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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- IMPORTARY NOTICE

  1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

  2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

  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

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- 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 Form by insurance companies is not an admission of policy liability of the part of the part of the policy for investigation.
  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**

17/09/2021 16:30 (SGT) 17/09/2021 04:10 (SGT) T3, Singapore ARRIVAL DRIVE Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	announce of the second	YN4974T	
INSURED/POLICYHOLDER			

Is company? Name Of Registered Owner Company Reg No	Yes POWERGAS LIMITED 1XXXXX471E
Email Address Mobile Phone No Alternative Phone No	norman_hadi_46@yahoo.com.sg (Phone) +65-83183101 +65-83183101

#### VEHICLE PARTICULARS

Manufacturer Model Variant	Nissan NJR85AUE6W	
	*	
Exact purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to	Employment	
your vehicle? Vehicle Category	No - Claiming third party	
Transmission	Commercial vehicle	
00	Manual	
CC	2999	

#### INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	MS First Capital Insurance Ltd ThirdParty Yes D-21097413MFCV/32
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#### DRIVER

Name of Driver NRIC No	HOLIMAN HADI DIN MALAL

Date Of Birth 22/05/1981 Occupation Outdoor Date Of Driving Pass 10/07/2007 Driving experience 14 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-83183101 Alt. Phone Number Email Address norman\_hadi\_46@yahoo.com.sg Address BLK 306A PUNGGOL PLACE #11-37 Address complement Postcode 821306 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name MOHAMMAD ADIL BIN ALIAS Gender 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 PL;EASE REFER TO POLICE REPORT T/20210917/7014 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number XE694L

Vehicle Manufacturer

Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vahiala Catagoni	<del>1</del>
	Commercial vehicle
Name of Driver	GANAPATHI GOVINDHARAJ
Contact Number	-
Address	
Address complement	-
Postcodo	-
	•
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

### **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 <u>truthful and 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.
- 6. 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Sigr Time Sketch Plan	& Tima	(If driver is not the police of CHOWAL)		sed by Reporting Centre
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#### 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

17.9.21 1508 WS

Witnessed by Reporting Centre Personnel

## ACCIDENT'STATEMENT

ACCIDENT DATE: (17 / 9 / 3021) (DD/MM/YYYY), TIME: (4.30) (HH:MM)
LOCATION: T3 Arrival Orive ( Chaq, Hirport
1. DETAILS OF VEHICLE
alvehicle NUMBER: YN 49747
blinsurance Company: We First Capital
CIPOLICY HUMBER: D- 21 0974131pmf CV/32
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
8) MAKE & MODEL: 12020
f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME: WOFKING
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER A) NAME: SP CTOSP
WHOM IND CIADDRESS:
BIM BUAS (M)
THO OF pussan and DRIVER
(Including dis ma) GINAME: Morenate Hand Bis Mark. (MALETFEMALE)
CONTACT BY ASSIGNED
CIADDRESS: 301 + Punggal Place #11-37.
8000 - 821306
"d) DATE OF BIRTH: ( 32/05/1981) (DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
FIDATE OF DRIVING PASS
4. Was driver an employee of the insured's company? (YES! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION; (CLEAR / RAINING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NOT 1
IF YES, PLEASE STATE WHICH POUCE STATION: # Traffice Voice
8. THIRD PARTY VEHICLE
the of passenger a) VEHICLE NUMBER: YN 40747 MODEL 18020
(Including driver) b) DRIVER'S NAME: NORMAN (1940) 8.0 1140
( ) NRIC/FIN/PASSPORT: SEINBOAN CONTACT: 83183.0
9. THIRD PARTY VEHICLE  OF VEHICLE NUMBERS HORMAN HAD MODELS 15020
NO WE DASSANGE
(Including driver) f) DRIVER'S NAME: NORMAN THO BIN WILLED  (Including driver) f) NRIC/FIN/PASSPORT: 3815394/4 CONTACT:: 8316310 IL
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email = norman - had - 46 @ yanoo.com. 29
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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20210917/7014

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Ma 17/09/2021 14:37	ade:	Vide Report No.:		Station Diary No.:	
Informant's Particul	ars	MARKET STATE OF THE REAL PROPERTY.			
Name of Informant: NORMAN HADI BIN	MALAL	Address: APT BLK 306A PUNGGOL PLACE #11-37 SINGAPORE 821306			
ID Type / ID No.: NRIC NO / S8115694	4H	Contact No.: Home/Office: Mobile: 83183101			
Nationality: SINGAPORE CITIZE	EN	Email: norman_hadi_46@yahoo.com.sg			
Sex: Age: 40	Date of Birth: 22/05/1981	Type of Informant: Driver			
Race: Malay		Language: Institution / School Name English		/ School Name:	
Occupation: Technical/Vocational education institute te	8 - TON TON CHARLES THE OF THE	Driving Licence Information: Class:	Date of Ex	piry:	

General Infori	mation of the Acciden	· 建发射 第4年的		77.7	100
Type of Accident:	Non-Injury Government Vehic	Drink Drive: No	Date/Time of Accident: 17/09/2021 04:10		Type of Location: Side road
Location:					
T3 ARRIVAL	DRIVE				
Weather: Clear		Road Surface: Dry		Road 50 Km	Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic No Tra	Volume:
Type of Collis Between Mov	sion: ring Vehicles - Head To	Rear		Anyor ambul No	ne conveyed by lance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
YN4974T	Lorry					0

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





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

2 of 4 Report No. T/20210917/7014

#### CONTINUATION OF REPORT

Name	NODMANULABLE				
Name	NORMAN HADI BIN MALAL			ID No.	S8115694H
Related Vehicle	YN4974T (Lorry)			Contact N	o. 83183101
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

#### Brief Details.

Minor Traffic Accident Report (Company Vehicle and Contractor vehicle)

Location: LP3208 T3 Arrival Drive

Time of incident: 0433hrs Company Vehicle: YN 4974 T Driver Norman and Co driver Aidil Contractor Tipper Lorry(HSC): XE 694 L

Driver: Ganapathi Govindharai

Accident occur at 17th September at 0433am at T3 Arrival Drive. Both company vehicle and

Tipper Lorry was in stationary

position(Estimated 2.8 meters gap apart). The incident happen when our staff (Norman and Aidil) notice that, the tipper lorry was reversing. Upon realised that, the lorry was attempting reversing slightly without supervision or guidance from the supervisor. When the Lorry was about to get closer to our company vehicle. Our staff did manage horn the driver several times, but yet he still keep continuing to reverse it and hit & damage our vehicle.

Vehicle's screen cracked after the incidents occurred . Both Driver and Co driver sustained no injuries. Lorry driver has taken down the particulars and inform contractor supervisor. By Looking back at the video, the driver didn't have some guidance or supervision by his supervisor when reversing it. Both TO Azman and TO ezzad is present. Photos of the scene has taken on

Vid ID: 2021_0917_ 043320_975	and 976 HSO Supervisor Bijay 91746020	





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

3 of 4 Report No. T/20210917/7014

CONTINUATION OF REPORT





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

4 of 4 Report No. T/20210917/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/09/2021 14:37
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
NP168	



MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001676-9 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

### CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy.

: COMMERCIAL VEHICLE - FLEET

Type of Cover.

: Third Party

Certificate No.

: D-21097413MFCV/32

Vehicle No / Chassis No

: YN4974T / NJR857036611

Name of Insured

: POWERGAS LIMITED

Period Of Insurance

: 01.04.2021 To 31.03.2022

Insured Estimated Value

: 0.00

Financial Institution

: N.A

SGD3,500.00 ALL CLAIMS IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

Authorised Driver\* ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive\*

Any person who is driving on the insured'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 Limitations as to use\*

(1) Use in connection with the insured's business.

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

The Policy does not cover:-

(1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)

MS First Capital Insurance Limited (Approved Insurers)

STELLAL/B0009/MZ300C

Issued at Singapore on 26.03.2021

Authorised Signature