

## 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	07/09/2020 17:14
Date Of Accident	05/09/2020 17:00
Exact Location Of Accident	ALONG WOODLANDS ROAD TOWARDS JOHORE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA612E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BUILDFORMS CONSTRUCTION PTE LTD
Co Reg No	200701140E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98645595
Alternative Phone No	OFFICE-67486749

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z20V05004404
Cover Note Number	

### Driver

Name of Driver	VIJAYAN VASANTHAKUMAR
Passport No/FIN	G7900432X
Date Of Birth	22/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	03/02/2014
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98645595
Fax Number	
Contact Number	OFFICE-67486749
E-Mail Address	NOEMAIL

Address	432 TAGORE INDUSTRIAL AVENUE SINDO INDUSTRIAL ESTATE
Postcode	787811
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	AFTER RAIN
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)	4
Passenger 1	NAME: : ALAM MOHAMMED MAHBUB GENDER: : MALE
Passenger 2	NAME: : LAKSHMANAN GOPI GENDER: : MALE
Passenger 3	NAME: : MANOHARAN MANICKAM GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 25 SIN MING ROAD , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4529999 - <b>FAX NO:</b> 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200907/2043

### 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	YN7157R
Vehicle Make/Model/Colour	ISUZU

**Details Of Properties**

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HU JIAWEN
NRIC/Passport Number	G8763489U
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	GBD2653H
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UDDIN ROHIM
NRIC/Passport Number	G8273629N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	VIJAYAN VASANTHAKUMAR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBA612E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	LAKSHMANAN GOPI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBA612E
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	ALAM MOHAMMED MAHBUB
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	GBA612E
Were seat belts worn?	NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**DETAILS OF INJURED PERSON 4**

Name MANOHARAN MANICKAM

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBA612E

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



Accident Sketch Plan

SKETCH PLAN

(A) GBA 612 E

(B) YN 7157R

(C) GBD 2653H

woodland Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per police report T/20200907/2043

DECLARATION

(We declare the foregoing particulars are true in every respect.)

*X*  
Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:



*[Signature]* 07/09/2020  
Reporting Officer's Signature  
Name: *[Signature]*  
NRIC/IN No.:

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200907/2043

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20200907/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/09/2020 12:52	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars			
Name of Informant: VIJAYAN VASANTHAKUMAR		Address: 1 TECK WHYE AVENUE #05-182 SINGAPORE 680001	
ID Type / ID No.: FIN NO / G7900432X		Contact No.: Home/Office:                      Mobile: 98645595	
Nationality: INDIAN		Email:	
Sex: Male	Age: 35	Date of Birth: 22/11/1984	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: CONSTRUCTION WORKER-CUM- DRIVER		Driving Licence Information: Class: 2B,3	Date of Expiry: 02/02/2024

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/09/2020 17:00	Type of Location: Straight Road
Location:  WOODLANDS ROAD				
Lamp Post Number: 108				
Weather: Cloudy		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: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA612E	Lorry	TOYOTA	DYNA 150 MANUAL		Seriously Damaged	3
GBD2653H	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL			0
YN7157R	Lorry	ISUZU	NPR85UH5A			0

POLICE REPORT



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T/20200907/2043

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20200907/2043

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ALAM MOHAMMED MAHBUB	ID No.	G2066904M
Related Vehicle	GBA612E (Lorry)	Contact No.	90770036
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/09/2020	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Passenger			
Name	LAKSHMANAN GOPI	ID No.	G8351058M
Related Vehicle	GBA612E (Lorry)	Contact No.	85902378
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/09/2020	Date Discharge	05/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	VIJAYAN VASANTHAKUMAR	ID No.	G7900432X
Related Vehicle	GBA612E (Lorry)	Contact No.	98645595
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 02/02/2024
Date Treatment	05/09/2020	Date Discharge	05/09/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

POLICE REPORT



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T/20200907/2043

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Report No. T/20200907/2043

CONTINUATION OF REPORT

Passenger			
Name	MANOHARAN MANICKAM	ID No.	G2857427X
Related Vehicle	GBA612E (Lorry)	Contact No.	84010056
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/09/2020	Date Discharge	05/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	UDDIN ROHIM	ID No.	G8273629N
Related Vehicle	GBD2653H (Van)	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
Driver			
Name	HU JIAWEN	ID No.	G8763489U
Related Vehicle	YN7157R (Lorry)	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 5/9/2020 at about 1700hrs, I was driving a lorry (V2) along Woodlands Road (towards Mandai Road, near LP 108). The traffic volume was heavy and the van (V1) travelling in front of me came to a stop, so I followed suit. After my lorry came to a stop, I felt an impact from the rear. I checked and discovered that another lorry (V3) had collided on to the rear of my lorry. There is no camera installed in my lorry.

V1: GBD2653H  
V2: GBA612E  
V3: YN7157R

One of my passenger, Mr Alam Mohammed Mahbub, is still hospitalised.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



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Report No. T/20200907/2043

**CONTINUATION OF REPORT**

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200907/2043

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570025  
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Report No. T/20200907/2043

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: E / Sgt 3 LOKMAN BIN ABDUL GHANI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/09/2020 12:52
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case: SN 070
Authentication Stamp NP168	 SIGNATURE

Accident Photo



Accident Photo



Accident Photo



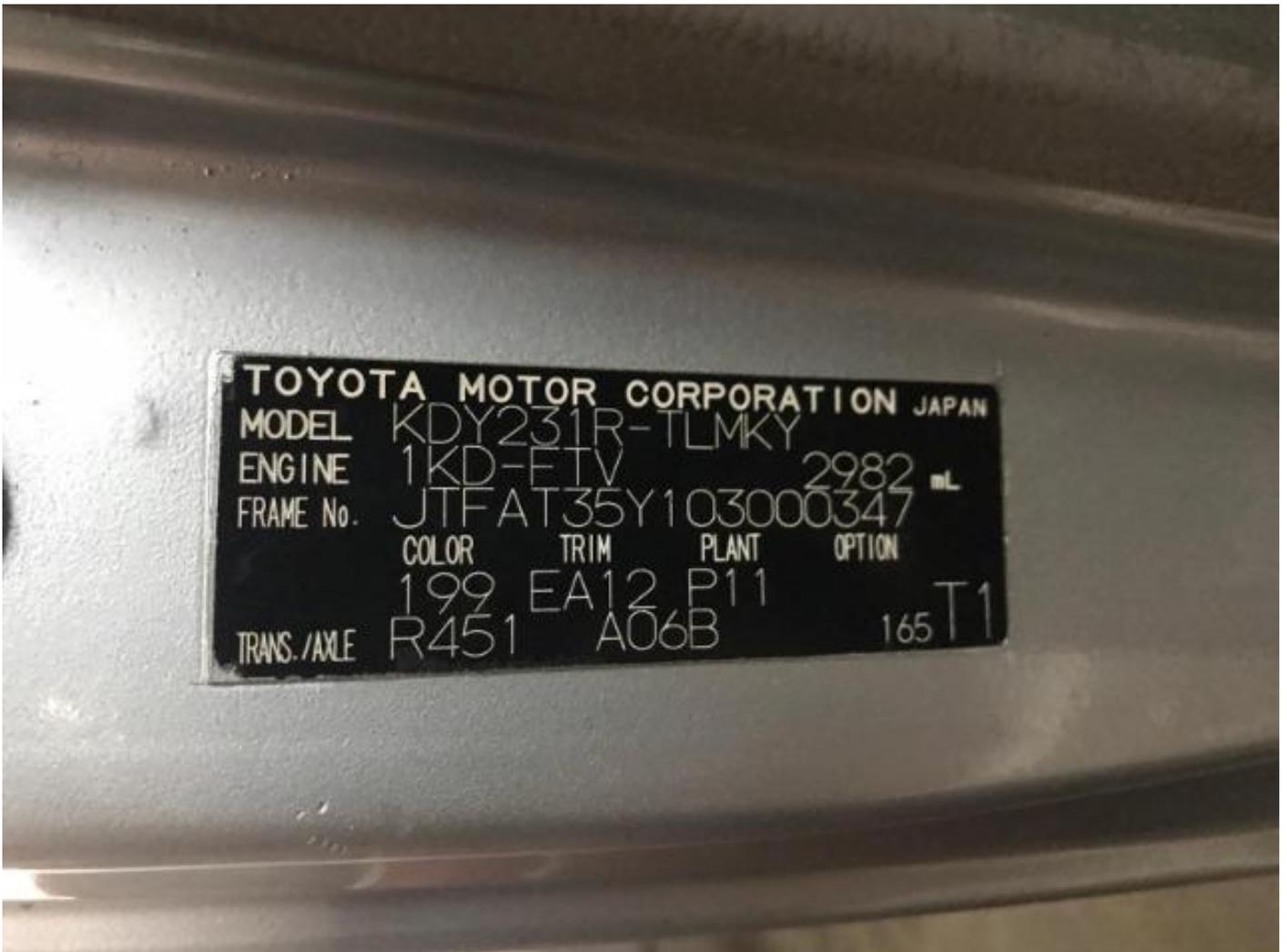
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