

## 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 ..... 01/10/2021 13:59 (SGT)  
Date of Accident ..... 25/09/2021 13:30 (SGT)  
Exact Location of Accident ..... Bukit Batok East Ave 6, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC7125Y

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SETSCO SERVICES PTE LTD  
Company Reg No ..... 196900269D  
Email Address ..... yongll@setsco.com  
Mobile Phone No ..... (Phone) +65-65667777  
Alternative Phone No ..... (Office) +65-65667777

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv350  
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 ..... 3500

#### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D20MFL0000795\_01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... GOVINDARAJ BAGAVATHIRAJ  
Passport No/FIN ..... G2359827U

Date Of Birth .....	16/05/1994
Occupation .....	Outdoor
Date Of Driving Pass .....	10/11/2014
Driving experience .....	6 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90696373
Alt. Phone Number .....	-
Email Address .....	mayyeo@setsco.com
Address .....	531 BUKIT BATOK STREET 23
Address complement .....	-
Postcode .....	659547
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 .....	4
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	JAISANKAR GANESH
Gender .....	Male

#### PASSENGER 2

Name .....	NATARAJAN KARUPPAIYA
Gender .....	Male

#### PASSENGER 3

Name .....	KUMARASAMY DHARUMATHURAI
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT AND SKETCH

#### 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 .....	SG7003J
Vehicle Manufacturer .....	Yutong
Vehicle Model .....	ZK6125BEV GS AUTO
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	JEBAT BIN MOHAMMED
NRIC No .....	S1421347C
Contact Number .....	(Phone) +65-92333941
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 .....	SLX6129E
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	3
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHUA MING XUAN
NRIC No .....	S9222147D
Contact Number .....	(Phone) +65-96226988
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 .....	SMQ5448R
Vehicle Manufacturer .....	BMW
Vehicle Model .....	523i
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KISHEN S/O NIBALAGI
NRIC No .....	S9444069F
Contact Number .....	(Phone) +65-96150495
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

# 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.

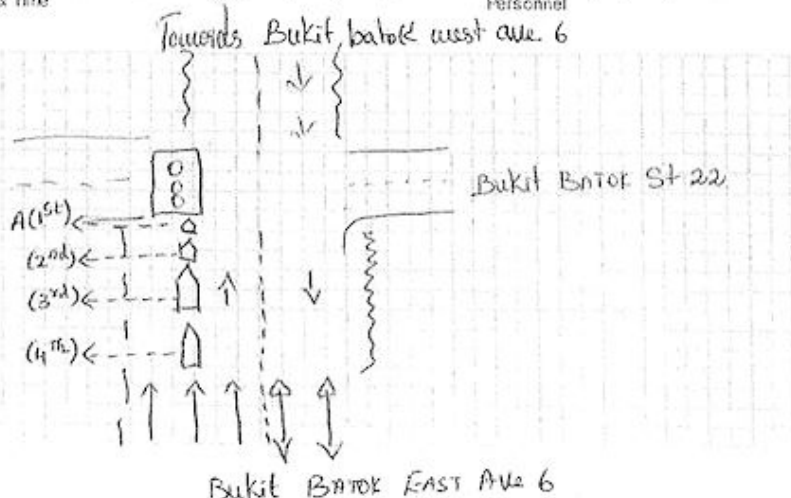


Policyholder's Signature / Date & Time  
11/10/21  
Sketch Plan

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

Witnessed by Reporting Centre Personnel

1st — SMQ 5448R  
2nd — SLX 6129E  
3rd — PC7125Y  
4th — SG 7003J

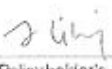
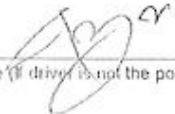




Describe Circumstances of the Accident

Refer the police report Attachment.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time: 1/10/21  
 Driver's Signature (If driver is not the policyholder) / Date & Time:  
 Witnessed by Reporting Centre Personnel: 1/10/21

CONFIDENTIAL



**SetSCO Services Pte Ltd**  
531 Bukit Batok St 23 Singapore 659547  
Tel: (65) 6566 7777  
Fax: (65) 6566 7718  
Business Reg No: 196900265D  
[www.setsco.com](http://www.setsco.com)

Date : 28 September 2021

To: Whom It May Concern

Dear Sir/Madam,

**NAME : Govindaraj Bagavathiraj**  
**FIN NO : G2359827U**

This serves to confirm that the abovementioned is an employee of SetSCO Services Pte Ltd. He is employed as Technician cum Driver.

He joined the Company since 16 October 2018

Thank you.

Yours sincerely,



Charmaine Choo  
Senior Executive, Group HR



**SETSCO SERVICES PTE LTD**  
531 BUKIT BATOK STREET 23  
SINGAPORE 659547  
TEL: 6566 7777  
FAX: 6566 7718



**SETSCO SERVICES PTE LTD**  
531 BUKIT BATOK STREET 23  
SINGAPORE 659547  
TEL: 6566 7777  
FAX: 6566 7718





## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0076806-X  
 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711  
 Office (65) 63476100 Email: [insure@iil.com.sg](mailto:insure@iil.com.sg)  
 Fax (65) 62244174 Website: [www.iil.com.sg](http://www.iil.com.sg)

## 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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MFL0000795_01		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: PC7125Y	
Chassis No	: JN1TC2E26Z0052637	
2. Name of Policyholder	: SETSCO SERVICES PTE LTD	
3. Effective date of Insurance	: 01 Jan 2021	
4. Expiry date of Insurance	: 31 Dec 2021	
5. Persons or Classes of Persons entitled to drive*	<p>Any person provided he/she is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>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</p>	
6. Limitations as to use*	<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p><b>The Policy does not cover</b></p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>*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.</p>	
Hire Purchase Company	: N.A	
<p>EXCESS: S\$750/- SECTION I FOR INSURED'S EMPLOYEES &amp; AUTHORISED DRIVERS &amp; ADDITIONAL OF S\$2,000/- SECTION I FOR DRIVERS AGED BELOW 21 YEARS &amp;/OR THE HOLDER OF A PROVISIONAL DRIVING LICENCE.</p>		
<p>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).</p>		
Agent/Broker	: B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD	For India International Insurance Pte Ltd
Date of Issue	: 08/01/2021 11:45:55	
M.Z. 600C - PUBLIC BUS Company's use		
		 Authorised Signatory

hueywen/08/01/2021 11:45:55

08/01/2021 11:58:21























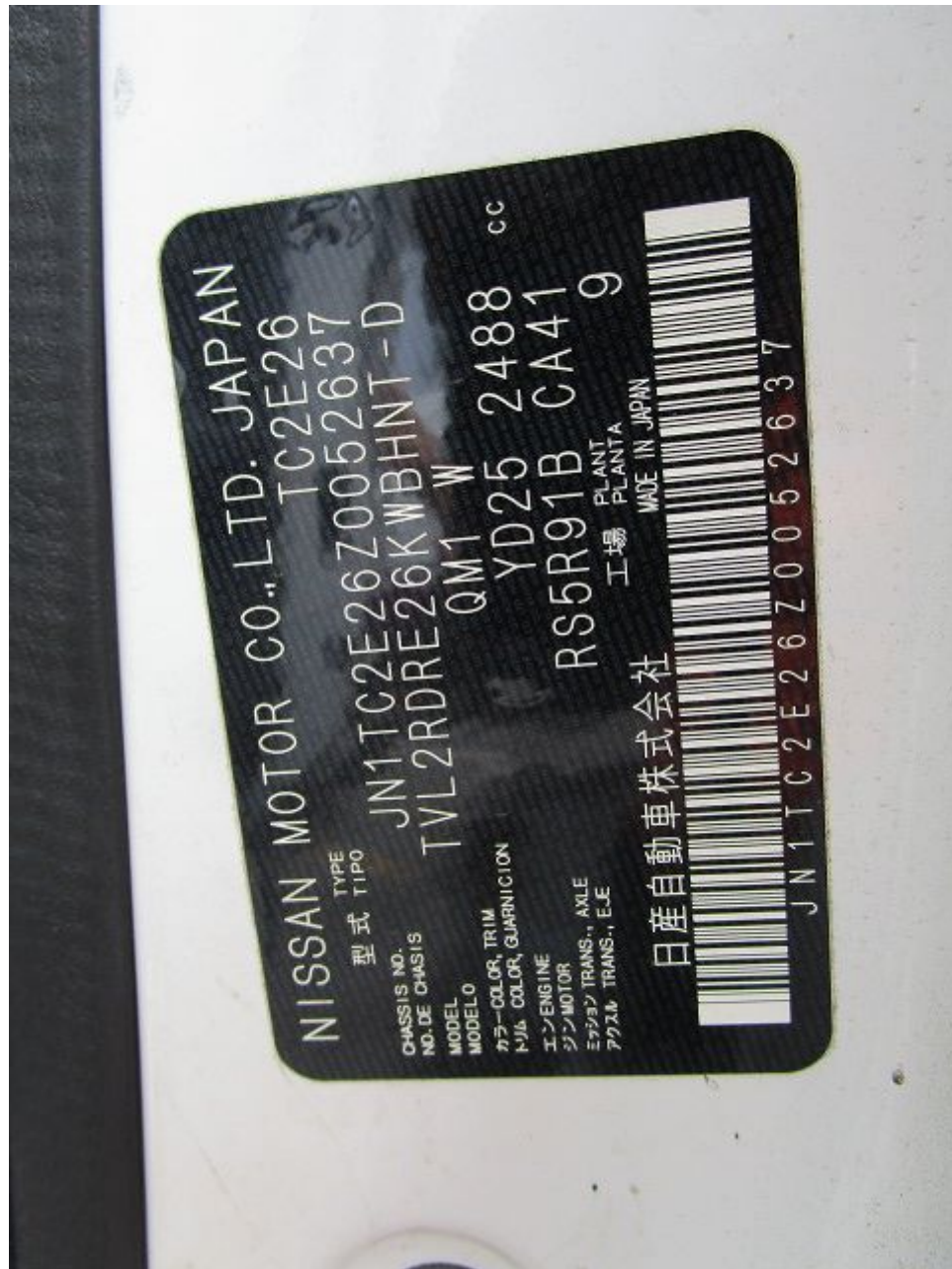
















































**SINGAPORE  
POLICE FORCE**



T/20210925/2041

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 4

Report No. T/20210925/2041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/09/2021 14:56		Vide Report No.:		Station Diary No.: 95
<b>Informant's Particulars</b>				
Name of Informant: GOVINDARAJ BAGAVATHIRAJ		Address: 35 TUAS ROAD SINGAPORE 638496		
ID Type / ID No.: FIN NO / G2359827U		Contact No.: Home/Office: Mobile: 90696373		
Nationality: INDIAN		Email:		
Sex: Male	Age: 27	Date of Birth: 16/05/1994	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: PROCESS MAINTENANCE & CONSTRUCTION WORKER CUM DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/09/2021 13:30	Type of Location: X-Junction
Location:  BUKIT BATOK EAST AVENUE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
PC7125Y	Van	NISSAN	NV350 MICROBUS 2.5 MT		Slightly Damaged	3
SG7003J	Bus/Coach/Minibus	YUTONG	ELECTRIC ZK6125BEV GS AUTO		Slightly Damaged	15
SLX6129E	Car	MAZDA	MAZDA3 SEDAN 1.5 AT LED EU6		Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210925/2041

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Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20210925/2041

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMQ5448R	Car	BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D		Slightly Damaged	1

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
<b>Driver</b>					
Name	GOVINDARAJ BAGAVATHIRAJ			ID No.	G2359827U
Related Vehicle	PC7125Y (Van)			Contact No.	90696373
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	
<b>Driver</b>					
Name	JEBAT BIN MOHAMMED			ID No.	S1421347C
Related Vehicle	SG7003J (Bus/Coach/Minibus)			Contact No.	92333941
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	
<b>Driver</b>					
Name	CHUA MING XUAN			ID No.	S9222147D
Related Vehicle	SLX6129E (Car)			Contact No.	96226988
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	





**SINGAPORE  
POLICE FORCE**



T/20210925/2041

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210925/2041

**CONTINUATION OF REPORT**

Driver			
Name	KISHEN S/O NIBALAGI	ID No.	S9444069F
Related Vehicle	SMQ5448R (Car)	Contact No.	96150495
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 25/09/2021 at about 1330hrs, I was driving my company vehicle, PC7125Y, along Bukit Batok East Ave 6 towards Bukit Batok West Ave 6 on the center lane. I then had slowed down my vehicle as I am approaching the x-junction of Bukit Batok East Ave 6 and Bukit Batok Street 22 as the front vehicle was moving slowly. As I also follow to drive slowly, suddenly, I felt an impact from the rear of the vehicle. I then noticed that a bus (SG7003J) had collide onto the rear of my vehicle. Due to the impact, my vehicle bumped onto the rear of the front vehicle, SLX6129E. I then alighted from my vehicle and noticed there was a total of 4 vehicle involved in the accident. The arrangement of vehicle as follow 1st) SMQ5448R, 2nd) SLX6129E, 3rd) PC7125Y, 4th) SG7003J.

No visible injuries on anyone, driver exchanged personnel details between one and other. My company vehicle is install with in-car camera (front view only). All driver then decided to leave the area, after exchanging details. No Ambulance or Traffic Police was called. My vehicle sustain dents on the rear and shattered on the rear windscreen.



**SINGAPORE  
POLICE FORCE**



T/20210925/2041

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Report No. T/20210925/2041

Police Station Of Origin:  
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700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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/ Sgt 1 IBRAHIM BIN ROSLI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/09/2021 14:56
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:  SN126
Authentication Stamp NP168	Signature:  Singapore Police Force