

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	20/11/2019 11:21
Date Of Accident	14/11/2019 22:10
Exact Location Of Accident	ALONG ROAD CLEMENTI ROAD LAMP POST 33
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1696K
Insured/Policyholder	
Name Of Registered Owner	INTEGRATE ENGINEERS PTE LTD
Co Reg No	201303704H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93712736
Alternative Phone No	OFFICE-63697915

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	GOODS TRANSPORTATION
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	GOODS VEHICLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D19MTPCVE002027
Cover Note Number	

Driver

Name of Driver	MUTHUSAMI GAJENDRAN
Passport No/FIN	G7802555M
Date Of Birth	10/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2018
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93712736
Fax Number	
Contact Number	OFFICE-63697915
Email Address	NOEMAIL

Address	19 KRANJI LOOP
Postcode	739555
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	COLLISION - HEAD TO REAR
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?	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)	2
Passenger 1	NAME: : ISLAM FARIDUL 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

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	SHB4155E
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
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

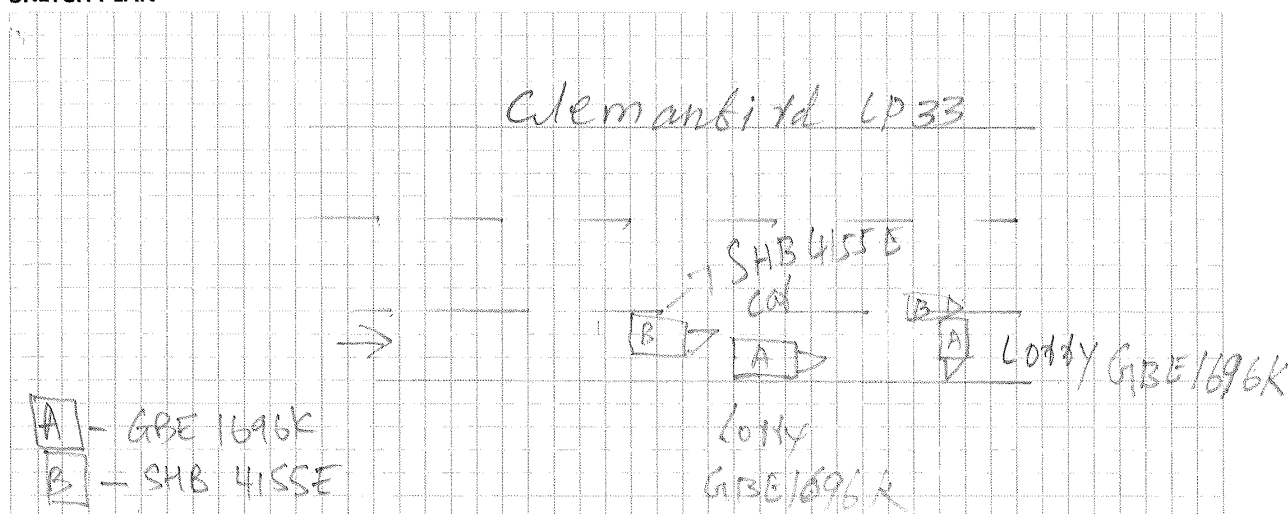
Name	MUTHUSAMI GAJENDRAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBE1696K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	19 KRANJI LOOP
Postcode	739555

DETAILS OF INJURED PERSON 2

Name	ISLAM FARIDUL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBE1696K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	19 KRANJI LOOP
Postcode	739555

Sketch Plan Pg. 1

SKETCH PLAN

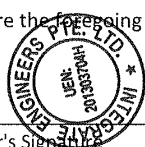


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanning N.P.C.
2 Jurong West Avenue 2 SINGAPORE
630462
Tel No: 1800-7828888



1 of 4
Report No: T201911182147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
14/11/2019 15:50

Video Report No:

Station Diary No:
403

Informant's Particulars

Name of Informant: MUTHUSAMI GAJENDRAN			Address: 19 KRANJI LOOP SINGAPORE 738558	
ID Type / ID No: FIN NO / G7802555M			Contact No: Home/Office:	Mobile: 93712736
Nationality: INDIAN			Email:	
Sex: Male	Age: 32	Date of Birth: 10/06/1987	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 Conveyed By Ambulance	Drink Drive No	Date/Time of Accident: 14/11/2019 22:10	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI ROAD				
Lane 1, near the bus stop Lamp Post Number: 33				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: No Traffic	
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
GBE1686K	Lorry				Seriously Damaged	2
SHB4155E	Car				Seriously Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T201911182147

2 of 4

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

Report No: T201911182147

CONTINUATION OF REPORT

Driver			
Name	MUTHUSAMI GAJENDRAN	ID No	G7802555M
Related Vehicle	GBE1696K (Lorry)	Contact No	99712736
Hospital/Clinic	NATIONAL UNIVERSITY 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	11	Degree of Injury	Serious
Passenger			
Name	ISLAM FARIDUL	ID No	G2251998R
Related Vehicle	GBE1696K (Lorry)	Contact No	82658894
Hospital/Clinic	NATIONAL UNIVERSITY 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	16	Degree of Injury	Serious

Brief Details:

On 14/11/2019 at about 2205hrs, I was driving my lorry bearing the registration of GBE1696K along lane 1 of Clementi Road. There are two passengers in my lorry. Islam Faridul is one of them and sitting behind the lorry.

On the same day at about 2210hrs, when nearing the lamp post 53, lane 1 and near the bus stop as my work place is there, I slow down and on hazard light. After ensuring the road is clear of any incoming vehicle, I then stopped the lorry, pull up hand brake and off my engine. After that, I asked them to get down the vehicle. The worker sitting at the passenger side get down the lorry first and walk to the work station as I asked him to take the temporary traffic cone. Islam and me still in the lorry. Suddenly, I felt an impact from the left rear bumper and I hit onto the steering wheel. At the same time, Islam fly out of the lorry and hit onto the ground. After that, I am still conscious and get down the vehicle to assess the damages. I discovered a taxi bearing the registration of SHB4155E collided with my lorry and caused my lorry to turn 90 degrees to the right and 2 to 3 meters away from my stopping location. I then discovered Islam lying on the road behind the lorry. After ensuring he is okay and conscious, I called for ambulance immediately. The taxi driver and the passenger are injured. The other worker is not injured. 02 Ambulances came first and sent me, Islam and the taxi driver to the hospital. After that I do not know what happened at the scene. I only know the lorry is towed back by the company.

On 18/11/2019 at about 1223hrs, traffic police called me to lodge a police report and here I am to lodge this police report.

I also want to inform that I is granted 11 days hospitalization leaves and Islam is granted 16 days hospitalization leaves. No government property was damaged.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Nanyang N.P.C.
2 Jurong West Avenue 5, SINGAPORE
649002.
Tel No: 1800-7926000



1/2019/11/02/143

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Report No: 1/2019/11/02/143

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report
J /

WU SHANGZHEN

Signature Of Informant

M. GMS

Signature Of Interpreter:
Not applicable

Date/Time:
18/11/2019 16:50

Officer in Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL

Classification Of Case:

Control No: 65246
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE