





## 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	17/09/2021 16:30 (SGT)
Date of Accident	17/09/2021 04:10 (SGT)
Exact Location of Accident	T3, Singapore
Additional Location Information	ARRIVAL DRIVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4974T
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#### INSURED/POLICYHOLDER

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

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NJR85AUE6W
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	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097413MFCV/32
Cover Note Number	-

#### DRIVER

Name of Driver	NORMAN HADI BIN MALAL
NRIC No	SXXXX694H

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	2
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	MOHAMMAD ADIL BIN ALIAS
Gender	Male

#### 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

PLEASE 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	-
Vehicle Category	Commercial vehicle
Name of Driver	GANAPATHI GOVINDHARAJ
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## 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' 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

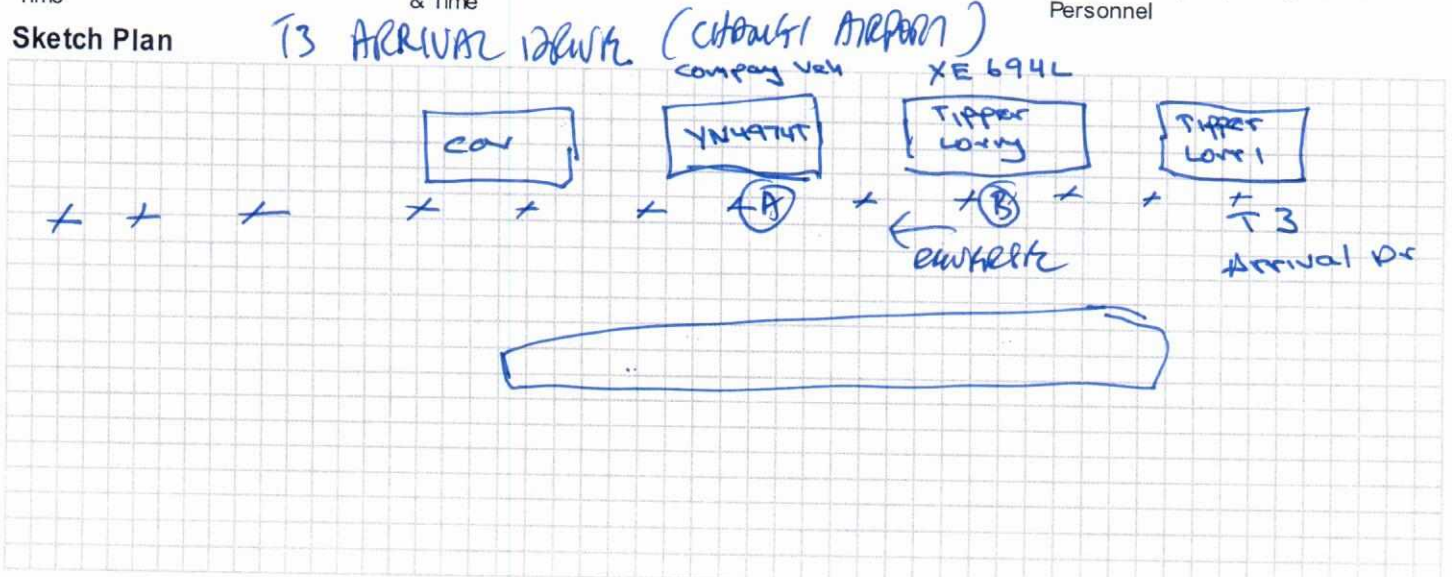
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

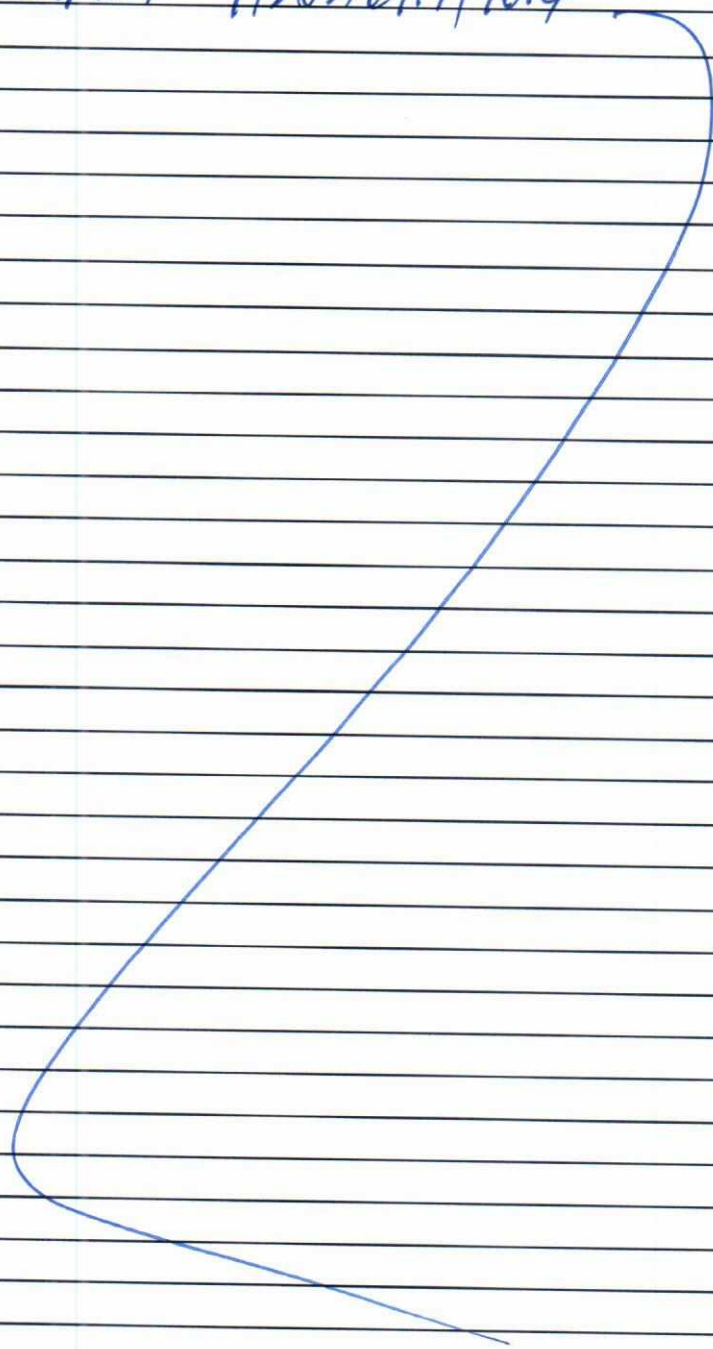
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT 1/2021/0817/7014



Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

A handwritten signature in blue ink, appearing to be 'JH' or similar, is written over the line for the policyholder's signature.

17.9.21 1508 W3

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

A handwritten signature in blue ink, appearing to be 'JH' or similar, is written over the line for the reporting centre personnel's signature.

Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 9 / 2021) (DD/MM/YYYY), TIME: (4.30) (HH:MM)

LOCATION: T3 Arrival Drive (Changi Airport)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 4974T  
 b) INSURANCE COMPANY: MS First Capital  
 c) POLICY NUMBER: D-2109741310P CU/32  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: ISUZU  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Working  
 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 Group (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: #1995044716 CONTACT:  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Norman Hadi Bin MALLAH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S815694H CONTACT: 83183101  
 c) ADDRESS: 301 Punggol Place #11-37.  
 820K - 821306

\*d) DATE OF BIRTH: (22 / 05 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE 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 / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: #11 Traffic Police

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YN 4974T MODEL: ISUZU  
 b) DRIVER'S NAME: Norman Hadi Bin MALLAH  
 c) NRIC/FIN/PASSPORT: S815694H CONTACT: 83183101

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YN 4974T MODEL: ISUZU  
 b) DRIVER'S NAME: Norman Hadi Bin MALLAH  
 c) NRIC/FIN/PASSPORT: S815694H CONTACT: 83183101

Email: norman-hadi-46@yahoo.com.sg  
 VIDEO = 'Yes'



# SINGAPORE POLICE FORCE



T/20210917/7014

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 Made: 17/09/2021 14:37		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NORMAN HADI BIN MALAL		Address: APT BLK 306A PUNGGOL PLACE #11-37 SINGAPORE 821306			
ID Type / ID No.: NRIC NO / S8115694H		Contact No.: Home/Office: Mobile: 83183101			
Nationality: SINGAPORE CITIZEN		Email: norman_hadi_46@yahoo.com.sg			
Sex: Male	Age: 40	Date of Birth: 22/05/1981	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Technical/Vocational/Commercial education institute teacher		Driving Licence Information: Class: Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Non-Injury Government Vehicle	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 Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	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





# SINGAPORE POLICE FORCE



T/20210917/7014

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

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Report No. T/20210917/7014

## CONTINUATION OF REPORT

Driver			
Name	NORMAN HADI BIN MALAL	ID No.	S8115694H
Related Vehicle	YN4974T (Lorry)	Contact No.	83183101
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted 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 Govindharaj

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 site. SD card has immediately retrieved.

Vid ID: 2021\_0917\_ 043320\_975 and 976 HSO Supervisor Bijay 91746020

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**SINGAPORE  
POLICE FORCE**



T/20210917/7014

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**

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**SINGAPORE  
POLICE FORCE**



T/20210917/7014

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

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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 Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN JEOK LENG  
Contact No.: 65476151

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

Date/Time:  
17/09/2021 14:37

Classification Of Case:

NP168

**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  
Excess :

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 Vehicle.

**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)

*PIL*

Authorised Signature

STELLAL/B0009/MZ300C

Issued at Singapore on 26.03.2021