

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
Insured/Policyholder	
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
Email 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

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:

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

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

The diagram shows a vertical stack of three rectangular boxes, each with a small triangular roof-like shape on top. The boxes are labeled 'C', 'A', and 'B' from top to bottom. To the right of the boxes is a circular stamp with the text 'CHAN & CHAM ENGINEERING PTE LTD' around the perimeter.

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

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

Date & Time:

NRIC/FIN No.:

19/11/2019
Personnel's Signature
Rosa Wilson



**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

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
--	------------------	---------------------------

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



**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.



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
NP156
SINGAPORE
POLICE FORCE
SAFEGUARDING EVIDENCE ONLY

SIGNATURE

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 18-Nov-2019

ACCIDENT TIME: 1935

LOCATION: AYER RAJAH EXPRESSWAY TWDS TUAS

VEHICLE NUMBER: GBC2377K

INSURED NAME: CHAN & CHAN ENGINEERING PTE. LTD.

NRIC / FIN: 200407814Z

CONTACT: 98936062

MAKE: TOYOTA

MODEL: DYNA 150 D

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 TAIPING

TYPE OF POLICY: Comprehensive

POLICY NUMBER: DMCVSN3003541900

EXPIRY DATE: 14-Feb-2020

NAME DRIVER: Kasinathan Shanmugam

NRIC / FIN: G7448071W

CONTACT: 98936062

DATE OF BIRTH: 18-Dec-1981

DRIVING PASS DATE: 25-Jul-2015

OCCUPATION: Outdoor

GENDER: Male

EMAIL ADDRESS:

ADDRESS OF DRIVER: 53 TUAS VIEW WALK 2 SINGAPORE 637626

Relationship Of The Driver With The Insured: Employee

Number Of Passenger Include Driver: 1 Driver + 11 Passenger(s)

NAME	NRIC/FIN/BC	GENDER	INJURED
Kasinathan Shanmugam <input checked="" type="checkbox"/>	G7448071W	Male	<input checked="" type="checkbox"/>
Ganesan Dhnabalan <input checked="" type="checkbox"/>	G3034113P	Male	<input checked="" type="checkbox"/>
Velayutham Manikandan <input checked="" type="checkbox"/>	G8131581M	Male	<input checked="" type="checkbox"/>
Songsida Thewa <input checked="" type="checkbox"/>	G6643766W	Male	<input checked="" type="checkbox"/>
Venkatachalapathy Thamodharan <input checked="" type="checkbox"/>	G8397518R	Male	<input checked="" type="checkbox"/>
Salek Abdul <input checked="" type="checkbox"/>	G6542761W	Male	<input checked="" type="checkbox"/>
Chinnaiah Natarajan <input checked="" type="checkbox"/>	F7871183M	Male	<input checked="" type="checkbox"/>
Manickam Sasivarnan <input checked="" type="checkbox"/>	G7235161X	Male	<input checked="" type="checkbox"/>
Meyyappan Raja <input checked="" type="checkbox"/>	G7032086Q	Male	<input checked="" type="checkbox"/>
Manickam Manikandan <input checked="" type="checkbox"/>	G8039638X	Male	<input checked="" type="checkbox"/>
Ananada RASMANICKAM RAVI	F8164277W G7071123R	Male MALE	<input checked="" type="checkbox"/>

INJURY DETAILS: 1 Driver, 10 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? No

Police Report Number: T/20191119/2041

Details Of 3rd Party	Name	NRIC	Contact	No.of Paxs(incl' driver)
Veh B SLW1647P				Not Sure
Veh C GBJ7524H				Not Sure

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 No.	DNCVSN3003541900	Engine No : 9L5351560 Chassis No: JTFUF34Y503001485
1. Index Mark and Registration Number of Vehicle	GBC2377K	
2. Name of Policy Holder	M/S CHAN & CHAN ENGINEERING PTE LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15 FEBRUARY 2019	
4. Date of Expiry of Insurance	14 FEBRUARY 2020	
5. Persons or Classes of Persons entitled to drive *		

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR 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.

6. Limitations as to use: *

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:

- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (2) USE WHILEST 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

I/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). Please see reverse

ITRUST PTE LTD
52 FOCH ROAD
#03-02
SINGAPORE 209274
TEL: 6488 0883 FAX: 6286 0295
EMAIL: itrust@singnet.com.sg
Authorised Officer

Countersigned By

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

814Z

Vehicle Details

Vehicle No.:

GBC2377K

Vehicle to be Exported:

Yes

Intended Deregistration Date:

19 Nov 2019

Vehicle Make:

TOYOTA

Vehicle Model:

DYNA 150 D

Primary Colour:

Silver

Manufacturing Year:

2003

Engine No.:

5L5351960

Chassis No.:

JTFUF34Y503001488

Maximum Power Output:

-

Open Market Value:

\$23,726.00

Original Registration Date:

15 Aug 2003

First Registration Date:

15 Aug 2003

Transfer Count:

1

Actual ARF Paid:

\$1,187.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

14 Aug 2023

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

5

PQP Paid:

\$15,582.00

COE Rebate Amount:

\$11,644.00

Total Rebate Amount:

\$11,644.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 19 Nov 2019

OK