## 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 ins ont to the ort at the

7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	24/03/2020 15:43
Date Of Accident	24/03/2020 09:15
Exact Location Of Accident	ALONG 61 TOH GUAN ROAD EAST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF3783Z
Insured/Policyholder	
Name Of Registered Owner	ONHOCK PROVISION COMPANY
Co Reg No	09225200A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-65617255
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA DYNA 150 MANUAL
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100485086-03
Cover Note Number	
Driver	
Name of Driver	RAMAIAH MURUGAN
Passport No/FIN	G5315641Q
Date Of Birth	21/05/1986

**OUTDOOR** 

07/06/2013

**6 YEARS AND 9 MONTHS** 

Gender MALE

Mobile Number (LOCAL) +65-82601534

Fax Number

**Contact Number** 

EMail Address NOEMAIL

Address 61 TOH GUAN ROAD EAST

Postcode 608607

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

4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES YES

NO

0

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

## **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?

If Yes, against whom?

NO

#### **Circumstances of Accident**

## REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: SD CARD WITH TRAFFIC POLICE

Was there any audio recorded? NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SG5037A

Vehicle Make/Model/Colour TOWER TRANSIT BUS

**Details Of Properties** 

Vehicle Category BUS

Name of Driver HU PEI TIONG

NRIC/Passport Number F7389310X

Contact Number 97278765

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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

Vehicle Registration Number GBE460E

Vehicle Make/Model/Colour NISSAN CABSTAR

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE
Name of Driver MANICKAM GANAPATHY

NRIC/Passport Number G8236821W Contact Number 87124786

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SJQ79R

Vehicle Make/Model/Colour LEXUS GS350

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver WONG CHUN WOO

NRIC/Passport Number S7765049J Contact Number 92397662

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name UNKNOWN BUS PASSENGER

Approximate Age Injuries Sustain

Injured person in which vehicle? SG5037A

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- 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:

- 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)
  - (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")
- 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
- 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.
- 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

NRIC/FIN No.:

SKETCH PLAN	
	Joh Guan East.
++++++++ <del>+33(2++++++++++++++++++++++++++</del>	
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	8 - SG S 0 3 T A
<u> </u>	C-68E 460E
	11115 HOU TOUT
	D- SST 79 R.
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
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they they was	seen was changed
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NU government Pagoon	ty or vehicle unes
is) involved	,
mportant:	
ou have been advised by the workshop that in the event that you wish to	- Reporting Only
laim against your own policy (OD CLAIM). There is a FOURTEEN (14)	- Claim OD
PAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame	- Claim TP
rom the day of the occurrence.	- Claim OD/ TP at other workshop
ECLARATION	
WE declare the foregoing particulars are true in	

Policyholder's signature Date & Time

Driver's Signature (if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Onhock Provision Company Period of Insurance

: 30 Sep 2019 To 29 Sep 2020

: 1KD2637073

Engine No. : JTFAT35Y60K206785 Chassis No.

Vehicle No.

: GBF3783Z : 2100485086-03

Policy No. Endorsement No.

Issued Date

: 18 Sep 2019

#### ABOUT THE COVER

Make/Model

: TOYOTA DYNA 150D 2 ton [Lorry]

Engine Capacity/Tonnage : 2 Tonnage Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2016 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\* :

1) 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 glassure purposes. This Policy does not cover a) use for hire or reward, driving fullion, 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.

\* 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 - \$1000 Theft - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting CentrestAIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

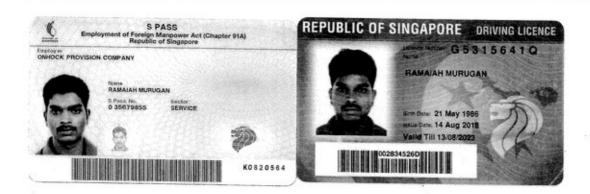
I/We hereby certify that the policy to which this Certificate of insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia). Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Roles, 1999 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL 78 SHENTON WAY #07-16 AIG BUILDING SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE









Date of Expiry:

1 of 3

Report No. T/20200324/2046

Police Station Of Origin: Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE

649482

Indian Occupation:

Lorry driver

Tel No: 1800-7929999

52 -: 1800 700000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 24/03/2020 12:21 D/20200324/0045 Informant's Particulars Name of Informant: Address: RAMAIAH MURUGAN APT BLK 138B YUAN CHING ROAD #21-125 LAKE VISTA @ YUAN CHING SINGAPORE 612138 ID Type / ID No.: Contact No .: FIN NO / G5315641Q Home/Office: Mobile: 82601534 Nationality: Email: INDIAN Sex: Age: Date of Birth: Type of Informant: Male 33 21/05/1986 Driver Race: Language: Institution / School Name:

Driving Licence Information:

Class: 2B,3,4

Type of Accident:	Injury Conveyed By Ambula	nce Drink No	Date/Time of Accident: 24/03/2020 09:1	Type of Location Straight Road	
Location: Along Road 1 TOH GUAN F near 61 toh q					
		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic Dual Carriage Way		Traffic Control:		Traffic Volume: Light	
Dadi Gairiage	Type of Collision: Between Moving Vehicles - Head To Side				

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE460E	Lorry				Slightly Damaged	3
GBF3783Z	Lorry				Slightly Damaged	0
SG5037A	Bus/Coach/Mi nibus				Slightly Damaged	0
SJT79R	Car				Slightly Damaged	1





2 of 3

Report No. T/20200324/2046

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

## CONTINUATION OF REPORT

Details of Perso				25000		
Any Pedestrian Ir	volved: No					
No. of Pedestrians Injured: NIL		I	Use of Pedestrian Crossing: NA			
Driver						
Name	RAMAIAH MURUGAN		ID No.		G5315641Q	
Related Vehicle	GBF3783Z (Lorry)			Contact No.		82601534
Hospital/Clinic	NIL		Class Driving Licent Expiry	g	Class: 2B,3,4 Date of Expiry: NIL	
Date Treatment	NIL Date Dis				NIL	
No. of Days granted Medical Leave NIL		L	Degree of Injury NIL			

#### Brief Details.

On the 24/03/2020 at around 0915hrs, I parked my lorry GBF3783Z at my company building and I alighted to go to toilet. When I came back from toilet, I discovered that my lorry had rowed down the slope onto Toh Guan Road East and collided into a tower transit bus SG5037A and my lorry then went on to hit a lorry GBE460E and a car SJQ79R.

I wish to state that I remembered pulling on the hand brake before going to the toilet.

My lorry sustained a dented left front bumper, left head light and the left windscreen was damaged.

Traffic police and ambulance was at scene as there was a passenger injured on the bus who was then conveyed by ambulance.

I do have in car camera in my lorry.

No government property or vehicle was involved.

reference D/20200324/0045 IO Fidah DID:65476202





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/20200324/2046

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 / SHAO QIANKANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/03/2020 12:21
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD *** CAR *******************************	Classification Of Case:
RAHMAN Contact No.: 65476201 Authentication Stamp	1)
NP168	









## **Accident Photo**





























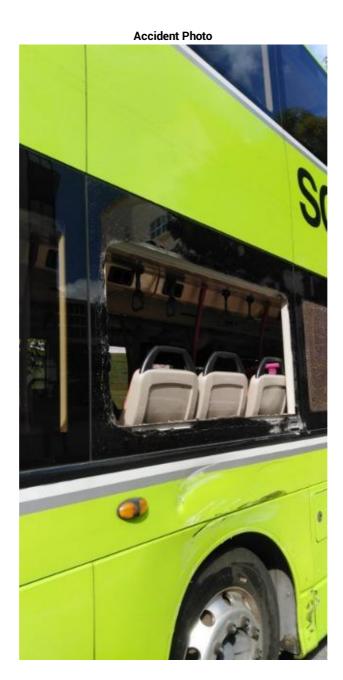




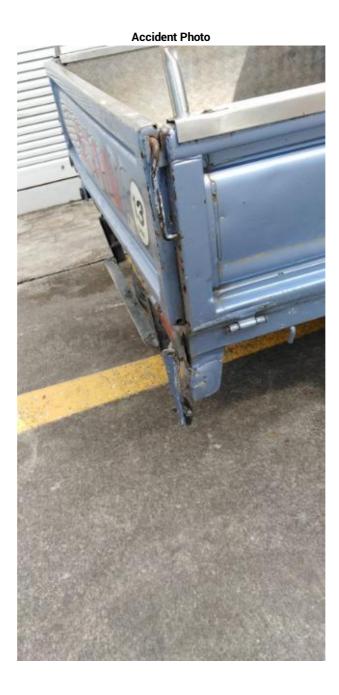














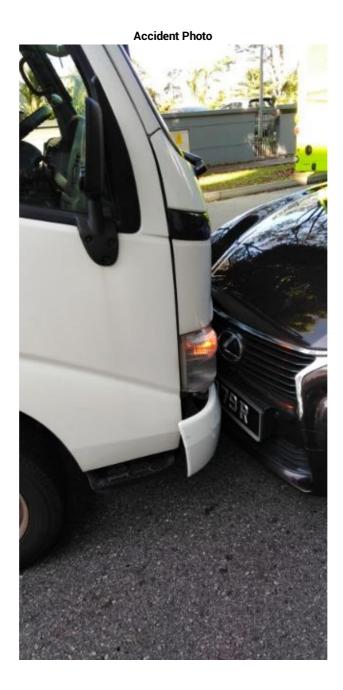
















**Accident Photo** 



