

## 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 16:46
Date Of Accident	18/11/2019 19:35
Exact Location Of Accident	AYER RAJAH EXPRESSWAY TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2377K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN & CHAN ENGINEERING PTE.LTD.
Co Reg No	200407814Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98936062
Alternative Phone No	OFFICE-98936062

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3003541900
Cover Note Number	

### Driver

Name of Driver	KASINATHAN SHANMUGAM
Passport No/FIN	G7448071W
Date Of Birth	18/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	25/07/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98936062
Fax Number	
Contact Number	OTHERS-98936062
EEmail Address	NOEMAIL

Address	53 TUAS VIEW WALK 2
Postcode	637626
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?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	12
Passenger 1	NAME: : GANESAN DHNABALAN GENDER: : MALE
Passenger 2	NAME: : VELAYUTHAM MANIKANDAN GENDER: : MALE
Passenger 3	NAME: : SONGSIDA THEWA GENDER: : MALE
Passenger 4	NAME: : VENKATACHALAPATHY THAMODHARAN GENDER: : MALE
Passenger 5	NAME: : SALEK ABDUL GENDER: : MALE
Passenger 6	NAME: : CHINNAIAH NATARAJAN GENDER: : MALE
Passenger 7	NAME: : MANICKAM SASIVARNAN GENDER: : MALE
Passenger 8	NAME: : MEYYAPPAN RAJA GENDER: : MALE
Passenger 9	NAME: : MANICKAM MANIKANDAN GENDER: : MALE
Passenger 10	NAME: : ANANADA GENDER: : MALE

Passenger 11

NAME: : RASMANICKAM RAVI

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 N.P.C

Police Station Address **ROAD:** 2 JURONG WEST AVE 5 , **POSTCODE:** 649482 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-7929999 - **FAX NO:**

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/201911192041(2 MORE WAS CONVEYED TO HOSPITAL ARE (1)ANANADA AND (2)RASMANICKAM RAVI )

#### 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 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBJ7524H

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 KASINATHAN SHANMUGAM

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBC2377K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name GANESAN DHNABALAN (MALE)

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBC2377K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 3

Name VELAYUTHAM MANIKANDAN

Approximate Age

Injuries Sustain MEYYAPPAN RAJA

Injured person in which vehicle? GBC2377K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 4

Name SONGSIDA THEWA

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBC2377K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 5

Name VENKATACHALAPATHY THAMODHARAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBC2377K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 6

Name SALEK ABDUL

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBC2377K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 7

Name MEYYAPPAN RAJA

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBC2377K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 8

Name CHINNAIAH NATARAJAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBC2377K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 9

Name MANICKAM SASIVARNAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBC2377K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 10

Name MANICKAM MANIKANDAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBC2377K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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#### B. 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.:

19/11/2019

Res L. Lim

## Accident Sketch Plan

### SKETCH PLAN

(A) GBC 2377K  
(B) SLW 1647P  
(C) GBJ 7524H.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT NO. T/20191119/2041.

## 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: Paula  
NRIC/FIN No: 9201 2345 6789

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191119/2041

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649462  
Tel No. 1800-7929999

1 of 3

Report No. T/20191119/2041

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2019 11:28	Vide Report No.:	Station Diary No.: 162
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### Informant's Particulars

Name of Informant: KASINATHAN SHANMUGAM			Address: 53 TUAS VIEW WALK 2 SINGAPORE 637626		
ID Type / ID No.: FIN NO / G7448071W			Contact No.: Home/Office: Mobile: 98936062		
Nationality: INDIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 18/12/1981	Type of Informant: Driver		
Race: Indian			Language:		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: 18/11/2019 19:35	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
AYE towards Tuas				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC2377K	Lorry				Seriously Damaged	12
GBJ7524H	Lorry				Slightly Damaged	1
SLW1647P	Car				Seriously Damaged	2

### Details of Person Involved

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



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191119/2041

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

2 of 3

Report No: T/20191119/2041

## CONTINUATION OF REPORT

Driver			
Name	KASINATHAN SHANMUGAM		ID No. G7448071W
Related Vehicle	NIL		Contact No. 98936062
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL

### Brief Details.

On 18/11/2019 at around 1935hrs, I was driving my lorry with my workers at the back from Tanah Merah to Tuas. As I was driving along AYE on the 2nd lane and I realized that the lorry in front of me had stopped. I then applied the brakes and stopped right behind him. All of the sudden, I received a collision from the back of my lorry. From the impact, my lorry had moved forward and collided with the lorry in front. As I was in a shock, I checked on my side passenger and the other 10 passengers at the back and was informed that they were injured.

After awhile, Traffic Police and Ambulance arrived at scene. The ambulance assessed the injuries of my workers and I and subsequently admitted 7 to NUH and 5 including myself to NTFGH. I would like to inform that I do not have in cam footage. I would like to inform that 7 had 2 days of MC, 1 with 4 days of MC, 2 with 6 days of MC and 2 were warded.

# POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191119/2041

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

3 of 3

Report No T/20191119/2041

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 /

SC2 INDRA SHAMI BIN KAMSANI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Signature Of Informant:

Date/Time:

19/11/2019 11:28

Classification Of Case:

Authentication Stamp  
N.P.C  
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



## Driving License





Accident Photo



Accident Photo







Accident Photo

