

## 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	18/12/2019 15:11
Date Of Accident	17/12/2019 18:55
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI - 3.5KM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1085M
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#### Insured/Policyholder

Name Of Registered Owner	ACTINIUM ENGINEERING PTE LTD
Co Reg No	2XXXX223H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-67899888

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21 (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3054161900
Cover Note Number	

#### Driver

Name of Driver	MUTHIAH RAJAKUMAR
Passport No/FIN	FXXXX539X
Date Of Birth	04/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	09/10/2015
Driving Experience	4 YEARS AND 2 MONTHS



Gender	MALE
Mobile Number	(LOCAL) +65-82045790
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	C/O 27D LOYANG CRESCENT
Postcode	500823
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	RAINING
Road Surface	WET

#### 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)	5
Passenger 1	Name: : RIPPON Gender: : Male
Passenger 2	Name: : ISLAM Gender: : Male
Passenger 3	Name: : SHADAT Gender: : Male
Passenger 4	Name: : LAO LIU Gender: : Male

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER ATTACHED 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	SGR7444D
Vehicle Make/Model/Colour	OPEL RED COLOUR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MALE DRIVER
NRIC/Passport Number	
Contact Number	97552894
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT & REAR
No. Of Passenger (Including Driver)	4

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE4085T
Vehicle Make/Model/Colour	TIPPER TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SONG
NRIC/Passport Number	GXXXX360X
Contact Number	81666178
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	RIPPON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	YQ1085M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	ISLAM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	YQ1085M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	



Postcode

DETAILS OF INJURED PERSON 3

Name SHADAT

Approximate Age

Injuries Sustain

Injured person in which vehicle? YQ1085M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode



## Sketch Plan

### SKETCH PLAN

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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:

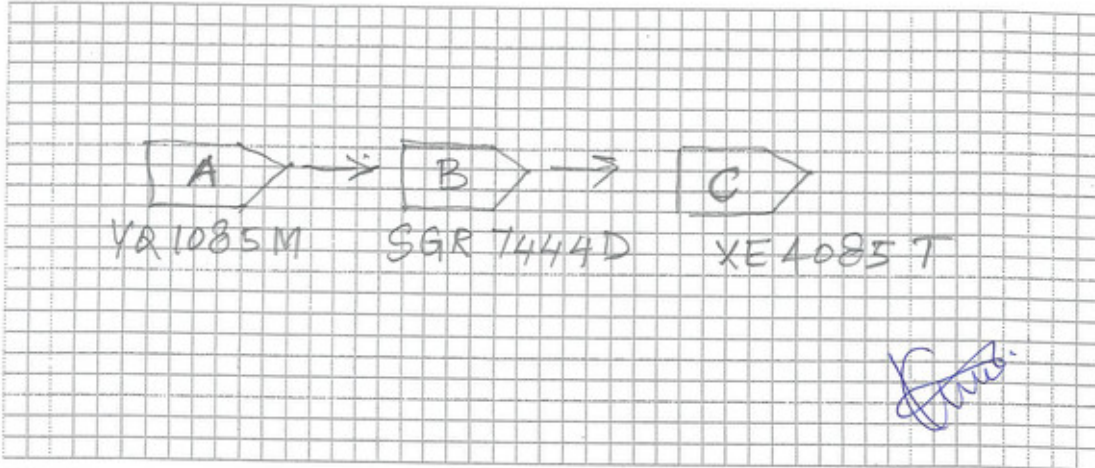
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report No.:

1/28191218/703.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

GIARMC SketchPlanForm\_V3

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

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





**SINGAPORE  
POLICE FORCE**



T/20191218/2022

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20191218/2022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/12/2019 10:14		Vide Report No.: G/20191217/0141		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUTHIAH RAJAKUMAR			Address: 27D LOYANG CRESCENT SINGAPORE 506823		
ID Type / ID No.: FIN NO / F8347539X			Contact No.: Home/Office: Mobile: 82045790		
Nationality: INDIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 04/05/1979	Type of Informant: Driver		
Race:			Language: English	Institution / School Name:	
Occupation: Mobile machinery supervisor and general foreman			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/12/2019 18:55	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI - 3.5KM				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGR7444D	Car					0
XE4085T	Lorry					0
YQ1085M	Lorry	MITSUBISHI	CANTER	White	Slightly Damaged	4





**SINGAPORE  
POLICE FORCE**



T/20191218/2022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20191218/2022

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUTHIAH RAJAKUMAR	ID No.	F8347539X
Related Vehicle	YQ1085M (Lorry)	Contact No.	82045790
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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

**Brief Details.**

On the mentioned date and place, I was driving along TPE towards Changi. Somewhere in between Tampines Ave 5 and Ave 2, the traffic slowed down. The vehicle in front of me suddenly stopped. I could not break in time and hit on the rear of the vehicle. As a result of the accident, three of my passengers, 2-sitted in front and another in the back, complainant of back pain and was conveyed to hospital by the ambulance together with the driver the car that was in front of me.





**SINGAPORE  
POLICE FORCE**



T/20191218/2022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20191218/2022

**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:  
G /  
SI KAMARUZZAMAN BIN MAHMOOD

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/12/2019 10:14

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt LIM ENG KUAN, CLARENCE  
Contact No.: 65476195

Classification Of Case:

Authentication Stamp  
NP168







中国太平  
CHINA TAIPING  
MOTOR COMMERCIAL  
VEHICLE

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

1085

MZ300/C  
N SN  
AN0650A  
COMPREHENSIVE

### 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.	DMCVSN3054161900	Engine No : 4P10D74589
		Chassis No: FEB21EA30197
1. Index Mark and Registration Number of Vehicle	YQ1085M	
2. Name of Policy Holder	M/S ACTINIUM ENGINEERING PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16 JULY 2019	EX SECT. I .....S\$450.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	15 JULY 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 WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD AS HP OWNER

\* 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 For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Elaine Lee  
97489011

Countersigned By:

Authorised Officer

Authorised Signatory





**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **F8347539X**

Name: **MUTHIAH RAJAKUMAR**

Birth Date: **04 May 1979**  
Issue Date: **04 Apr 2019**  
Valid Till: **13/04/2024**

002919885G

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore



Employer: **ACTINUM ENGINEERING PTE. LTD.**

Name: **MUTHIAH RAJAKUMAR**  
S Pass No: **0 32044859**  
Sector: **CONSTRUCTION**

Exp: **25/6/2022**

03

K1508851

*Driver*

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles $\leq 200$ cc	14 Apr 2009
Class 3	Motor cars with unladen weight $\leq 3000$ kg with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500$ kg	14 Apr 2009
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500$ kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250$ kg	09 Oct 2015

NP 428A

Licence No: F8347539X



**VISIT PASS**  
Immigration Regulations

14-06-2019

Name: **MUTHIAH RAJAKUMAR**

FIN: **F8347539X**  
Date of Birth: **04-05-1979**  
Sex: **M**  
Nationality: **INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

Download SGWorkPass App to check status







INSURED LORRY





INSURED LORRY CHASSIS NUMBER

CHASSIS NO:	FEB21EA30197		
U.W.:	2500	KG.	
M.L.W.:	5000	KG.	
TYRE SIZE:	F	195/85R15	
	R	195/85R15(D)	
PASSENGER CAPACITY:	1 DRIVER 2 OTHERS		
WFE:			



INSURED LORRY





INSURED LORRY





INSURED LORRY





INSURED LORRY





INSURED LORRY





INSURED LORRY





INSURED LORRY



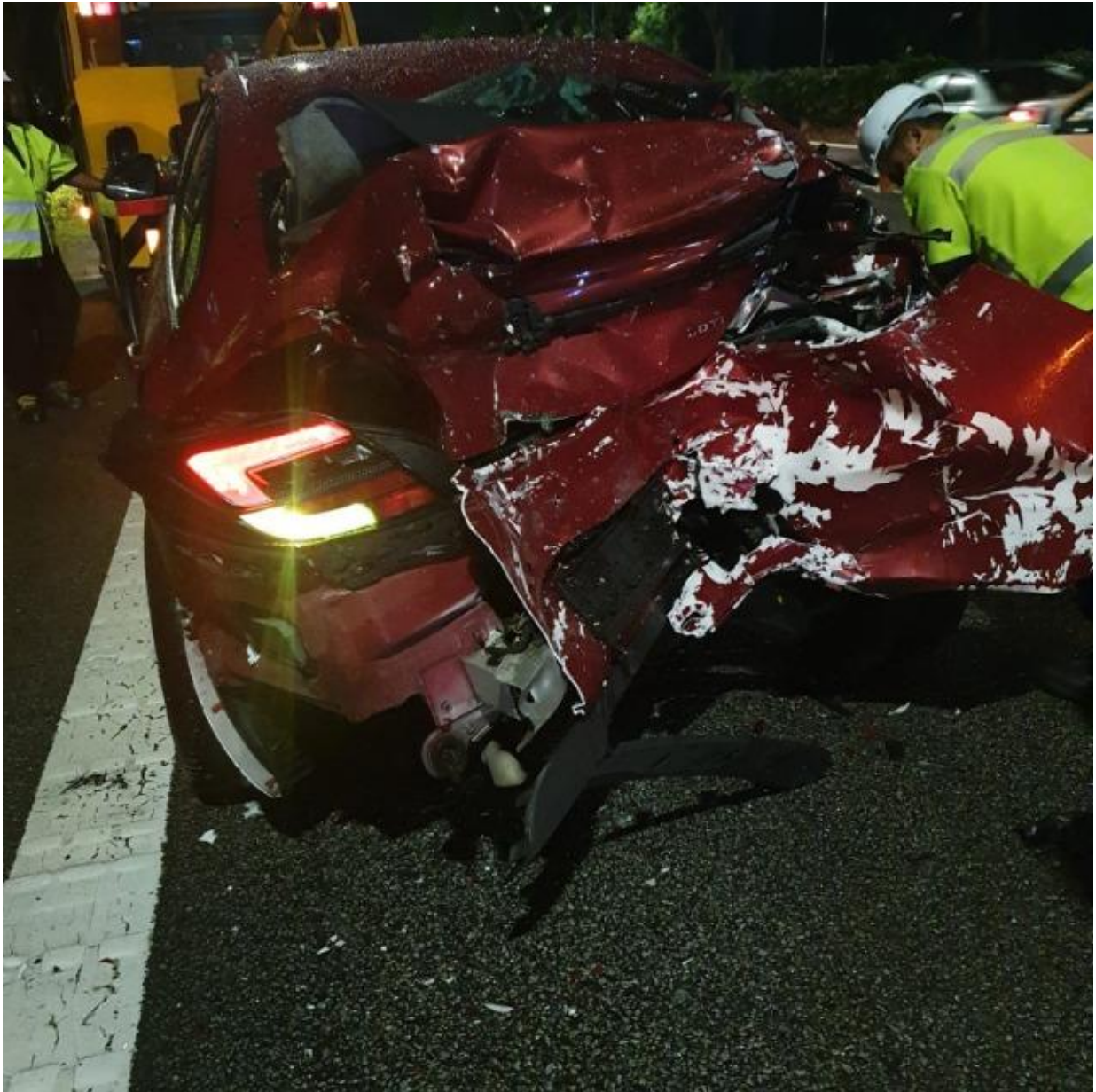


INSURED LORRY





ACCIDENT SCENE





ACCIDENT SCENE





ACCIDENT SCENE





ACCIDENT SCENE





ACCIDENT SCENE





ACCIDENT SCENE





ACCIDENT SCENE





ACCIDENT SCENE





ACCIDENT SCENE





ACCIDENT SCENE





# ACCIDENT SCENE

