

## 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 ..... 25/06/2021 11:52 (SGT)  
Date of Accident ..... 23/06/2021 09:05 (SGT)  
Exact Location of Accident ..... Upper Serangoon Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF4114Z

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HILUX RENOVATION CONTRACTOR  
Company Reg No ..... 4XXXX200K  
Email Address ..... jasonkcapl@gmail.com  
Mobile Phone No ..... (Phone) +65-98582109  
Alternative Phone No ..... +65-98582109

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
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 ..... 3000

#### INSURANCE COMPANY

Name of Insurance Company ..... Etiqa Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... M0009233  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MANICKAM THIRUNAVUKKARASU  
Passport No/FIN ..... FXXXX477T

Date Of Birth .....	30/07/1980
Occupation .....	Outdoor
Date Of Driving Pass .....	20/08/2013
Driving experience .....	7 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84570479
Alt. Phone Number .....	-
Email Address .....	jasonkcapl@gmail.com
Address .....	7 CHUAN GARDEN
Address complement .....	-
Postcode .....	558526
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	KHUNKAEW THANTHAWAT
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Kim Keat Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002529999
Alt. Police Station Phone No .....	(Fax) +65-63554311
Police Station Address .....	Blk 231 Lorong 8 Toa Payoh #01-186 Singapore 310231
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210623/2095.

#### 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 .....	GX5752X
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MANICKAM THIRUNAVUKKARASU
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBF4114Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	KHUNKAEW THANTHAWAT
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBF4114Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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.



Describe Circumstances of the Accident

Please refer to the police report (T/20210623/2095)

## Declaration

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

**HILUX REHABILITATION CONTRACTOR**  
Jing Mo 42220200-31 442.0.14c MB 05-4650-11  
**HOON KOR CHEW** 442-1958 2109  
Email: hiluxrenco@hotmail.com  
1030 Euros Ave 6 #4-50 Sengkang 400825

Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre  
Personnel



### INTERVIEW FORM

Name (Driver) : MANICKAM THIRUNAVUKARASU

Policy No : M0009233

Vehicle No : CBF 41142

Place of Accident : UPPER SERANGOON ROAD

Insured Driver's relationship with Insured : Employee

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 1

Injury to Insured and/or Insured driver, please indicate which hospital:

Yes. DR CAPE Medical Clinic

Third Party Vehicle No (if any) : GX 5752X

No of passenger(s) in Third Party Vehicle : 0

Injury to Third Party driver and/or passenger(s), please indicate which hospital:

No

Type of collision and the extensiveness of the damages to all vehicles involved:

Head to rear

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):

No

Traffic Police report (enclosed) ☒ Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

[Signature]  
Driver (Name & Signature)

I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature)

Workshop Name:

Etika Insurance Berhad (Company Reg. No. 1091C0054K)  
1 North Bridge Road, #08-01 High Street Centre, Singapore 179094  
T: +65 6336 0477 F: +65 6339 2109

Member of the GMS Group























**SINGAPORE  
POLICE FORCE**



T/20210623/2095

Police Station Of Origin:  
Kim Keat NPP  
231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529999

1 of 3

Report No. T/20210623/2095

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/06/2021 18:21		Vide Report No.:		Station Diary No.: 14	
<b>Informant's Particulars</b>					
Name of Informant: MANICKAM THIRUNAVUKKARASU			Address: 7 CHUAN GARDEN CHUAN GARDEN SINGAPORE 558526		
ID Type / ID No.: FIN NO / F4517477T			Contact No.: Home/Office: Mobile: 84570479		
Nationality: INDIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 30/07/1980	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 2B,3 Date of Expiry: 19/08/2023		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2021 09:05	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Lamp Post Number: 34				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
GBF4114Z	Lorry	TOYOTA	DYNA 3.0 MANUAL	Silver	Slightly Damaged	1
GX5752X	Lorry	TOYOTA	DYNA 150 D	Blue	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210623/2095

Police Station Of Origin:  
Kim Keat NPP  
231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529999

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Report No. T/20210623/2095

**CONTINUATION OF REPORT**

Driver			
Name	MANICKAM THIRUNAVUKKARASU		ID No. F4517477T
Related Vehicle	GBF4114Z (Lorry)		Contact No. 84570479
Hospital/Clinic	DR CARE MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: 19/08/2023
Date Treatment	23/06/2021	Date Discharge	23/06/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NAGARAJAN SENTHIL		ID No. G7924288N
Related Vehicle	GX5752X (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 23/06/2021 at about 0905hrs, I was travelling along Upper Serangoon Road near to lamppost 34 heading to PIE, while waiting for the traffic light to turn green, I felt an impact from the rear of my lorry(GBF4114Z) as another lorry(GX5752X) had collided onto the rear of my lorry. Subsequently, I alighted from my lorry and went to make a check on my lorry, I then discovered slight damaged on the rear of my lorry. Thereafter, I asked for the lorry owner particulars so we can exchange particulars.

I wish to inform that two of the toilet bowl which was on my lorry was damaged and broken. I am lodging this Police report as instructed by my supervisor.



**SINGAPORE  
POLICE FORCE**



T/20210623/2095

Police Station Of Origin:  
Kim Keat NPP  
231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529999

3 of 3

Report No. T/20210623/2095

**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: E / Sgt 1 WILSON NG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/06/2021 18:21
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	



82300  
71120023  
Cov. Type: Comprehensive

# **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.** M0009233

- |  |                             |                 |         |
|--|-----------------------------|-----------------|---------|
| 1. Index Mark and Registration Number of Vehicle                           | GBF4114Z                    |                 |         |
| 2. Name of Policyholder  | Hilux Renovation Contractor |                 |         |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 13/10/2020                  | Excess: Sect I  | S\$ 750 |
| 4. Date of Expiry of Insurance   | 12/10/2021                  |                 |         |
| 5. Persons or Classes of Persons entitled to drive                         | Engine No                   | : 1KD2627056    |         |
|  | Chassis No                  | : KDY2318025631 |         |

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

## 6. Limitations as to Use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.  
USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.  
USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.  
THE POLICY DOES NOT COVER:  
(i) USE FOR HIRE OR REWARD.  
(ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.  
(iii) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.  
(iv) LIABILITY ARISING FROM OR IN CONNECTION WITH THE CARRIAGE OF INFLAMMABLE LIQUIDS OR GASES INCLUDING LPG IN CYLINDERS.

\* 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 bindings.

## Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdlic.org.sg](http://www.sdlic.org.sg)).

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).

GOP93167 25/09/2020 11:41:12



For and on behalf of Etiqa Insurance Pte. Ltd.  
Approved Insurer

Authorised Signature