# **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 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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 14/01/2021 14:58 (SGT) Date of Accident 12/01/2021 22:15 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS TUAS (LAMP POST NO:211) Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Mitsubishi

Vehicle Registration Number YP2665M

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner QUAN JI CONSTRUCTION PTE LTD Company Reg No 1XXXXX458C **Email Address** lamcheegroup@singnet.com.sg Mobile Phone No (Phone) +65-90906969 Alternative Phone No (Office) +65-62910310

#### VEHICLE PARTICULARS

Manufacturer

Model Canter Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00042092000 Cover Note Number

#### DRIVER

Name of Driver JUTTU GANESH Passport No/FIN GXXXX794P Date Of Birth 02/12/1992 Occupation Outdoor

Date Of Driving Pass 06/09/2017 Driving experience 3 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-90541455 Alt. Phone Number Email Address lamcheegroup@singnet.com.sg Address 200 JALAN SULTAN #12-02 Address complement **TEXTILE CENTRE** Postcode 199018 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) 11 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name RAHMAN TAREQUE Gender Male PASSENGER 2 Name ABEDIN JOYNAL Gender Male PASSENGER 3 **RAHIM ABDUR** Gender Male PASSENGER 4 Name MIA MOHD ALAMGIR Gender Male PASSENGER 5 Name ISLAM MD SERAJUL Gender Male PASSENGER 6 Name **HOSEN NAZMUL** Gender Male PASSENGER 7 Name KARRUPPIAH SARAVANAN Gender Male PASSENGER 8 Name MD SAMIM AHMED Gender

Male

#### PASSENGER 9

Name	 AHAMED MILON
Gender	 Male

#### **DETAILS OF POLICE ACTION**

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Phone No

Woodlands West Neighbourhood Police Centre
(Phone) +65-18003639999

(Fax) +65-63640997

The Woodlands St 12 Singapore 738622

Was notice of intended Prosecution given?

No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO POLICE REPORT T/20210113/2155

#### ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

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

Vehicle Registration Number GBD9912P Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Contact Number Address Address complement Postcode Insurance Company Name NTUC Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

# INJURED PERSONS DETAILS

## INJURED 1

RAHMAN TAREQUE
- - SERIOUS INJURY YP2665M - Yes
HASAN MANJUR - - -

Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SLIGHT INJURY YP2665M - No
INJURED 3	
Name of injured person Address Address Complement Post Code Approximate Age Years Old	ABEDIN JOYNAL
Injuries Sustained Injured person in which vehicle?	
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- No
INJURED 4	
Name of injured person Address	RAHIM ABDUS -
Address Complement Post Code	- -
Approximate Age Years Old	-
Injuries Sustained Injured person in which vehicle? Were seat belts worn?	SLIGHT INJURY YP2665M
Was this injured conveyed to hospital by ambulance?	- No
INJURED 5	
Name of injured person Address	MIA MOHD ALAMGIR -
Address Complement	-
Post Code Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP2665M
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- No
INJURED 6	
Name of injured person Address	ISLAM MD SERAJUL
Address Complement	-
Post Code Approximate Age Years Old	-
Injuries Sustained	- SLIGHT INJURY
Injured person in which vehicle? Were seat belts worn?	YP2665M
Was this injured conveyed to hospital by ambulance?	No
INJURED 7	
Name of injured person Address	HOSEN NAZMUL
Address Complement	-
Post Code Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle? Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	No
INJURED 8	
Name of injured person Address	KARRUPPIAH SARAVANAN -
Address Complement Post Code	-
Annuacionata Ana Vacus Old	_

Approximate Age Years Old -

Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SLIGHT INJURY YP2665M - No
INJURED 9	NO
INJURED 9	
Name of injured person	MD SAMIM AHNED
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	
Injured person in which vehicle? Were seat belts worn?	YP2665M
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- No
INJURED 10	
Name of injured person	AHAMED MILON
Address	-
Address Complement	
Post Code Approximate Age Years Old	
Injuries Sustained	
Injuries Sustained Injured person in which vehicle?	YP2665M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN



#### IMPORTANT NOTICE

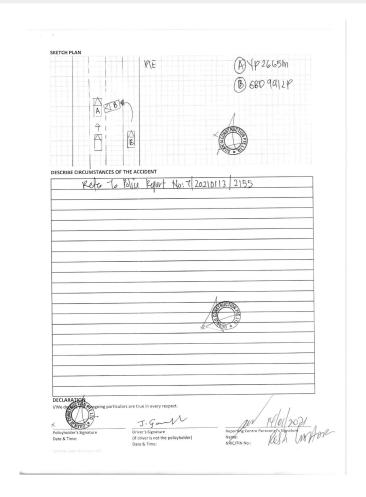
- 1. Please report correctly the details of the accident to speed up the claims process.
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  3. Information provided must be a <u>trusthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.

  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.
- 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:
- I understand, acknowledge, agree and consent that:

  (a) My insurer, wo workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use,
  (a) Gischos 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 whichelg) involved in this acidence and transfer such
  evaluated (s) involved in this acident shall be collectively referred to a ter Missurers), the Insurers shawer/law firms the
  Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - processing, handling and/or dealing with my claims including the settlement of the claims and any investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;

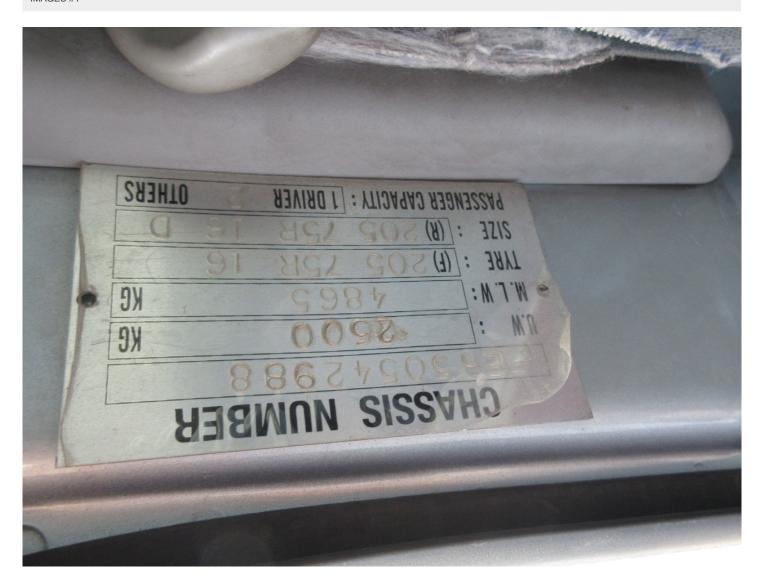
  - (iii) arrying out and/or dealing with my instructions or responding to any enquiries by me;
    (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could invoice disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mlp stackages), 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 agentsticn/during 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:
  - 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

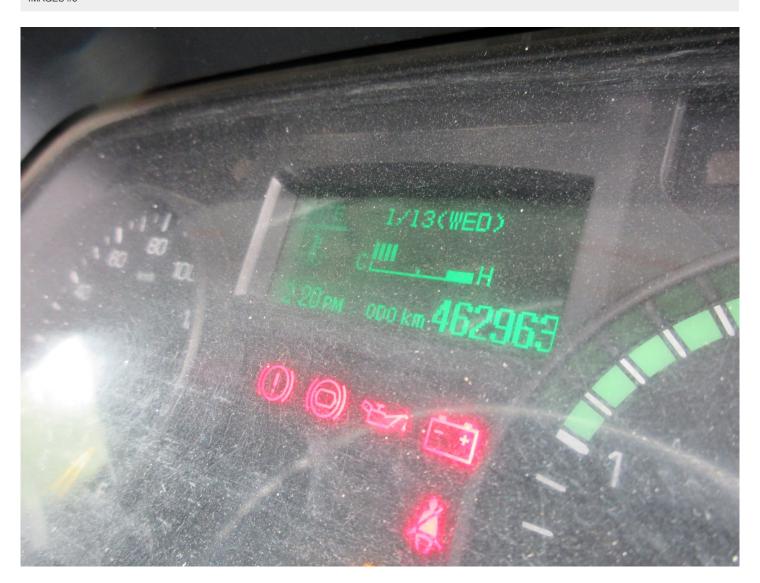


























Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999 1 of 3 Report No. T/20210113/2155

Date/Time Report Made: 13/01/2021 17:04		ade:	Vide Report No.: T/20210113/2007	Station Diary No.: 470	
Informa	nt's Particu	lars	West of the second seco		
	Informant: SANESH		Address: 190 WOODLANDS INDUSTRIAL PARK E7 SINGAPORE 757178		
	/ ID No.: G6963794	P	Contact No.: Home/Office:	Mobile: 90541455	
Nationality: INDIAN			Email:		
Sex: Male	Age: 28	Date of Birth: 02/12/1992	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/01/2021 22:15	Type of Location Straight Road
Location:				
PAN-ISLAND	EXPRESSWAY			
Weather:	***************************************	Road Surface:	F	Road Speed Limit:
Drizzling		Wet	1	
Traffic Flow:		Traffic Control:	T	raffic Volume:
One Way		Not Controlled	N.	Moderate
Type of Collision: Between Moving Vehicles - Side Swipe		- Same Direction	a	nyone conveyed by mbulance:

GBD9912P Lorry Seriously 0	
YP2665M Lorry Seriously 10	

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





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999 CONTINUATION OF REPORT . 2 of 3 Report No. T/20210113/2155

Driver	7					
Name	LEONG JUN MING			ID No		S9037941J
Related Vehicle	GBD9912P (Lorry)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g :e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc		harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver			27. 371	157	777	T
Name	JUTTU GANESH			ID No		G6963794P
Related Vehicle	YP2665M (Lorry)		Contact No.		90541455	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

Brief Details.

On the 12/1/2f at about 2215hrs I was driving my 14ft lorry (YP2665M) along Pan Island Expressway towards Tuas, My lorry have total of 10 passengers, 9 of them were sitting at the back and 1 of them was stiting beside me, I was driving on the 3rd lane at 62km, Suddenly a Singapore registered lorry (GBD9912P) skidded onto my right side portion of my vehicle. I applied emergency brake to stop my vehicle. I came down from my vehicle and I checked my passengers at the back one of my vertex complain that his right side of his body was in pain. I called for police assistance. While waiting for police to arrive I checked my vehicle and discover the right. Side badly damaged. We both exchange for particulars and I took photo of the incident. Ambulance and traffic police came to the incident. My worker, namely Rahman Tareque, was conveyed to Ng Teng Fong Hospital by the ambulance and the traffic police gave me a case card E/20210112/0153 to lodge an accident report.





Police Station Of Origin: Woodlands West N.P.C. I Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999 CONTINUATION OF REPORT

3 of 3 Report No. T/20210113/2155

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: L / Staff Sgt MUHAMMAD HIDAYAT BIN MOHAMED FADIAH

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138

Authentication Stamp

Signature Of Informant:

J. Goust Date/Time: 13/01/2021 17:04

Classification Of Case:



	ADDEND	UM
) F	ARTICULARS OF PERSON MAKING THE AMENDMENT	rs:
	01/0001/4-0-0	Vehicle Registration No:
1	Namelas shownin NRIC): JMY GANKAL	NRIC/FIN/PassportNo : GXXX 179
(	*Vehicle Driver / Vehicle Owner) (*) Please delete as	appropriate
1	Address :	Singapore(
	Contact (Tel) :	Mobile No.:
	Email Address :	02,11
	Date of Accident : 12/01/2021	Time of Accident :
	Place of Accident : PIP TOWNSOS MI	AS
	Insurance Company: Thun Tompuh	
	To UPhono Polich Emport	
	Policyholder / Driver's Signature	Beforting Centre Personnel's Signature