

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 07/05/2021 15:12 (SGT)
Date of Accident 06/05/2021 11:30 (SGT)
Exact Location of Accident Sungei Kadut Street 1, Singapore
Additional Location Information Sungei Kadut Street 1 & Sungei Kadut Street 2 T junction
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP9177J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Samco Civil Engineering Pte Ltd
Company Reg No 200707514G
Email Address admin@samco.com.sg
Mobile Phone No (Phone) +65-64812518
Alternative Phone No (Office) +65-64812518

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU710R 14FT WIDE CAB 7T
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
Transmission Manual
CC 4009

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNA00008892101
Cover Note Number -

DRIVER

Name of Driver Ravi Nehruji
Work Permit No G8733547Q

Date Of Birth	18/11/1991
Occupation	Outdoor
Date Of Driving Pass	12/03/2020
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86562386
Alt. Phone Number	-
Email Address	admin@samco.com.sg
Address	No. 4 Sungei Kadut Street 2
Address complement	-
Postcode	729226
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JTF2135
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached police report.

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	JTF2135
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

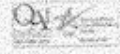
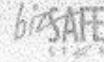
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JTF2135
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	JTF2135
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



SAMCO CIVIL ENGINEERING PTE. LTD.
(A member of Shuang Yun Holdings Limited)



May 07, 2021

Our ref.: 2021/ADMIN DT/VIKI/05-001

To: Accident Report Centre (ARC)

I / We hereby approved Mr Ravi Nehruji NRIC / FIN G8733547Q. Our employee / employee of Worldwide Roadtech Singapore Pte Ltd to drive our motor vehicle number YP9177J and file the accident report (Third party claims/ own Damage claims/ Reporting only) which occurred on 07.05.21 near Sungei Kadut Street 2 and Street 1 Junction.

Relationship between insured and driver's company: Under one management.

Thank you.

Regards,



Name of in charge: Anbalagan Viknesh
I/C : G5347004T

No.4 Sungei Kadut Street 2, Singapore 729226
www.shuangyunholdings.com

+ 65 6481 2518 / 6366 3988
+ 65 6481 2760 / 6556 4415
admin@samco.com.sg

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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 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.
 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.
 - (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.

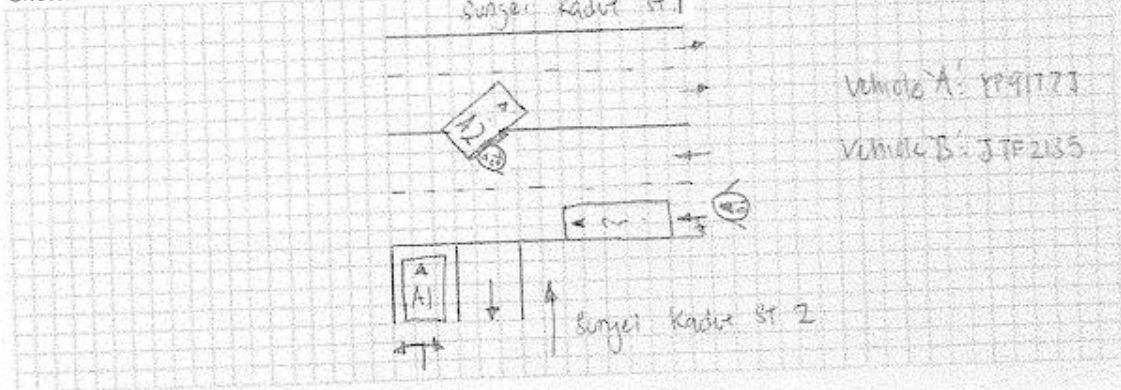


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, vehicle 'A' was travelling along my designated lane along Sungai Kadut St 2. Traffic was clear on both sides as such I proceeded to make my turn. As I was S/T into the opposite lane, I noticed vehicle 'B' overtaking ^{at a fast speed} the stationary vehicle. I tried to speed up but to no avail, vehicle 'B' still collided into the rear right tyre of my vehicle. That is all.

Declaration

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



Policyholder's Signature / Date & Time

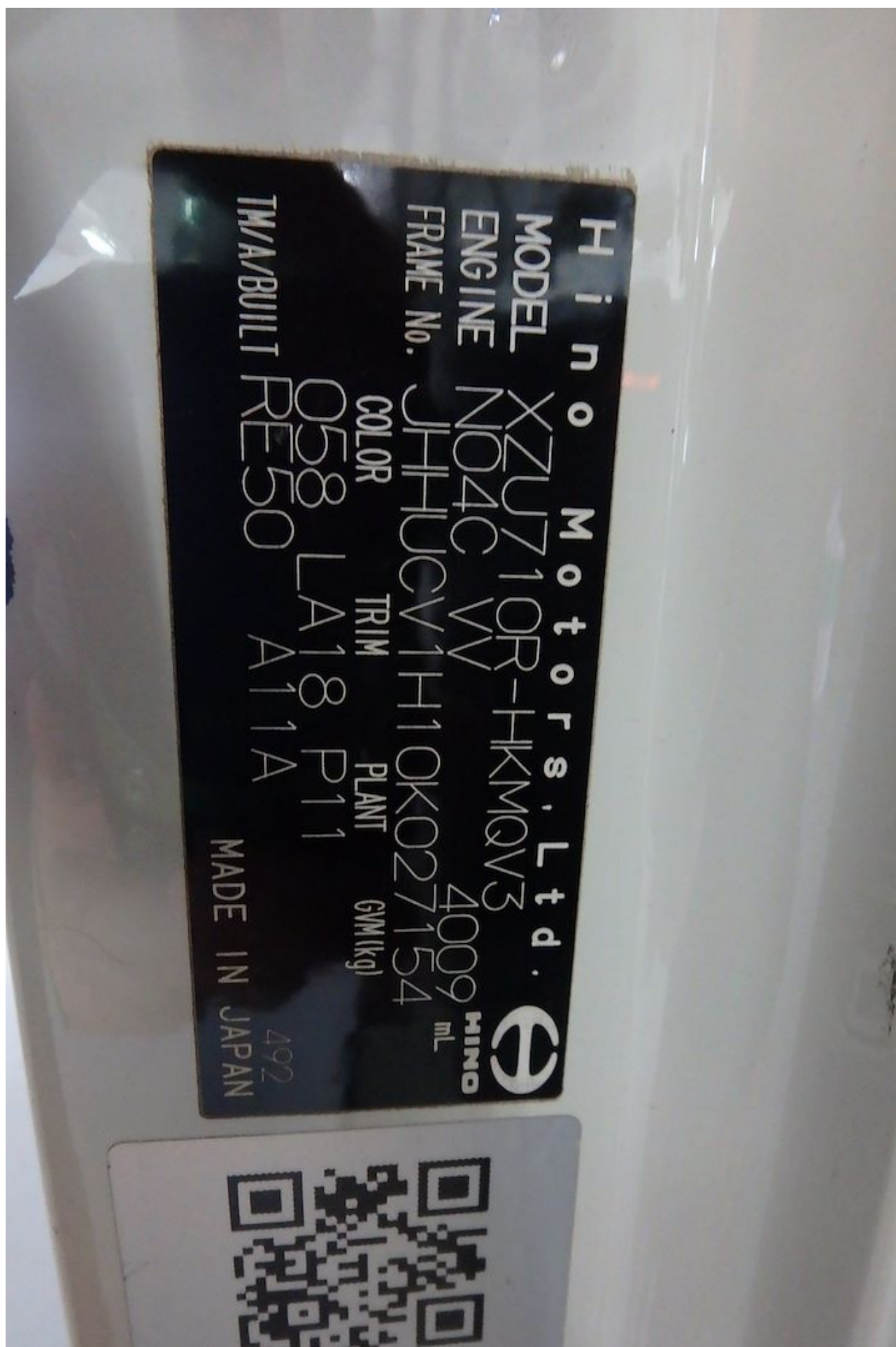
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20210507/7014

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210507/7014

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
NUR ADELINA BINTE MOHAMMAD FUAT
Contact No.: 65476066

Authentication Stamp

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
07/05/2021 12:18

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20210507/7014

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210507/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2021 12:18		Vide Report No.: L/20210506/0066		Station Diary No.:	
Informant's Particulars					
Name of Informant: RAVI NEHRUJI			Address:		
ID Type / ID No.: FIN NO / G8733547Q			Contact No.: Home/Office:		Mobile: 86562386
Nationality: INDIAN			Email: NEHRUJI1114@GMAIL.COM		
Sex: Male	Age: 29	Date of Birth: 18/11/1991	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: LORRY DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/05/2021 11:30	Type of Location: T-Junction
Location: SUNGEI KADUT STREET 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
JTF2135	Motorcycle					0
YP9177J	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	



**SINGAPORE
POLICE FORCE**



T/20210507/7014

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210507/7014

CONTINUATION OF REPORT

Rider			
Name	CHUNG KA WAI		ID No. G7714273N
Related Vehicle	JTF2135 (Motorcycle)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	RAVI NEHRUJI		ID No. G8733547Q
Related Vehicle	YP9177J (Lorry)		Contact No. 86562386
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A WAS TRAVELLING ALONG MY DESIGNATED LANE ALONG SUNGEI KADUT ST 1. I WAITED AND DOUBLE CHECK BEFORE I MADE MY TURN ONTO SUNGEI KADUT ST 1. TRAFFIC WAS CLEAR AS SUCH I PROCEEDED ON. AS I WAS PROCEEDING AND WAS 3/4 INTO THE OPPOSING LANE, I NOTICED VEHICLE B COMING AT ME AT A VERY HIGH SPEED. I TRY TO SPEED UP TO AVOID THE COLLISION BUT TO NO AVAIL, VEHICLE B STILL COLLIDED INTO MY REAR RIGHT TYRE. THAT IS ALL.