

# 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 ..... 08/11/2021 16:44 (SGT)  
Date of Accident ..... 06/11/2021 11:45 (SGT)  
Exact Location of Accident ..... Woodlands Ave 12, Singapore  
Additional Location Information ..... TOWARDS SLE NEAR LAMP POST 21  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN5618R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AGILE ACCOMM PTE. LTD.  
Company Reg No ..... 2XXXXX293W  
Email Address ..... regineeeee37@gmail.com  
Mobile Phone No ..... (Phone) +65-83814021  
Alternative Phone No ..... (Office) +65-65158923

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Canter  
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 ..... 2977

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00070682102  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... RANGASAMY GOUNDER SAMYNATHAN  
Passport No/FIN ..... GXXXX071R

Date Of Birth .....	05/03/1977
Occupation .....	Outdoor
Date Of Driving Pass .....	11/08/2020
Driving experience .....	1 YEAR AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83814021
Alt. Phone Number .....	-
Email Address .....	regineeeee37@gmail.com
Address .....	1 TUAS SOUTH STREET 12
Address complement .....	-
Postcode .....	636946
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 .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	12
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	DHAR CHANDAN KUMAR
Gender .....	Male

#### PASSENGER 2

Name .....	PALANIYAPPAN MURUGESAN
Gender .....	Male

#### PASSENGER 3

Name .....	HOSSAIN DILDAR
Gender .....	Male

#### PASSENGER 4

Name .....	MALAIRASU KARUPPAIYA
Gender .....	Male

#### PASSENGER 5

Name .....	SUTRADHAR SAGOR
Gender .....	Male

#### PASSENGER 6

Name .....	BHUIYAN MD SOHEL
Gender .....	Male

#### PASSENGER 7

Name .....	HOSSAIN SABUJ
Gender .....	Male

#### PASSENGER 8

Name .....	NYI MOE MOE NAING
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Gender ..... Male

PASSENGER 9

Name ..... MYO ZAW WIN

Gender ..... Male

PASSENGER 10

Name ..... PORAN SHAH

Gender ..... Male

PASSENGER 11

Name ..... RAJENDRAN VINOTH

Gender ..... Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes

Police Station Name ..... Toa Payoh Neighbourhood Police Centre

Police Station Phone No ..... (Phone) +65-18002519999

Alt. Police Station Phone No ..... (Fax) +65-63548749

Police Station Address ..... 93 Toa Payoh Central Toa Payoh Community Building #01-02  
Singapore 319194

Was notice of intended Prosecution given? ..... No

If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211106/2066

#### 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 ..... GBG9191L

Vehicle Manufacturer ..... Toyota

Vehicle Model ..... Dyna

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 ..... GBB2205D

Vehicle Manufacturer ..... Toyota

Vehicle Model ..... Dyna

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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... RANGASAMY GOUNDER SAMYNATHAN  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... YN5618R  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... DHAR CHANDAN KUMAR  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... YN5618R  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 3

Name of injured person ..... PALANIYAPPAN MURUGESAN  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... YN5618R  
 Were seat belts worn? ..... No  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 4

Name of injured person ..... HOSSAIN DILDAR  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... YN5618R  
 Were seat belts worn? ..... No  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 5

Name of injured person ..... MALAIRASU KARUPPAIYA

Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

#### INJURED 6

Name of injured person .....	SUTRADHAR SAGOR
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

#### INJURED 7

Name of injured person .....	BHUIYAN MD SOHEL
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

#### INJURED 8

Name of injured person .....	HOSSAIN SHABUJ
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

#### INJURED 9

Name of injured person .....	NYI MOE MOE NAING
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

#### INJURED 10

Name of injured person .....	MYO ZAW WIN
Gender .....	Male

Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 11

Name of injured person .....	PORAN SHAH
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 12

Name of injured person .....	RAJENDRAN VINOTH KUMAR
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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' 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.



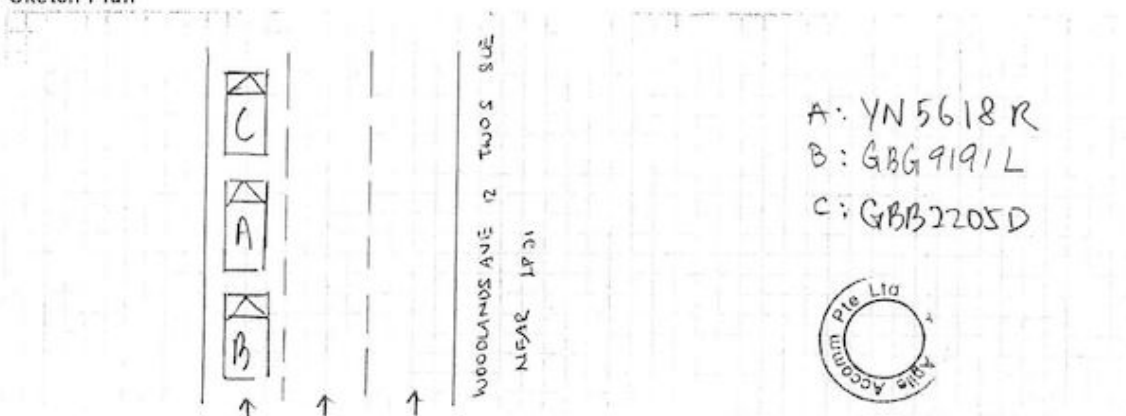
Policyholder's Signature / Date & Time

R. Sengul

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

28/11/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

[illegible]

REFER TO POLICE REPORT ATTACHED. T/20211106/2066.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

R. S. S. S.

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

Witnessed by Reporting Centre Personnel












































**SINGAPORE  
POLICE FORCE**


T/20211106/2066

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No. T/20211106/2066

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/11/2021 16:34		Vide Report No.: L/20211106/0110	Station Diary No.: 66
<b>Informant's Particulars</b>			
Name of Informant: RANGASAMY GOUNDER SAMYNATHAN		Address: 1 Tuas South Street 12 SINGAPORE 636946	
ID Type / ID No.: FIN NO / G2341071R		Contact No.: Home/Office: Mobile: 83814021	
Nationality: INDIAN		Email:	
Sex: Male	Age: 44	Date of Birth: 05/03/1977	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: SHIPYARD WORKER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/11/2021 11:45	Type of Location: X-Junction
Location: WOODLANDS AVENUE 12				
Lamp Post Number: 21				
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: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2205D	Lorry	TOYOTA	DYNA 150 MANUAL 3SEATER	Silver		0
GBG9191L	Lorry	TOYOTA	DYNA 150 5MT	Silver		1
YN5618R	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Slightly Damaged	11



**SINGAPORE  
POLICE FORCE**



T/20211106/2066

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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20211106/2066

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	PALANIYAPPAN MURUGESAN	ID No.	G2166781T
Related Vehicle	YN5618R (Lorry)	Contact No.	90354975
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
Passenger			
Name	HOSSAIN DILDAR	ID No.	G6735575Q
Related Vehicle	YN5618R (Lorry)	Contact No.	89054248
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
Passenger			
Name	MALAIRASU KARUPPAIYA	ID No.	G8836451T
Related Vehicle	YN5618R (Lorry)	Contact No.	83791679
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  
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T/20211106/2066

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No. T/20211106/2066

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	SUTRADHAR SAGOR	ID No.	G6837709K
Related Vehicle	YN5618R (Lorry)	Contact No.	80419440
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>Passenger</b>			
Name	BHUIYAN MD SOHEL	ID No.	G2543355L
Related Vehicle	YN5618R (Lorry)	Contact No.	83014295
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	RANGASAMY GOUNDER SAMYNATHAN	ID No.	G2341071R
Related Vehicle	YN5618R (Lorry)	Contact No.	83814021
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/11/2021	Date Discharge	06/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Passenger</b>			
Name	NYI MOE MOE NAING	ID No.	G6923941U
Related Vehicle	YN5618R (Lorry)	Contact No.	84025159
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  
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T/20211106/2066

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Police Station Of Origin:

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93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20211106/2066

CONTINUATION OF REPORT

<b>Passenger</b>			
Name	MYO ZAW WIN	ID No.	G7936733N
Related Vehicle	YN5618R (Lorry)	Contact No.	84322068
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>Passenger</b>			
Name	PORAN SHAH	ID No.	G7902408U
Related Vehicle	YN5618R (Lorry)	Contact No.	96149740
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>Passenger</b>			
Name	RAJENDRAN VINOTH KUMAR	ID No.	G7617660X
Related Vehicle	YN5618R (Lorry)	Contact No.	94673248
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>Passenger</b>			
Name	DHAR CHANDAN KUMAR	ID No.	G7503895Q
Related Vehicle	YN5618R (Lorry)	Contact No.	81169253
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/11/2021	Date Discharge	06/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20211106/2066

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Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No. T/20211106/2066

**CONTINUATION OF REPORT**

Passenger			
Name	HOSSAIN SABUJ	ID No.	G2342746Q
Related Vehicle	YN5618R (Lorry)	Contact No.	86497441
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 06/11/2021 at about 1145hrs, I was traveling in my vehicle bearing plate number YN5618R together with my partner, Dhar Chandan Kumar, G7503895Q and 10 other passengers along Woodlands Ave 12 towards SLE near LP21FA.

After the junction, I noticed one vehicle bearing plate number GBB2205D slowing down right in front of me. As such, I applied my brakes as well but before my vehicle comes to a complete stop, I felt an impact from the rear portion of my vehicle and I noticed that another vehicle bearing plate number GBG9191L had collided onto my vehicle.

Due to the impact, my vehicle launched forward and collided with the vehicle that was in front of me. I immediately made a check on myself and my partner, and we observed no visible injuries.

We alighted and made a check with the remaining 10 other passengers who informed that they felt pain.

Shortly later, Traffic Police and Ambulance arrived to assist us. Paramedics made a check and conveyed 3 passengers namely, Rajendran Vinoth Kumar, Poran Shah and Myo Zaw Win to the nearest hospital but I do not know where they were conveyed to.

I took some picture of the damages, but I did not take any particulars..

Afterwards, the Traffic Police issued us a case card vide L/20211106/0110 and told us to proceed to the nearest police station to lodge a report.

As we felt soreness around our body, we decided to consult a doctor at Mount Alvernia Hospital and was issued 3 days MC for both me and my partner.

I am lodging this report for insurance claiming purposes.



**SINGAPORE  
POLICE FORCE**



T/20211106/2066

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Report No. T/20211106/2066

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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 CHAN JUN JIE

Signature Of Informant:

*R. Sanyal*

Signature Of Interpreter:

Not applicable

Date/Time:

06/11/2021 16:34

Officer In Charge Of Case:

TP / GIT /

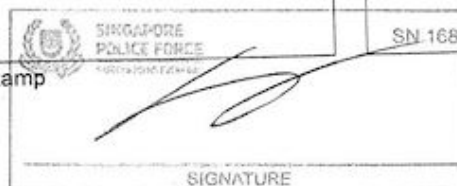
Classification Of Case:

Contact No.:

SN 168

Authentication Stamp

NP168



SIGNATURE

## PASSENGER LIST.

Rajendran Vineth Kumar - G7617660X - 94673248 (14 DAYS HL)  
 Poran Shah - G7902408U - 96149740 (4 DAYS MC).  
 Myo Zaw Win - G7936733N - 84322068 (3 DAYS MC) / } January  
 / Nyi Moe Moe Naing - G6923941U - 84026159 (3 DAYS MC)  
 Hossain <sup>SHABUJ</sup> ~~SABUJ~~ - G2342746Q - 86497441 (3 DAYS MC) /  
 / Bhuiyan MD Scheel - G2543355L - 83014295 (3 DAYS MC) /  
 / Sutan dhar Sagar - G8837709K - 80419440 (3 DAYS MC) /  
 / Mplirasi Karuppaiya - G8836451T - 83791679 (3 DAYS MC) /  
 / Hossain Dilbar - G6735575 Q - 89054248 (3 DAYS MC) /  
 / Palaniyappan Murrugesan - G2166781T - 90354975 (3 DAYS MC) /  
 / BA DHAR CHANDAN KUMAR - G7503845Q (3 DAYS MC) /  
 / (DRIVER) RANGASAMY GOUNDER SAMYNATHAN (3 DAYS).

 08/11/2021