MSME20005421 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 13/01/2020 13:51 SUBMITTED BY: Wen Ying

#### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	13/01/2020 13:51
Date Of Accident	10/01/2020 15:15
Exact Location Of Accident	SLE TOWARDS BKE WOODLANDS AVE 2.
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD2428S
Insured/Policyholder	
Name Of Registered Owner	OCEAN AUTOMATION SOLUTION PTE LTD
Co Reg No	201012313D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-94851509
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100381673
Cover Note Number	
Driver	
Name of Driver	RAJAMANI SAMPATH
NRIC No	G7893162R
Date Of Birth	10/04/1978

**INDOOR** 

01/09/2016

3 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94851509

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 317 SEMBAWANG VISTA #06-199

Postcode 750317 Was driver an employee of the Insured's Company YES

TO BE SEED OF THE SEED OF THE

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company 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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name: : UNKNOWN

Gender: : Male

3

NO

NO

13

Passenger 2 Name: : UNKNOWN

Gender: : Male

Passenger 3 Name: : UNKNOWN

Gender: : Male

Passenger 4 Name: : UNKNOWN

Gender: : Male

Passenger 5 Name: : UNKNOWN

Gender: : Male

Passenger 6 Name: : UNKNOWN

Gender: : Male

Passenger 7 Name: : UNKNOWN

Gender: : Male

Passenger 8 Name: : UNKNOWN

Gender: : Male

Passenger 9 Name: : UNKNOWN

Gender: : Male

Passenger 10 Name: : UNKNOWN

Gender: : Male

UNKNOWN Male Passenger 11 Name: Gender:

Passenger 12 Name: : UNKNOWN

> Gender: : Male

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS DIVISION HQ

ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

PLS REFER TO POLICE REPORT NO.L/20200111/7018.

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 XD2602U

Vehicle Make/Model/Colour

**Details Of Properties** VEH B

Vehicle Category **COMMERCIAL VEHICLE** 

Name of Driver ANG KOK HUAT NRIC/Passport Number S1165026J

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number FBN1036T

Vehicle Make/Model/Colour

**Details Of Properties** VEH C

MOTORCYCLE Vehicle Category

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**

DRIVER AND 12 PASSENGERS (NAME AS / POLICE REPORT) Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBD2428S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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.
- 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.
- 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.
- 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.
- 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
  - 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

CONTRACTOR AND ART.

Oriver's Signature (if driver is not the policyholder Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



SKETCH PLAN	111111111	TITTITI		
			Veh A	GBD 2
	3	12111	Way R.	XD 260
	<del></del>			1 1 1 1 1 1
		1/-1/-	1 Vanc	FBN 10
	<del></del>	TAMAL		
	1111	The X W		
		Z		
		I BILLI		
				H+HH
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT		//	
		ON I WES	Briving Veh	4 olone
On 10/01/2020 SLE Toward BKE	I (sichers in	Or. 15) 1	was on love	2 Out
STE GONAL BEE	1 (362 / 1302 / 1)	Vo Charl	to the long long length onto	. 0.1
of Sudden anthox	h Buly me Sign age	Veh veh	Wekel and	mid lace
111	OH OR SURGE	n a motorcy	Te A hot Only	1011
		icle and the	e, which	nas
Stationary the Tru	ck (Veh &) buh	nd one alow	hot onto m	
1			$\searrow$	
There were 12 pa	ssinger on bo	I my Veh	at that	point of
	TOR 2)/SLAM	MD BANSUL	3) ALAM M	AHBUB
4) SOYEB ARU 5) K	vail am im 6	DAY WIN AND	27 7) RAH	MAIN HAR
8) KOH CNG JOK 9) F	1000 DIN EN	100 100 100	MA VEAHED	
8) KOH ENG JOK 9) F	1033HIN MIDTOK	HAD O MATTI	t + T	Wat.
11) RENGASAMY JEYAG	ANESH 12) RAI	MALAH KHRTHIC	K-I wwn to	N.C.I
BOK FAMILY CLINIC	C PIE LTD A	nd was Given	МС	*
		100		
/		1		
1/	PERSONAL PROPERTY.		X	
			de Williams	YOME !
0.0				14.
000	10 D	olece	report.	
	~ /	The state of the s	1::::	* *
	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7			1 1 101 1
DECLARATION	Andrew Control			100
/We declare the folgoing particulars	are true in every respect.		2. W. C.	
		the state of the s	· Warren 6	50 90
12/2	(1) Your		137 1 Not	
130	f. Sort	Conc	erting Centre Personnel's	Signature
Policyholder's Signatura	Oriver's Signature (If driver is not the policyhol Date & Time:	der) Nam	orting Centre Personnel's e: /FIN No.:	Signature

1 1 , 1





1 015

Report No. L/20200111/7018

# POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made 11/01/2020 14:53	Vide R	eport No.		Station Diary No.
Name Of Informant KOH ENG JOK	Addres	K 977 JUR	ONG WEST STR	
ID Type / ID No.				
NRIC NO / S6865849G	Contact No. Home/Office: Mobile:			
Nationality	98918892 Email Address kohej1968@yahoo.com.sg			
MALAYSIAN				
Occupation				
SERVICE ENGINEER nstitution/School Name	Sex Male	Age 51	Date of Birth 01/11/1968	Race
Date/Time Of Incident	Language   U1/11/1968   Chinese   English		Chinese	
0/01/2020 15:15 - 10/01/2020 15:45 Brief details.	Location Of Incident SELETAR EXPRESSWAY			

### RTA on 10/01/2020

On 10/01/2020 at around 3:15pm , I was a vehicle commander for Veh A (GBD2428S) My vehicle was driving along SLE Toward BKE at (SLE/BKE 10.2km L2) I was on lane 2 out of the sudden another lorry from the left changed into my lane and was too close me which make me slow down my vehicle. Out of the Sudden a Motorcycle Veh C (FBN 1036 T) hit onto my lorry and dropped. I then stop my vehicle and check, While i was stationery, the truck Veh B (XD 2602 U) behind me also hit onto me.

Signature Of Officer Recording The Report:	Signature Of Informant:		
Not applicable	report has been authenticated by		
Signature Of Interpreter:	SingPass. No signature is required.		
Not applicable	Date/Time: 11/01/2020 14:53		
Officer In-Charge Of Case:	_		
3 0400.	Classification Of Case:		
Authentication Stamp			





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200111/7018

There were 12 passenger on board my vehicle at that point of time After the accident we went to Bok Family Clinic and was given Medical Certificate

Driver:

Name:Rajamani Sampath Fin/Nric: G7893162R MC for 3 Days (0000024557)

Passenger

Name: Abedin Joynal Fin/Nric: G6609399P

MC for 4 Days (0000024547)

Name: Islam Md Samsul Fin/Nric: G8855203U

MC for 4 Days (0000024548)

Name: Alam Manbub Fin/Nric: G7472059K

MC for 4 Days (0000024550)

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2020 14:53
Officer In-Charge Of Case:	Classification Of Case:





3 of 5

POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. L/20200111/7018

Fin/Nric: G8006409N

MC for 4 Days (0000024546)

Name: Kyaw Zin Lin Fin/Nric: G8849846T

MC for 4 Days (0000024549)

Name: Myo Min Latt Fin/Nric: G2149048U

MC for 3 Days (0000024555)

Name: Rahman Habibur Fin/Nric: G7536623Q

MC for 3 Days (0000024552)

Name: Koh Eng Jok Fin/Nric: S6865849G

MC for 3 Days (0000024551)

Name: Hossian Md Forhad Fin/Nric: G8330062R

MC for 3 Days (0000024553)

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	
Not applicable	Date/Time: 11/01/2020 14:53
Officer In-Charge Of Case:	
3. 3.00.	Classification Of Case:
Authentication Stamp	





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200111/7018

Name: Alamin Md Yeahea Fin/Nric: G6868405L

MC for 3 Days (0000024554)

Name: Rengasamy Jeyaganesh

Fin/Nric: G2885250P

MC for 3 Days (0000024556)

Name: Ramaiah Karthick Fin/Nric: G6760909W

MC for 3 Days (0000024558)

Subjects Involved			
Victim	WOLLEND TOK		
Person Name	KOH ENG JOK	ID No	S6865849G
ID Type	NRIC NO		51
Gender	Male	Age	English
Race	Chinese	Language	Crigitari
Occupation	SERVICE ENGINEER	Address Type	20040000
Address	APT BLK 977 JURONG WEST STREET 93 #03-357 SINGAPORE 640977	Mobile No	98918892
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by
Not applicable	SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2020 14:53
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





Report No. L/20200111/7018

POLICE REPORT (NP299)

### CONTINUATION OF REPORT

5 of 5

Person Name	KOH ENG JOK (Informant)	

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2020 14:53
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



## CERTIFICATE OF INSURANCE

### NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Ocean Automation Solutions Pte Ltd : 05 Aug 2019 To 04 Aug 2020 Period of Insurance

Engine No. : ZD30340930K

Chassis No. : JN1SC2F24Z0856181

: GBD2428S : 2100381673-05

Policy No. Endorsement No.

**Issued Date** 

: 25 Jun 2019

#### ABOUT THE COVER

Make/Model

: NISSAN NEW CABSTAR

Engine Capacity/Tonnage : 1.6 Tonnage Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2014

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\* :

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use\* :

It Use in connection with the Policyholder's business,

2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.

3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving busics, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### **EXCESS**

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

- 1.Tan Chong Motor Sales Add: 913 Bt Timah Road Singapore 589623 64694091 64694092 64694093
- 2.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62922212
  3.Tan Chong Motor Sales Add: 17 Lor 8 Toa Payon Singapore 319254 63570753 63570754
  4.AutoNition Industrial Add: 19 Ubl Road 4 Singapore 408623 64906866
  5.TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

For other Approved Reporting Centres/AJG Authorised Repairers, please confact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, you may refer to AJG website www.aig.com.sg or AJG SG Mobile App. Simply search and download "AJG SG" from iTunes or Google Piley.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189). Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610393

TAN CHONG CREDIT PTE LTD-TCM

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte, Ltd,

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE Chair Syma Lim

78 Shorton Way #07-16 AIG Building S079120 | T +65 6419 3000 | www.alg.sg

**Identification Card** 



: 10 Apr 1978 e: 01 Sep 2016 Valid Till 31/08/2021

C02605451J



SPASS Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer OCEAN AUTOMATION SOLUTIONS PTE. LTD.



Name RAJAMANI SAMPATH

S Pass No 0 3357679.

Sector MARINE SHIPYARD





K1857115

## DU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 01 Sep 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

VISIT PASS

Namo RAJAMANI SAMPATH

FIN G7893162R

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.

.....























