

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	02/11/2020 16:05
Date Of Accident	01/11/2020 20:15
Exact Location Of Accident	TUAS SOUTH AVENUE 12 (LAMP POST -6)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4243J
Insured/Policyholder	
Name Of Registered Owner	JIA YUAN ENGINEERING PTE. LTD.
Co Reg No	2XXXXX536Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65136917

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084153001-04 (PW)
Cover Note Number	

Driver

Name of Driver	SADDAM
NRIC No	GXXXX540X
Date Of Birth	01/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2017
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-89296536
Fax Number	
Contact Number	OTHERS-89296536
Email Address	NOEMAIL

Address 50 BUKIT BATOK STREET 23 #07-14 MIDVIEW BUILDING
 Postcode 659578
 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 - MAJOR/MINOR RD
 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 3
 Was any body injured in the Accident? NO
 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) 0

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name JURONG WEST NPC
 Police Station Address ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACH

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 XE5139R
 Vehicle Make/Model/Colour CRANE LORRY
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YP5893B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

KARUNANITHI KALAIVANAN

NRIC/Passport Number

GXXXX043T

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5084153001-04		
The Policyholder	: JIA YUAN ENGINEERING PTE. LTD. 50 BUKIT BATOK STREET 23 #07-14 MIDVIEW BUILDING SINGAPORE 659578		
Period of Insurance	: 23 Sep 2020 To 22 Sep 2021		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$1,970.88		
Interest Insured			
Cover Type	: Preferred Workshop Plan		
Make/Model	: ISUZU/NPR	Number of Seater	: 2
Capacity	: 2.54 ton(s)	Registration Date	: 23 Sep 2016
Registration Number	: YP4243J	Insure with COE	: Yes
Chassis Number	: JAANPR85HG7100442	NCD Entitlement	: 20%
Excess (Section 1)	: S\$600	Loyalty Discount	: 5%
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Hire Purchase Company	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD		

Memo A : N/A

Endorsement Operative : M7

Agency : AUTO INSURANCE AGENCY (00000613840)
Date of Issue : 15 Sep 2020 15:45 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 03 Nov 2020 / 09:35:41

Receipt Date/Time : 03 Nov 2020 / 09:35:41

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201103-000525

Previous Receipt No. :

**S/N Item Description/
Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - XE5139R

As at 01 Nov 2020/20:15:00

Insurance Co: LONPAC INSURANCE BHD

1 Insurance Enquiry - XE5139R
Enquiry Fee
20201103093401219159

7.00	0.49	7.49
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Sub-Total

7.00	0.49	7.49
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Total Before Rounding

7.00	0.49	7.49
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Rounding Difference

0.04

Total Amount Payable

7.45

Paid By

400682XXXXXX8782

eNETS Credit Card

7.45

Total

7.45

Cash Change

0.00

Tendered Amount

7.45

Excess Refundable Amount

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

SKETCH PLAN

UNWARE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refu to police report.

DECLARATION

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

YUAN ENGINEERING
Reg. No.
2013185362
Policyholder's Signature
Date & Time:

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

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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



**SINGAPORE
POLICE FORCE**



T/20201102/2049

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20201102/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2020 12:55	Vide Report No.: J/20201101/0148	Station Diary No.: 128
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Informant's Particulars

Name of Informant: SADDAM			Address:		
ID Type / ID No.: FIN NO / G2621540X			Contact No.: Home/Office:		Mobile: 89296536
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 27	Date of Birth: 01/03/1993	Type of Informant: Driver		Institution / School Name:
Race: Indian			Language:		
Occupation: DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/11/2020 20:15	Type of Location: Straight Road
Location: TUAS SOUTH AVENUE 4 12				
<div style="border: 1px solid black; padding: 5px; text-align: center;"> JURONG WEST NPC 700 Corporation Rd Singapore 649818 Tel : 6268 9999 Fax : 6267 2438 </div>				
Lamp Post Number: 6	Weather: Clear			Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Not Controlled			Traffic Volume: Light
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
XE5139R	CRANE LORRY					0
YP4243J	Lorry				Slightly Damaged	0
YP5893B	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201102/2049

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20201102/2049

CONTINUATION OF REPORT

Driver Name	SADDAM	ID No.	G2621540X
Related Vehicle	YP4243J (Lorry)	Contact No.	89296536
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver Name	KARUNANITHI KALAIVANAN	ID No.	G2631043T
Related Vehicle	YP5893B (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 01/11/2020 at about 2015hrs, I was in the dormitory when I was informed by KARUNANITHI KALAIVANAN that our lorry has been damaged by a CRANE LORRY; XE5139R.

Subsequently, I went down to make a check and called for Police Assistance. Traffic Police then came and attended to us asking us to make a report at any Police Station.



**SINGAPORE
POLICE FORCE**



T/20201102/2049

3 of 3

Report No. T/20201102/2049

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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 /

Sgt 2 CHIANG WEI TONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

02/11/2020 12:55

Classification Of Case:

Authentication Stamp

NP168