

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	15/06/2021 12:44 (SGT)
Date of Accident	14/06/2021 08:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	LAMP POST NUMBER 135F
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9890H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ZHENGDA CORPORATION PTE. LTD.
Company Reg No	2XXXXX795W
Email Address	hr@zhengda.com.sg
Mobile Phone No	(Phone) +65-97740323
Alternative Phone No	(Office) +65-65555551

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NMR85UH5A MT
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	2999

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00100862000
Cover Note Number	-

DRIVER

Name of Driver	DHANAVEL KARTHIK
Passport No/FIN	GXXXX922K

Date Of Birth	04/06/1998
Occupation	Outdoor
Date Of Driving Pass	21/10/2020
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97740323
Alt. Phone Number	-
Email Address	hr@zhengda.com.sg
Address	BLK 15 SOON LEE ROAD
Address complement	-
Postcode	628078
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210614/2085

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC89P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP559A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	XE2585E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	PC4674Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SLS1956T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	DHANAVEL KARTHIK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG PAIN
Injured person in which vehicle?	YP9890H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

(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.



Policyholder's Signature / Date & Time

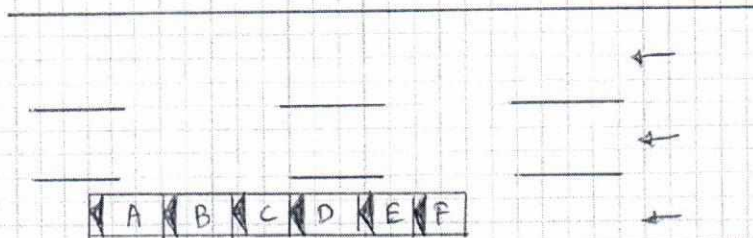
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

15/06/2021

Sketch Plan

AYE (Lampost Number BSF)



A = YP 9890H
B = PC 89P
C = YP 559A
D = XE 2585E
E = PC 4674Z
F = SLS 1956T

Describe Circumstances of the Accident

Refer to Police Report

7/202106/4/2025

Declaration

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

15/06/2021

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 14 / 6 / 2021 (dd/mm/yy) Time of Accident: 08 : 00 (24-HR-FORMAT)

Vehicle No.: YP 9890H Vehicle Make & Model / Engine (cc): ISUZU Private Hire: (Y ☒ N)

Exact location of Accident: AYE (Lamp Post Number 135F)

Policyholder's Name / IC No.: Zhengda Corporation Pte Ltd ROC/UEN (Company) 200205795W

Driver's Name / IC No.: Dhanavel Karthik G8756922K (As Above) ☐

Driver's Contact No.: 97740323 Company Contact No / Owner Contact No: 65555551

Driver's Address: Blk 15 Soon Lee Road S(628078)

Owner Email address: hr@zhengda.com.sg Insurance Company: China Taiping

Driver Email address: _____

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

***No. of Passengers (Including Driver):** 1

*Passenger Name: _____ Gender: Male / Female x()

*Passenger Name: _____ Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No Remarks: TP took the SD card

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Dhanavel Karthik

Injuries Sustain: Leg Injured Person in Which Vehicle: YP 9890H

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Nanyang N.P.C

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Vehicle (B) = PC 89P
Vehicle (C) = YP 559A
Vehicle (D) = XE 2585E
Vehicle (E) = PC 4674Z
Vehicle (F) = SLS 1956T



SINGAPORE POLICE FORCE



T/20210614/2085

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20210614/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2021 16:37			Vide Report No.: T/20210614/2037		Station Diary No.: 91
Informant's Particulars					
Name of Informant: DHANAVEL KARTHIK			Address: 15 Soon Lee Rd SINGAPORE 628078		
ID Type / ID No.: FIN NO / G8756922K			Contact No.: Home/Office: Mobile: 97740323		
Nationality: INDIAN			Email:		
Sex: Male	Age: 23	Date of Birth: 04/06/1998	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 Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/06/2021 00:00	Type of Location: Flyover
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
PC4674Z	Lorry	YUTONG	ZK6107H A	Multi-Colored	Slightly Damaged	0
PC89P	Bus/Coach/Mi nibus	YUTONG	ZK6930H AUTO	Multi-Colored	Slightly Damaged	0
SLS1956T	Lorry	HYUNDAI	ELANTRA AD 1.6 GLS AT	Silver	Slightly Damaged	0
XE2585E	Lorry	UD TRUCKS	GKB5ELDH NT	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210614/2085

2 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20210614/2085

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP559A	Lorry	MITSUBISHI	CANTER FEB21ER3S DEB (CBU)	White	Slightly Damaged	0
YP9890H	Lorry	ISUZU	NMR85UH5 A MT	White	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DHANAVEL KARTHIK		ID No. G8756922K
Related Vehicle	YP9890H (Lorry)		Contact No. 97740323
Hospital/Clinic	GALILEE CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	14/06/2021		Date Discharge 14/06/2021
No. of Days granted Medical Leave	02		Degree of Injury Slight

Brief Details.

V1) YP9890H
V2) PC89P
V3) YP559A
V4) XE2585E
V5) SLS1956T
V6) PC4674Z

This report is an addition to my Traffic Accident Report T/20210614/2037. I have included the other 05 vehicles that are involved in the accident V2-V6. I have also gone for a check-up at a clinic to address my leg pain and was given 02 days MC. I am not sure how many passengers were in V3 - V6, as well as any injuries the have.

I am writing this amendment for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20210614/2085

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20210614/2085

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 /
SC2 RIZQULLAH RASYIDDIN *ri*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
SI GOH WEI LI
Contact No.: 65476394

Signature Of Informant:

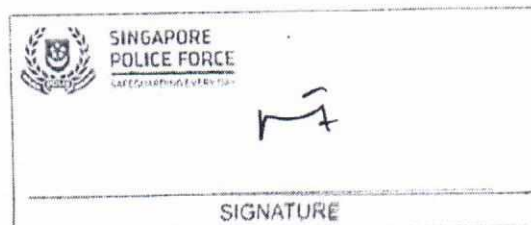
①. Kesth...

Date/Time:

14/06/2021 16:37

Classification Of Case:

Authentication Stamp
NP168





中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

N SN

AN0671A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor 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.

DMCVSNW00100862000

Engine No.: 4JJ13S4714

Cha. No.: JAANMR85HJ7102414

1. Index Mark and Registration
Number of Vehicle

YP9890H

AUTOSAFE
=====

2. Name of Policy Holder

ZHENGDA CORPORATION PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

08/11/2020

Excess Sect I. S\$450.00
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

07/11/2021

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.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD

* 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: KSL INSURANCE AGENCY PTE LTD.
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com