

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 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

Vehicle Registration Number	YP2665M
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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	Mitsubishi
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	No
Policy Number	DMCVSNW00042092000
Cover Note Number	-

DRIVER

Name of Driver	JUTTU GANESH
Passport No/FIN	GXXXX794P

Date Of Driving Pass	06/09/2017
Driving experience	3 YEARS AND 4 MONTHS
Gender	Male
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	2
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?	No

PASSENGER 1

Name	RAHMAN TAREQUE
Gender	Male

PASSENGER 2

Name	ABEDIN JOYNAL
Gender	Male

PASSENGER 3

Name	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
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PASSENGER 9

Name AHAMED MILON
Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Woodlands West Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18003639999
Alt. Police Station Phone No (Fax) +65-63640997
Police Station Address 1 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? 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 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

Name of injured person RAHMAN TAREQUE
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS INJURY
Injured person in which vehicle? YP2665M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person HASAN MANJUR
Address -
Address Complement -

Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP2665M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ABEDIN JOYNAL
Address	-
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 4

Name of injured person	RAHIM ABDUS
Address	-
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 5

Name of injured person	MIA MOHD ALAMGIR
Address	-
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	ISLAM MD SERAJUL
Address	-
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 7

Name of injured person	HOSEN NAZMUL
Address	-
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 8

Name of injured person	KARRUPPIAH SARAVANAN
Address	-
Address Complement	-

Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP2665M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No
INJURED 9	
Name of injured person	MD SAMIM AHMED
Address	-
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 10	
Name of injured person	AHAMED MILON
Address	-
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

SKETCH PLAN

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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.



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.:

PIE

① 4P 2665m

② 6BD 9912P

Refer To Police Report No: 7/20210113/2155

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

Date & Time:

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

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

Date of Accident : 12.01.2021 Accident Time: 22:15hr (24-HR-Format)
 Accident Place : PIE CLamp Post No: 211
 Vehicle No. (Car Plate No.) : YP 2665M Make/Model: Mitsubishi Canter 3.0 Diesel
 Insurance Company : China Taipei Policy No: DMCRSNW00042092000
 Owner or Company Name /IC No. : Quan Ji Construction Pte Ltd (199901458C)
 Owner or Company Contact No. : 62910310 Owner's Hp 90906969 Company Tel
 DRIVER'S Name / IC No. : Juttu Ganesh (66963794P)
 DRIVER'S Date Of Birth : 02.12.1992 DRIVER'S License Pass Date 06.09.2017
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling ☒ Employee \ Others: _____
 DRIVER'S Address : 200 Jalan Sultan #12-02 Textile Centre S(199019)
 DRIVER'S Contact No./ Alt No. : 1) 90541455 2) _____
 DRIVER'S Occupation : INDOOR ☒ OUTDOOR (e.g. working inside or outside office)
 Email Address : Lamcheengroup@signature.com.sg
 Weather & Road Surface : CLEAR & DRY ☒ RAINING & WET AFTER RAIN & WET
 Reporting Type : Reporting Only ☒ Claim Other Party Claim Own Insurance
 Number of Passengers (Including Driver): 11 pax include driver
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use ☒ Work purpose
 Any Injury (If YES, Pls state): all injured

Other Party Driver's Particular (if any)

Vehicle No: 6BD 9912P CNTUC	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

① Abedin Joyhal X	⑥ Hosen Nazmul X
② Rahim Abdur X	⑦ Karpupiah Saravanan X
③ Mia Moha Alamsir X	⑧ Rahman Tareque - convey by ambulance X
④ Islam Md Seragul X	⑨ Md Samim Ahmed X
⑤ Hosen Mansur X	⑩ Ahmed Milon X



**SINGAPORE
POLICE FORCE**



T/20210113/2155

1 of 3

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

Report No. T/20210113/2155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2021 17:04		Vide Report No.: T/20210113/2007		Station Diary No.: 470	
Informant's Particulars					
Name of Informant: JUTTU GANESH			Address: 190 WOODLANDS INDUSTRIAL PARK E7 SINGAPORE 757178		
ID Type / ID No.: FIN NO / G6963794P			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:		

General Information of the Accident

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: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBD9912P	Lorry				Seriously Damaged	0
YP2665M	Lorry				Seriously Damaged	10

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210113/2155

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

2 of 3

Report No. T/20210113/2155

CONTINUATION OF REPORT

Driver				
Name	LEONG JUN MING		ID No.	S9037941J
Related Vehicle	GBD9912P (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
Driver				
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 Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 12/1/21 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 sitting 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 worker 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.



**SINGAPORE
POLICE FORCE**



T/20210113/2155

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

3 of 3

Report No. T/20210113/2155

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:

L /

Staff Sgt MUHAMMAD HIDAYAT BIN
MOHAMED FADIAH

Signature Of Informant:

J. Gaur

Signature Of Interpreter:

Not applicable

Date/Time:

13/01/2021 17:04

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Classification Of Case:

Authentication Stamp

NP168

Motor Commercial

MZ300/C

N SN

AN0655A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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)

CERTIFICATE No. DMCVSNW00042092000

Engine No.: 4P10B92827

Cha. No.: FEB50542988

1. Index Mark and Registration YP2665M
Number of VehicleAUTOSAFE
=====

2. Name of Policy Holder QUAN JI CONSTRUCTION PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 04/06/2020 (11:56:54)

Excess Sect I . S\$500.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance 23/05/2021

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

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 so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : MAYBANK SINGAPORE LIMITED AS HP OWNER

* 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 headings.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ACER INSURANCE AGENCY
Authorised Officer

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	458C
Vehicle Details	
Vehicle No.:	YP2665M
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER 3.0 DIESEL MANUAL
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	4P10B92827
Chassis No.:	FEB50542988
Maximum Power Output:	-
Open Market Value:	\$37,009.00
Original Registration Date:	24 May 2016
First Registration Date:	24 May 2016
Transfer Count:	0
Actual ARF Paid:	\$1,851.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	23 May 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$27,718.00
COE Rebate Amount:	\$14,723.00
Total Rebate Amount:	\$14,723.00

The information contained herein is correct as at 13 Jan 2021

OK

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0821/E0002 Vehicle Registration No : YP 2665M

Name (as shown in NRIC) : Jimmy Ganesh NRIC/FIN/Passport No : GXXXX 794P

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 90541458

Email Address : _____

Date of Accident : 12/01/2021 Time of Accident : 22:15

Place of Accident : Pier 6, Tanjong Pagar

Insurance Company : Chuan Tong

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Upload Police Report

Policyholder / Driver's Signature
Date:

27/01/2021
Reporting Centre Personnel's Signature
Name: