198U (Mit/white) and while outside the Plaza Singapura loading/unloading bay entrance/exit, I had positioned my lorry along Oldham Lane so as to reverse into the loading/unloading carpark.

Prior to reversing the lorry, I noticed a car SMF5869S (Kia/Blue) turned into the Plaza Singapura vehicle exit gantry. After I checked and my rear is clear, I started to reversed into the loading/unloading bay. However, while reversing, the driver of car SMF5869S made a reverse out and to the right where my lorry is reversing. I don't not notice the car until at the very last minute as I was checking my rear.

The left rear of the car had collided to the lorry rear right side. The driver of the car then stepped out and we exchange contact number. He did not complaint of any pain or injury. I then took some pictures of the collision. My lorry has no damage while the car has slight scratch and slight crack at the rear right signal light cover.

I do not have any injury and sustain any pain. The driver then left after we exchange name and contacts details.

Later two unknown security officers from Plaza Singapura came to me and informed that earlier they had waved to the car driver to stop reversing further, however, the driver did not notice the security officer and continued reversing.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



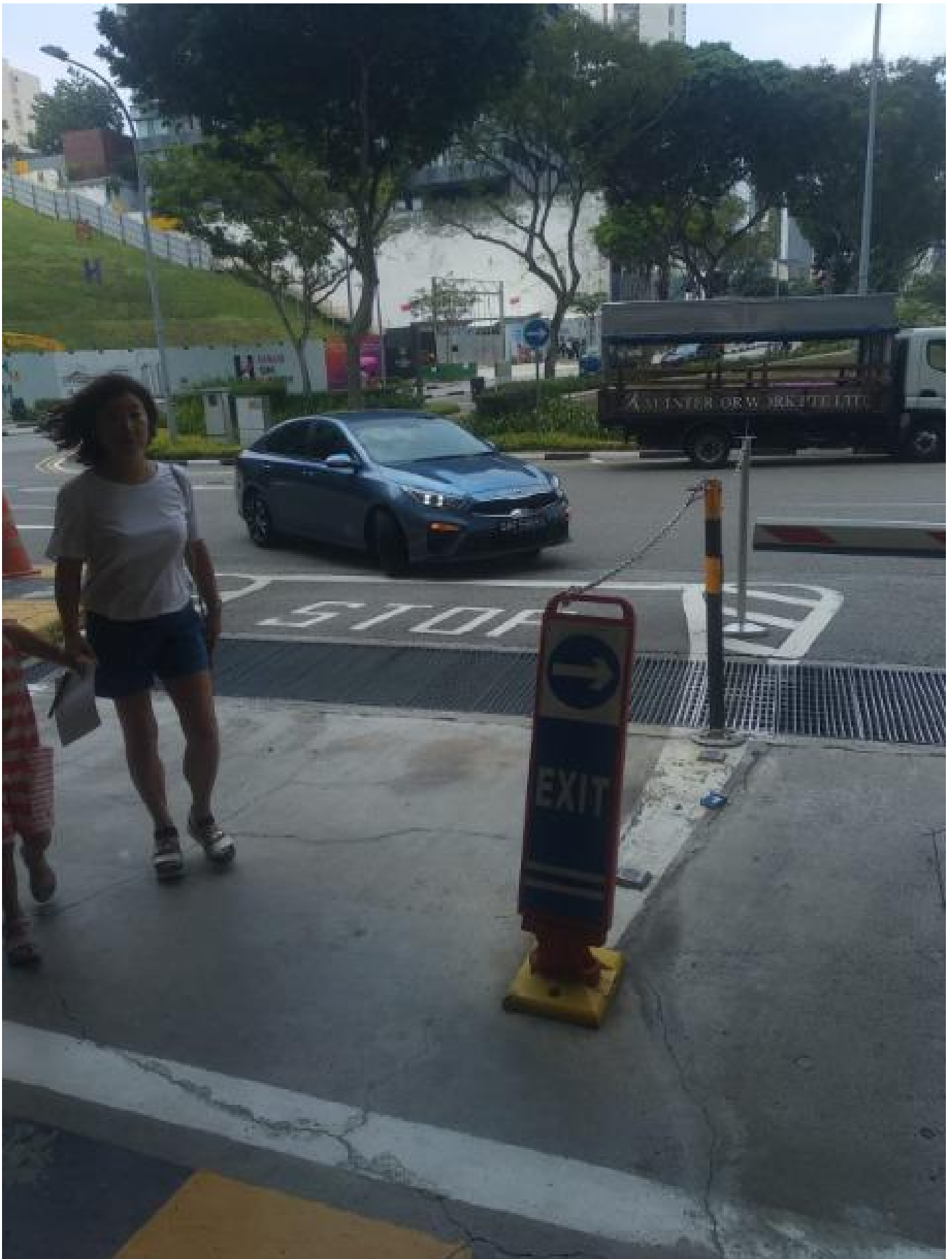
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190809/2070

Police Station Of Origin:
Orchard N.P.C
51 Killeney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No: T/20190809/2070

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--|----------------------------|
| Date/Time Report Made: 09/08/2019 15:56 | | | Vide Report No.: | | Station Diary No.: 61 |
| Informant's Particulars | | | | | |
| Name of Informant: CHINNAIAH MURUGESAN | | | Address: C/O 40 Kaki Bukit Place KM Construction Co.(S) Pte Ltd SINGAPORE | | |
| ID Type / ID No.: FIN NO / G89458700 | | | Contact No.: Home/Office: 67419554 Mobile: 81389687 | | |
| Nationality: INDIAN | | | Email: | | |
| Sex: Male | Age: 28 | Date of Birth: 13/06/1991 | Type of Informant: Driver | | |
| Race: Indian | | | Language: English | | Institution / School Name: |
| Occupation: DRIVER | | | Driving Licence Information: Class: 2B.3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|----------------------|------------------------------------|--|--|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 09/08/2019 13:50 | Type of Location: Loading/Unloading vehicle entrance/exit |
| Location: Along Road 1 OLDHAM LANE | | | | |
| Plaza Singapura Loading/Unloading vehicle entrance/exit | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Moving vehicle from rear to rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------------|-------|-------|------------------|-----------------|
| SMF5889S | Car | KIA | | Blue | Slightly Damaged | 0 |
| YP219BU | Lorry | MITSUBISHI | | White | No Damage | 0 |

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190808/2570

Police Station Of Origin:
Orchard N.P.C.
51 Kilikey Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No: T/20190808/2570

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------|--|------------------------------------|
| Driver | | | |
| Name | MELVIN POH | ID No. | NIL |
| Related Vehicle | SMF5888S (Car) | Contact No. | 98365602 |
| 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 |
| Driver | | | |
| Name | CHINNAIAH MURUGESAN | ID No. | G6945870Q |
| Related Vehicle | YP2198U (Lorry) | Contact No. | 81389687 |
| 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 |

Brief Details.

On 08/08/2019 at about 1350hrs, I was driving my company's (KM Construction Co.(S) Pte Ltd) lorry YP2198U (Mid/white) and while outside the Plaza Singapura loading/unloading bay entrance/exit, I had positioned my lorry along Oldham Lane so as to reverse into the loading/unloading carpark.

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Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7358999



T/20190805/2070

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Report No. T/20190805/2070

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20190809/2070

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Report No. T/20190809/2070

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:

E /

Sr Staff Sgt NAZRI BIN AHMAD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/08/2019 15:06

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP105



SIGNATURE