

## 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	13/02/2020 14:15
Date Of Accident	12/02/2020 11:20
Exact Location Of Accident	BOON KENG ROAD.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3368E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WORLD OF WOOD PTE LTD
Co Reg No	201011616D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68415049

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MA006811
Cover Note Number	

### Driver

Name of Driver	SRINIVASAN BALAMURUGAN
NRIC No	G7898066X
Date Of Birth	19/07/1986
Occupation	INDOOR
Date Of Driving Pass	21/11/2005
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83388460
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NOADDRESS
Postcode	
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 - CHANGE/CROSS LANE
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?	NO
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: : M ALAM GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHER N.P.C
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2949999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT NO.T/20200212/2130.

#### 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	SHC185P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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	SRINIVASAN BALAMURUGAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBC3368E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	M ALAM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBC3368E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Accident Sketch Plan Pg. 1

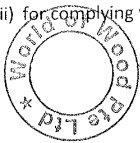
### SKETCH PLAN

#### IMPORTANT NOTICE

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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.



*S. Balanaraj*

Policyholder's Signature  
Date & Time:

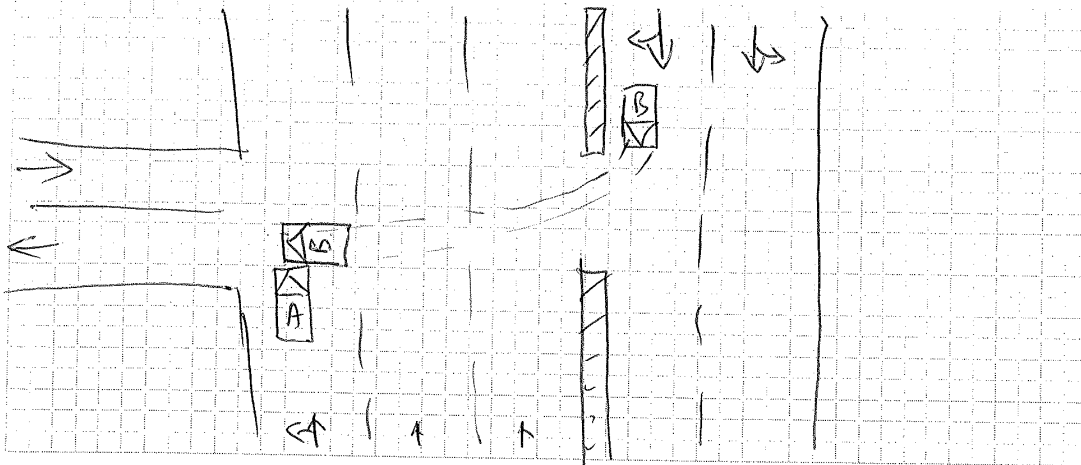
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

*SME MOTOR*

**Accident Sketch Plan Pg. 1**

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

## 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.:

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200212/2130

1 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20200212/2130

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2020 17:32		Vide Report No.:		Station Diary No.: 159	
<b>Informant's Particulars</b>					
Name of Informant: SRINIVASAN BALAMURUGAN			Address: APT BLK 2 ST. GEORGE'S ROAD #10-51 ST GEORGE'S WEST GARDENS SINGAPORE 322002		
ID Type / ID No.: FIN NO / G7898066X			Contact No.: Home/Office: Mobile: 83388460		
Nationality: INDIAN			Email:		
Sex: Male	Age: 33	Date of Birth: 19/07/1986	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: PROJECT ASSISTANT SUPERVISOR			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 12/02/2020 11:20	Type of Location: Straight Road
Location:  BOON KENG ROAD SERANGOON ROAD along Boon Keng Road towards Serangoon Road. (Near to 6 Boon Keng Road).				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC3368E	Lorry					1
SHC185P	Car					0

## Details of Person Involved

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

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200212/2130

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 2

Report No. T/20200212/2130

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	SRINIVASAN BALAMURUGAN	ID No.	G7898066X
Related Vehicle	GBC3368E (Lorry)	Contact No.	83388460
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	12/02/2020	Date Discharge	12/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	Ong Hor Thong Aloysius	ID No.	S1548623F
Related Vehicle	SHC185P (Car)	Contact No.	91806215
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 12/02/2020 at about 1120hrs, I was driving my lorry (GBC3368E) along Boon Keng Road towards Serangoon Road. While I was driving on the 3rd lane of a 3 lane road near to 6 Boon Keng Road, a yellow comfort delgro (SHC185P), suddenly collided to the right side of my lorry. Both parties then came out of our vehicle and exchange particulars. The collision resulted to the following damages to my lorry: 1) Front Bonnet Dent inwards, 2) Front Right side of the lorry dented inwards. Neither Traffic Police nor Ambulance were activated. No one was injured during the accident. After which, I came to seek police assistance.

I wish to state that I do not have any in-car camera. That is all.

Accident Sketch Plan Pg. 1



SINGAPORE  
POLICE FORCE



T/20200212/2130

3 of 3

Report No. T/20200212/2130

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208673  
Tel No: 1800-2949999

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:

A /

Sgt 2 LOH JUN JIE

Signature Of Informant:

*S. P. Lim*

Signature Of Interpreter:

Not applicable

Date/Time:

12/02/2020 17:32

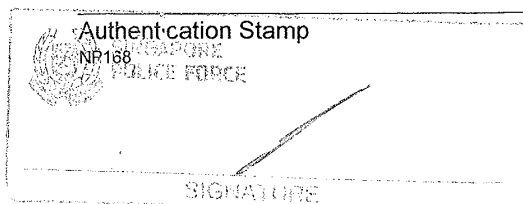
Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:







MZ300  
70000040  
Cov. Type: CO

**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)

<b>CERTIFICATE No.</b>	MA006811		
1. Index Mark and Registration Number of Vehicle	GBC3368E		
2. Name of Policyholder	World Of Wood Pte Ltd		
3. Effective Date of Commencement of Insurance for the purposes of the Act	14/12/2019	Excess: Sect I	S\$500
4. Date of Expiry of Insurance	13/12/2020		
5. Persons or Classes of Persons entitled to drive	<p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>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 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.</p>		
6. Limitations as to Use	<p>USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER: ( i ) USE FOR HIRE OR REWARD. ( ii ) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING. ( iii ) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE. ( iv ) LIABILITY ARISING FROM OR IN CONNECTION WITH THE CARRIAGE OF INFLAMMABLE LIQUIDS OR GASES INCLUDING LPG IN CYLINDERS.</p>		

\* 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 bindings.

**Policy Owner's Protection Scheme**

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

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).

ETQFEU 10/12/2019 14:24:21



For and on behalf of **Etiqa Insurance Pte. Ltd.**  
Approved Insurer

Authorised Signature


## Identification Card Pg. 1

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G7898066X**  
Name: **SRINIVASAN BALAMURUGAN**

Birth Date: **19 Jul 1986**  
Issue Date: **10 Jul 2019**  
Valid Till: **09/07/2024**

002953936K



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


Employer:  
**WORLD OF WOOD PTE. LTD.**

Name:  
**SRINIVASAN BALAMURUGAN**

S Pass No:  
**0 33583125**

Sector:  
**CONSTRUCTION**

K1794248



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


Cl.	Class	Motorcycles =< 200 CC	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	Heavy motor cars and motor tractors > 2500 kg	EFFECTIVE DATE
Cl.	Class 2B				04 Jun 2009
Cl.	Class 3				29 Jul 2019
	Class 4				29 Jul 2019

G7898066X

S / No.9000324665

Licence No:G7898066X

NP 428A



**VISIT PASS**  
Immigration Regulations

26-09-2019

Name:  
**SRINIVASAN BALAMURUGAN**

FIN:  
**G7898066X**

Date of Birth:  
**19-07-1986**

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



Driving License Pg. 1


**India Driving Licence(Tamilnadu)**  
Form 7  
DOI 21/11/2005



D.L.No : TN63Z20050003177  
Name : BALAMURUGAN S  
S/D/W of : SRINIVASAN A  
Address  
4, SOMUPILLAI ST  
KARAIKUDI POST  
SIVAGANGAI DT TAMILNADU 630001  
Temp. Addr


D.O.B : 19/07/1986 B.G. :

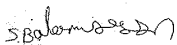
Punishments

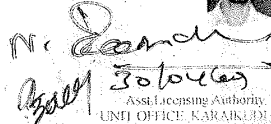


End.No. : TN63Z/DLA/0000375/2009 30/04/2009 11:24:23 AM  
Licensed to drive throughout India, vehicles of the following descriptions  
M/CYCL.WG 21/11/2005 TN63Z LMV 21/11/2005 TN63Z

Non-Transport Veh.Valid upto 20/11/2025



  
Signature L.T.I  
of the Holder

  
Asst.Licensing Authority  
UNIT OFFICE, KARAIKUDI

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

