

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 200912293W
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 G2341071R

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
------------	-------------------

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 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 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. 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:

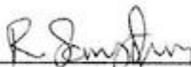
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

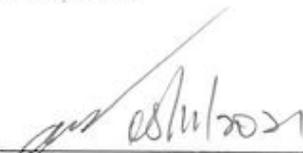
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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


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


 Witnessed by Reporting Centre Personnel

Sketch Plan















REDMI NOTE 9
AI QUAD CAMERA

















**SINGAPORE
POLICE FORCE**



T/20211106/2066

2 of 6

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
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

3 of 6

Report No. T/20211106/2066

CONTINUATION OF REPORT

Passenger			
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
Passenger			
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
Driver			
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
Passenger			
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
POLICE FORCE**



T/20211106/2066

4 of 6

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

Passenger			
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
Passenger			
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
Passenger			
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
Passenger			
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

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

5 of 6

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

6 of 6

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 Interpreter: Not applicable Officer In Charge Of Case: TP / GIT / Contact No.: Authentication Stamp NP168	Signature Of Informant: Date/Time: 06/11/2021 16:34 Classification Of Case: SN.168
   SINGAPORE POLICE FORCE AUTHENTICATION STAMP 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 Nying - G6923941U - 84026159 (3 DAYS MC)

Hossain ^{SHABUJ} ~~SABUJ~~ - G2342746Q - 86497441 (3 DAYS MC) /

/ Bhuiyan MD Scheel - G2543355L - 83014295 (3 DAYS MC) /

/ Sutra dhar Sagar - G8837709K - 80419440 (3 DAYS) MC) /

/ Mplirasi Karuppaiya - G8836451T - 83791679 (3 DAYS MC) /

/ Hossain Dildar - 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).

[Signature]
08/11/2021