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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- . Please report correctly the details of the accident to speed up the claims process.
- 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 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.

Any false reporting may be referred to the Police for investigation.

- 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

## **ACCIDENT STATEMENT**

Date Of Report 19/11/2019 17:51 Date Of Accident 18/11/2019 19:30

Exact Location Of Accident AYE TOWARDS TUAS BEFORE CLEMENTI ROAD EXIT

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBJ7524H

Insured/Policyholder

Name Of Registered Owner SK RESOURCES DEVELOPMENT PTE LTD

Co Reg No 201005242G Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-83473112 Alternative Phone No. OFFICE-83473112

Vehicle Particulars

Manufacturer KIA

Model K2500 6M/T

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?

THIRD PARTY

If No, Please state action to be taken Vehicle Category

COMMERCIAL VEHICLE

WORKING PURPOSES

Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMCVSN1931601900

Cover Note Number

#### Driver

Name of Driver ADAIKKAN BOOMI NATHAN

NRIC No G8349961W Date Of Birth 20/05/1988 Occupation OUTDOOR Date Of Driving Pass 25/03/2019

**Driving Experience** 0 YEAR AND 7 MONTH

Gender MALE

Mobile Number (LOCAL) +65-83473112

Fax Number

Contact Number OTHERS-83473112

EMail Address NOEMAIL Address

25 KAKI BUKIT ROAD 4

Postcode

417800

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

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO 3

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)

Passenger 1

5

NAME:

: SUBRAMANIAM SATHISHKUMAR

GENDER:

: MALE

Passenger 2

NAME:

: MARIMUTHU URUMAIAH

GENDER:

: MALE

Passenger 3

NAME:

: MANDKARAN DURAISAMY

GENDER:

: MALE

Passenger 4

NAME:

: KOTHANDARAMAN SUBRAMANIYAN

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

470629, COUNTRY; SINGAPORE

Police Station Contact

TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191119/2094

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** 

Page 2 of 17

Vehicle Registration Number

GBC2377K

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 OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLW1647P

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)

#### **DETAILS OF INJURED PERSON 1**

Name

ADAIKKAN BOOMI NATHAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBJ7524H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name

KOTHANDARAMAN SUBRAMANIYAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBJ7524H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# **DETAILS OF INJURED PERSON 3**

Name

SUBRAMANIAM SATHISHKUMAR

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBJ7524H

Page 3 of 17

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

# **DETAILS OF INJURED PERSON 4**

Name

MARIMUTHU URU MAIAH

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBJ7524H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 5**

Name

MANDKARAN DURAISAMY

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBJ7524H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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)
  - (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
- 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.
- 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 Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

AJE TOWARDS [A] (A) GBJ 7524 H
TUAS BEFORE
CLEMENTI ROAD
EXIT

(C) SUN 1647 P

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Prase	refer to	police repo	of (Report	40. 7/20	x 1911191x	94)
					100000000000000000000000000000000000000	
						Supplied States
						* 011116
						<del></del>
- mr. Hudos						

# DECLARATION

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

Policyholaer Signaturas Date & Time 731d 1N3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnells Signature

Name:

NRIC/FIN No.:

STATING SOME OPERATION OF





T/20191119/2094

1 of 4 Report No. T/201911119/2094

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629

# Tel No: 1800-4439899 REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 19/11/2019 15:22		Vide Report No.: D/20191118/0101	Station Diary No.: 21		
Informant's Particulars			New English New			
Name of Informant: ADAIKKAN BOOMI NATHAN			Address: C/O 25 Kaki Bukit Road 4 #07-65 Synergy @KB SINGAPORE 417800			
ID Type / ID No.: FIN NO / G8349961W			Contact No.: Home/Office:	Mobile: 83473112		
Nationality: - INDIAN		Email:				
Sex: Male	Age:	Date of Birth: 20/05/1988	Type of Informant: Driver			
Race:		Language:	Institution / School Name:			
Occupat Lorry dri			Driving Licence Informa Class: 2B,3	ation: Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/11/2019 19:30	Type of Location Flyover	
Location: Along Road 1 AYER RAJAH AYE (TUAS)	HEXPRESSWAY				
Weather: Roa		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic		Traffic Control: Not Controlled	H21-04-140000-0-140	Traffic Volume: Heavy	
One Way	Type of Collision:  Moving Vehicle Against - Parked Vehicle				

Vehicle No.	Type_	Make	Model	Color	Condition	No of Passenger
GBC2377K		TOYOTA	DYNA 150 D		Seriously Damaged	11
GBJ7524H	Lonly .	KIA	K2500 6MT	White	Slightly Damaged	4
SLW1647P	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Silver	Slightly Damaged	1





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 2 of 4 Report No. T/20191119/2094

#### CONTINUATION OF REPORT

Any Pedestrian Ir	ivolved: No				
No. of Pedestrian	s Injured: NIL	Use of P	edestrian	Cross	ing: NA
Passenger			der et bless	STATES	CONTRACTOR OF THE PARTY OF THE
Name	SUBRAMANIYAN SATHISHKI	UMAR	ID No.		. J3934730
Related Vehicle	GBJ7524H (Lorry)	Contact No.		NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	19/11/2019	Date Dis	scharge		/2019
	ed Medical Leave 01		of Injury NIL		
Passenger		STATE OF THE PARTY OF		<b>98305</b> 2	Market Congression
Name	KOTHANDARAMAN SUBRAN	MANIYAN	ID No		F7920154P
Related Vehicle	GBJ7524H (Lorry)		Conta	ct No.	NIL
Hospital/Clinic	NIL	Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	19/11/2019	scharge		/2019	
	ted Medical Leave 02		of Injury		
Driver		THE WOOD TO		972 (83)	
Name	ADAIKKAN BOOMI NATHAN		ID No		G8349961W
Related Vehicle	GBJ7524H (Lorry)		Contact No.		83473112
Hospital/Clinic	TEKKA CLINIC PTE LTD		Class Drivin Licend Expin	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/11/2019	Date Di	scharge	and the late of th	1/2019
and the state of t	ted Medical Leave 01		of Injury	Sligh	





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470529 Tel No: 1800-4439999

3 of 4 Report No. T/201911119/2094

#### CONTINUATION OF REPORT

Passenger			SECTION DESCRIPTION	No.	THE STREET	Sent device a success
Name	MARIMUTHU URUMAIAH		ID No.		G7885577R	
Related Vehicle	GBJ7524H (Lorry)			Contact No.		NIL
Hospital/Clinic	NIL.		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	19/11/2019	2500-1110-53000	Date Disc	charge 19/11/2019		/2019
No. of Days gran	ted Medical Leave	01	Degree o			
Passenger				THE PARTY		
Name .	MANDKARAN DUR	MANDKARAN DURAISAMY		ID No.		G6606657L
Related Vehicle	GBJ7524H (Lorry)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licent Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	19/11/2019		Date Disc	-	The state of the s	/2019
No. of Days gran	ted Medical Leave	02	Degree of			

Brief Details.

On the 18/11/2019 at 1930hrs I was driving along AYE(Tuas) before Clementi Road exit, I was travelling along lane 2. Suddenly the front car jam brake and so I had to jam brake as well, I managed to stop in time. However the next lorry could not stop in time and collided into the rear of my vehicle, the car behind the lorry also could not stop in time and collided into the second lorry. The car driver then called for the paramedics as a lot of the passengers at the back of the second lorry were hurt. My friend then took photo's of the accident and the other drivers did the same. Shortly, the paramedics arrived followed by Aetos and then traffic police. No one from my vehicle was conveyed, however all 12 of the people in the second lorry were all brought to the hospital for further checks. Traffic police then recorded a short statement and advised me to lodge a police report.





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

4 of 4 Report No. T/20191119/2094

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.

G / Sgt 2 LIM SHAO WEI, CLARENCE	A Proom.
Signature Of Interpreter:	Date/Time:
Not applicable	19/11/2019 15:22
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt NOR HIDAYU BINTE ABDUL	
SAMAD	
Contact No.: 65476423	
Authentication Stamp	*

\_\_\_\_

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 18 11 19 TIME: 1930 AG (hh:mm) 24 hrs Format
VEHICLE NUMBER GBJ 7524 H
INSURED NAME Sr Resources Development Re Ita
NRIC/FIN 20105342G CONTACT:
MAKE KIA MODEL KUSDO GMT
Are you claiming under your own insurance policy for repair to your vehicle?
( ) Yes, If No, Pls Select : ( ) Third Party ( ) Reporting Only
INSURANCE COMPANY China Giping
TYPE OF POLICY ( COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT POLICY NUMBER: DMCVS N 1931 601900
TOERET NOMBER. CMCVS N (131 601900
NAME DRIVER: Adaikkan Boomi Kathan () SAME AS INSURED
NRIC/FIN G834996/W CONTACT: 83473112
DATE OF BIRTH: 20 05 1988
DRIVING PASS DATE: 25   03   20 19
OCCUPATION: ( ) INDOOR ( +OUTDOOR
GENDER: ( ) MALE ( ) FEMALE
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
77.55
1487
Z I I Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Was driver an employee of the Insured's Company? (TYES () NO
If No, Relationship Of The Driver With The Insured
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others
Does The Driver Own Any Other Vehicle? : ( ) YES ( )NO
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:
Insurance Company Of Driver's Own Vehicle
Weather Conditions: ( ) Clear ( ) Raining ( ) Drizzling ( ) Others
Road Surface : ( ) Dry ( ) Wet ( ) Others
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( ) NO
Was Anybody Injured In The Accident? ( ) YES ( ) NO
If YES, Injured details: (1) Adaick an Boom; sathan
(3) Subramaniyan Sathishtumar (4) Kothandaroman Subramaniyan
(3) Marinuthy Oruna; ab (5) Mandkaron Dura; samy
Convey By Ambulance: ( ) YES ( ) NO
Was There Any Video Capture By Car Camera? ( ) YES ( )NO
Was There Accident Reported To The Police? ( ) YES ( ) NO If Yes Attach Police Report
Police Report Number (if any) T 2019 1119   2094
Details Of 3rd Party Name / NRIC No. of Paxs (incl'driver) Contact
Veh B GB C 23) C ( )/Not Sure ( )
Veh C SLW 1647P ( )/Not Sure ( )
Veh D ( )/Not Sure ( )
Veh E ( )/Not Sure ( )
THE PROPERTY OF THE PROPERTY O
Veh F         ( ) / Not Sure ( )           Veh G         ( ) / Not Sure ( )



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

ME300/CE EN ANDEZZA Cov.Type: C 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)

2. Name of Policy Holder  3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment  4. Date of Expiry of Insurance  5. Persons or Classes of Persons entitled to drive:  ANY PERSON WAS 15 DATITION ON THE POLICY  PROVIDED THAT THE PERSON DRIVING 15 PER REGULATIONS TO DRIVE THE MOTOR VEHICLE COURT OF LAW OR BY REASON OF ANY ENACTM  6. Limitations as to use:  113 USE IN CONONECTION SITH THE POLICYHOL DID USE FOR DOCIAL, DESERTIC OR PLEASURERS  121 USE FOR BOCIAL, DESERTIC OR PLEASURERS  123 USE FOR BOCIAL, DESERTIC OR PLEASURERS  124 USE FOR BOCIAL, DESERTIC OR PLEASURERS  125 USE FOR BOCIAL, DESERTIC OR PLEASURERS  126 USE FOR BOCIAL OR MOTOR OR DOCIAL SECONDARY  127 USE FOR BOCIAL OR MOTOR OR DOCIAL SECONDARY  128 USE FOR BOCIAL OR MOTOR OR DOCIAL SECONDARY  129 USE FOR BOCIAL OR MOTOR OR DOCIAL SECONDARY  129 USE FOR BOCIAL OR MOTOR OR DOCIAL SECONDARY  129 USE FOR BOCIAL OR MOTOR OR DOCIAL SECONDARY  129 USE FOR BOCIAL OR MOTOR OR DOCIAL OR DOCIAL OR DOCIAL SECONDARY  129 USE FOR BOCIAL OR MOTOR OR DOCIAL O	AUGUST 2029  AUGUST 2029  AUGUST 2020  AUGUST 2020	DEVELOPMENT FOR LTD  EXCESS SECT 1
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I/We hereby Certify that the college	of the Motor Vehicles 7 (Malaysia), are not t	(Third-Party Risks and Compensation) Act (Chapter 189) o be included under these beadings
provisions of the Motor Vehicles (Third-Party Ri Road Transport Act, 1987 (Maleysie) Please see reverse	sks and Compensation	) Act (Chapter 189) and Part IV of the
		FOR CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ountersigned By. Authorised Officer	-	Justin
		Authorised Signatory
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