

ATTENTION! Assessments with Complete Services, with Video, NO PAPERWORK

Date In: <u>12/12/2021</u>	Job Description:	Date & Time Completed:	Done by:
Ref No: <u>138/CT2201255614</u>	SAS e-tiling:		
Job No: <u>Yp6621m</u>	Transfer (by phone, by email)		
DOA: <u>01/12/2021</u>	Motor Claim Expiry:		
	Motor W/O (Within 30 days of loss)		
	Photo Uploaded:		
	Assessment Survey Report:		
	Final Report by Fax / Email to Owner/Driver		

TP Insured

Preferred Wksp / NO Ass'n Wksp / QW1

TP Insured/Driver

Owner/Driver

Period

Cover Type

Completed by

Insured/Driver Liability

Year of Registration

Excess (\$)

Loadings

Warranty YES / NO

Will-in Customer & Customer Information Policy & Policy NO for o/replication

Total Loss Case

Driver-In

Apply for Transport Allowance

QC Check/Rep Inspection

Upload Recovery Photo (Repair Costs > \$3000)

Injury

12/12/2021

Driver/Owner

Continous No

Continous Portion

QC Checked by (Driver/Owner/Owner)

1) All accident work	3000	100%
2) All repair work	3000	100%
3) All towing		100%
4) All recovery		100%
5) All transport		100%
6) All recovery		100%
7) All recovery		100%
8) All recovery		100%
9) All recovery		100%
10) All recovery		100%
11) All recovery		100%
12) All recovery		100%
13) All recovery		100%
14) All recovery		100%
15) All recovery		100%
16) All recovery		100%
17) All recovery		100%
18) All recovery		100%
19) All recovery		100%
20) All recovery		100%

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	13/12/2021 12:14 (SGT)
Date of Accident	04/12/2021 19:35 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	TOWARDS PIE BEFORE BRICKLAND ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6621M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHANG FENG CONSTRUCTION PTE LTD
Company Reg No	2XXXXX678M
Email Address	xdetox32@gmail.com
Mobile Phone No	(Phone) +65-84325787
Alternative Phone No	(Office) +65-62512913

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	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00056212100
Cover Note Number	-

DRIVER

Name of Driver	ISLAM MANIRUL
Passport No/FIN	GXXXX319L

Date Of Birth	20/12/1992
Occupation	Outdoor
Date Of Driving Pass	02/03/2018
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84325787
Alt. Phone Number	-
Email Address	xdetox32@gmail.com
Address	502 OLD CHOACHU KANG ROAD #04-28
Address complement	-
Postcode	698924
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	15
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TALUKDAN IMRAN
Gender	Male

PASSENGER 2

Name	HOSSEN MD SOLYAMAN
Gender	Male

PASSENGER 3

Name	KHOKAN MD SOHAG HOSSEN
Gender	Male

PASSENGER 4

Name	HE YINGHAI
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
Gender	Male

PASSENGER 7

Name	WORKER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211204/2127

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	YM704M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	VELLAISAMY RENGANATHAN
Passport No/FIN	FXXXX720L
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	TALUKDAN IMRAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP6621M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	HOSSEN MD SOLYAMAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP6621M

Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes
INJURED 3	
Name of injured person	KHOKAN MD SOHAG HOSSEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP6621M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes
INJURED 4	
Name of injured person	HE YINGHAI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP6621M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

SKETCH PLAN

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.

X



X

Munir

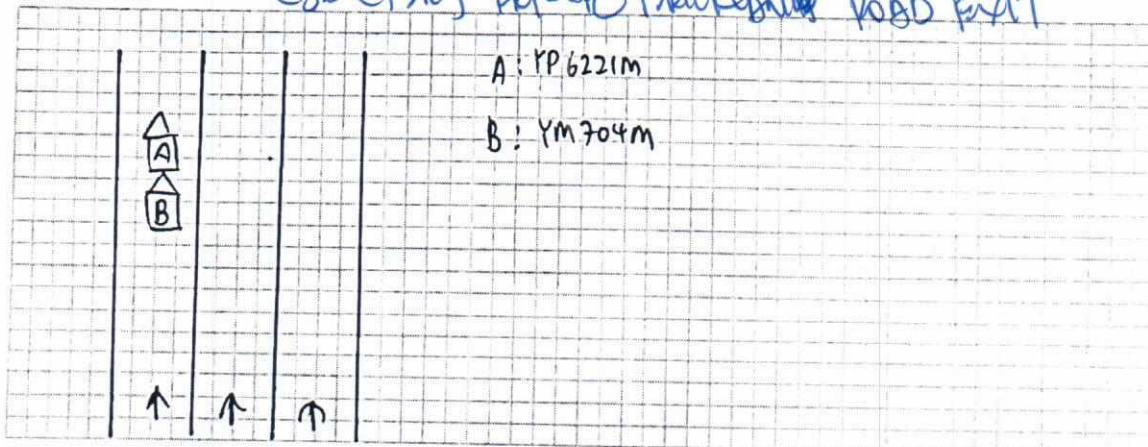
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

USE (PHE) BEFORE BACKUP ROAD FRONT



Describe Circumstances of the Accident

Refer to attached police report. 7/2021/204/2127

Declaration

We declare the foregoing particulars are true in every respect.

X



Policyholder's Signature / Date & Time

X

Mumil

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

Witnessed by Reporting Centre Personnel

13/12/2021

TUNJUNG POLICE REPORT

DATA CRASH KAT SYMAN

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 4/12/2021 (dd/mm/yy) Time of Accident: 19:35 (24-HR-FORMAT)

Vehicle No.: YP6621M Vehicle Make & Model / Engine (cc): _____ Private Hire: (Y/N)

Exact location of Accident: KJE (PIE) before Brickland Road Exit.

Policyholder's Name / IC No.: Chang Feng Construction Private Limited ROC/UEN (Company) 201412678M

Driver's Name / IC No.: Islam Maricul (G2307319L) (As Above) ☐

Driver's Contact No.: 84325787 Company Contact No / Owner Contact No: 62512913

Driver's Address: 502 Old Choa Chu Kang Road, #04-28

Owner Email address: xdetox52@gmail.com Insurance Company: China Taiping

Driver Email address: As above

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver): 14

*Passenger Name: Talukdar Emran (66460176L), He Yinghai (072372263) Gender: Male / Female x ()
*Passenger Name: Khokan MD Sohag Hossen (G8906458P), Hossen MD Solyaman (66463159U) Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: As above

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: T/2021204/2127

The Other Party(s) Details:

1. Driver's Name / IC No.: Vellaisamy Renganathan (F8255720L) Vehicle No: YM704M

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: Alpha Car Services Pte Ltd Contact No: 6509 8258 / 8338 8376



**SINGAPORE
POLICE FORCE**



T/20211204/2127

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 4

Report No. T/20211204/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2021 22:57	Vide Report No.: J/20211204/0155	Station Diary No.: 130
--	-------------------------------------	---------------------------

Informant's Particulars

Name of Informant: ISLAM MONIRUL			Address: APT BLK 502 OLD CHOA CHU KANG ROAD #04-28 SINGAPORE 698924		
ID Type / ID No.: FIN NO / G2307319L			Contact No.: Home/Office: Mobile: 84325787		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 28	Date of Birth: 20/12/1992	Type of Informant: Driver		
Race: Bangladeshi			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/12/2021 19:35	Type of Location: EXPRESSWAY
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
YM704M	Lorry				Slightly Damaged	4
YP6621M	Lorry				Slightly Damaged	14

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211204/2127

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 4

Report No. T/20211204/2127

CONTINUATION OF REPORT

Driver			
Name	VELLAISAMY RENGANATHAN	ID No.	F8255720L
Related Vehicle	YM704M (Lorry)	Contact No.	NIL
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	SOHAG HOSSEN	ID No.	064806742
Related Vehicle	YP6621M (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/12/2021	Date Discharge	04/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ISLAM MONIRUL	ID No.	G2307319L
Related Vehicle	YP6621M (Lorry)	Contact No.	84325787
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
Passenger			
Name	HE YINGHAI	ID No.	072372263
Related Vehicle	YP6621M (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/12/2021	Date Discharge	04/12/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20211204/2127

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 4

Report No. T/20211204/2127

CONTINUATION OF REPORT

Passenger			
Name	TALUKDAN IMRAN	ID No.	063557285
Related Vehicle	YP6621M (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/12/2021	Date Discharge	04/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	SOLYAMAN	ID No.	06355815
Related Vehicle	YP6621M (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/12/2021	Date Discharge	04/12/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 04/12/2021 at around 1935hrs, I was driving lorry bearing YP6621M along KJE. As I was exiting the expressway, there was a car slowing down and hence I slowed down as well. The Lorry that was behind me, YM704M was unable to slow down in time and hence collided into my lorry. Both lorry move to a safer location and stop the vehicle.

I then called for the Police and Ambulance as workers was complaining of pain. The rear of my lorry was dented and the lorry YM704M also have slight dent on the front part of its lorry.

Ambulance conveyed Four workers to Ng Teng Fong General Hospital. No other workers were injured.

TP IO: IO ISA , 65476214



**SINGAPORE
POLICE FORCE**



T/20211204/2127

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

4 of 4

Report No. T/20211204/2127

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 NUR FADILLAH BINTE
ABDULLAH



SINGAPORE
POLICE FORCE
SAFEGUARDING EVERY LAY

Signature Of Interpreter:

Not applicable

SIGNATURE

Signature Of Informant:

Date/Time:

04/12/2021 22:57

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE

Contact No.: 65476214

Classification Of Case:



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

N SN

AN0707B

Cov. Type:C

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)

CERTIFICATE No.

DMCVSNW00056212100

Engine No.: 4P10C47876

Cha. No.: FEB21EA21387

1. Index Mark and Registration
Number of Vehicle

YP6621M

AUTOSAFE

2. Name of Policy Holder

CHANG FENG CONSTRUCTION PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

22/06/2021
(00:00:00)

Excess Sect I. S\$500.00
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

21/06/2022

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder'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.

6. Limitations as to use:

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

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: KHC HOLDINGS PTE LTD
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

Scanned with CamScanner