

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 24/02/2022 15:34 (SGT)
Date of Accident 23/02/2022 18:45 (SGT)
Exact Location of Accident Loyang Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP9951R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KM CONSTRUCTION CO. (S) PTE. LTD.
Company Reg No 1XXXXX291C
Email Address zihui.cheng@kmconstruction-cs.com
Mobile Phone No (Phone) +65-81398818
Alternative Phone No +65-81398818

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU710R
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 4009

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 21-MS011584-R02
Cover Note Number -

DRIVER

Name of Driver CHINNAIAH MURUGESAN
Passport No/FIN GXXXX870Q

Date Of Birth	13/06/1991
Occupation	Outdoor
Date Of Driving Pass	26/02/2015
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-81389687
Alt. Phone Number	-
Email Address	nazim@kmconstruction-cs.com
Address	54 KAKI BUKIT INDUSTRIAL TERRACE
Address complement	#03-01
Postcode	416134
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 on 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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO THE POLICE REPORT : T/20220224/2040

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	SKP3883J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LIM WEI JUN MALCOM
NRIC No	SXXXX643H
Contact Number	(Phone) +65-90919891
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	CHINNAIAH MURUGESAN
Gender	Male
Phone No	(Phone) +65-81389687
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	YP9951R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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

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

24/02/2022

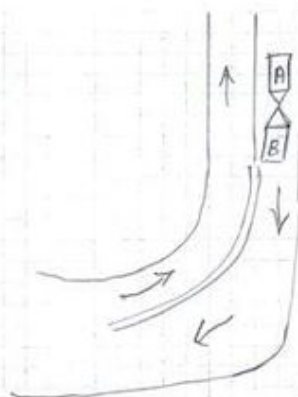
Witnessed by Reporting Centre Personnel

Sketch Plan

A = YP 9951R

B = SKP 3883J

Layang Drive



Describe Circumstances of the Accident

— Pls refer to the police report: T/20220224/2040. —

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



































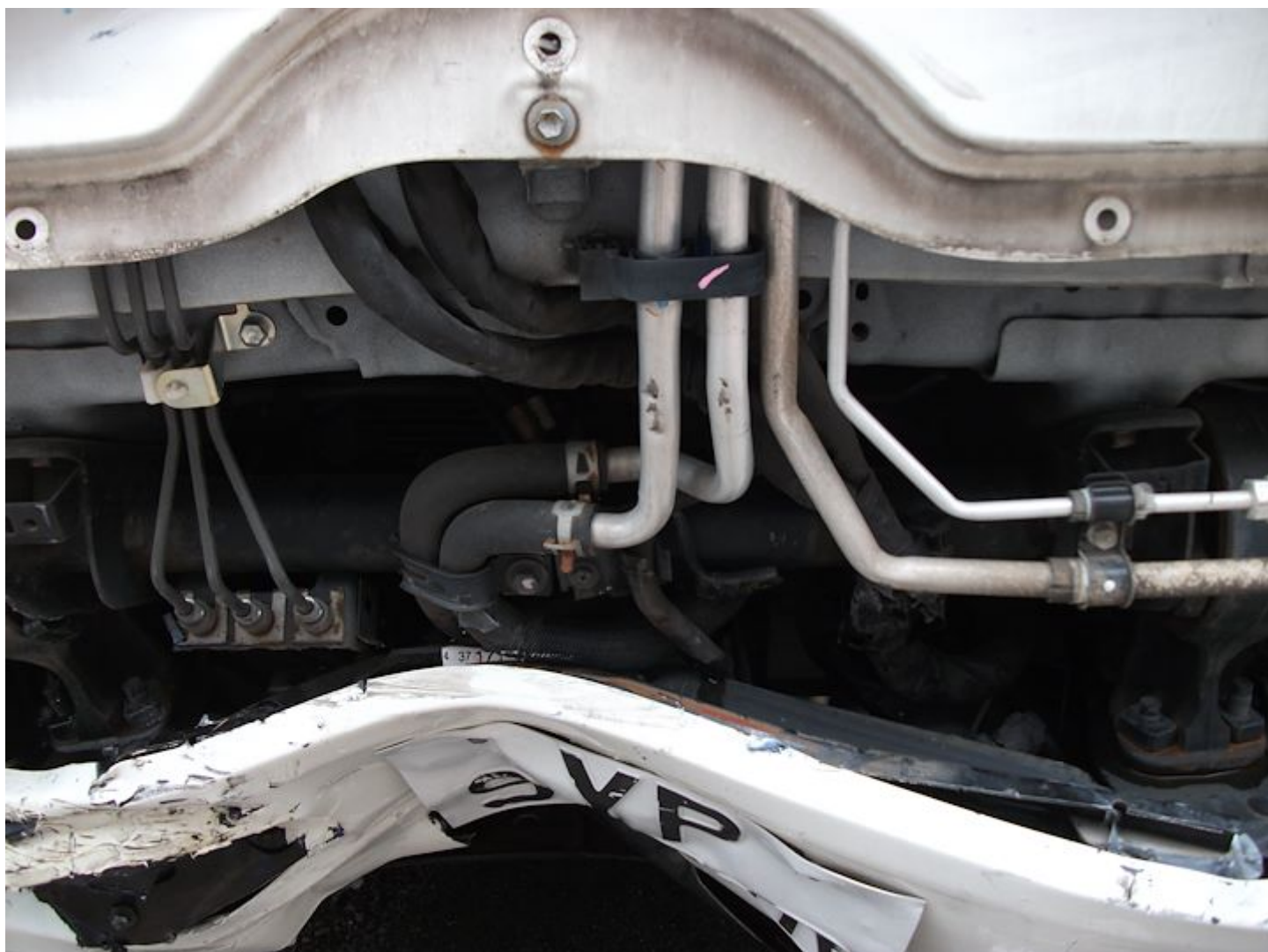


















































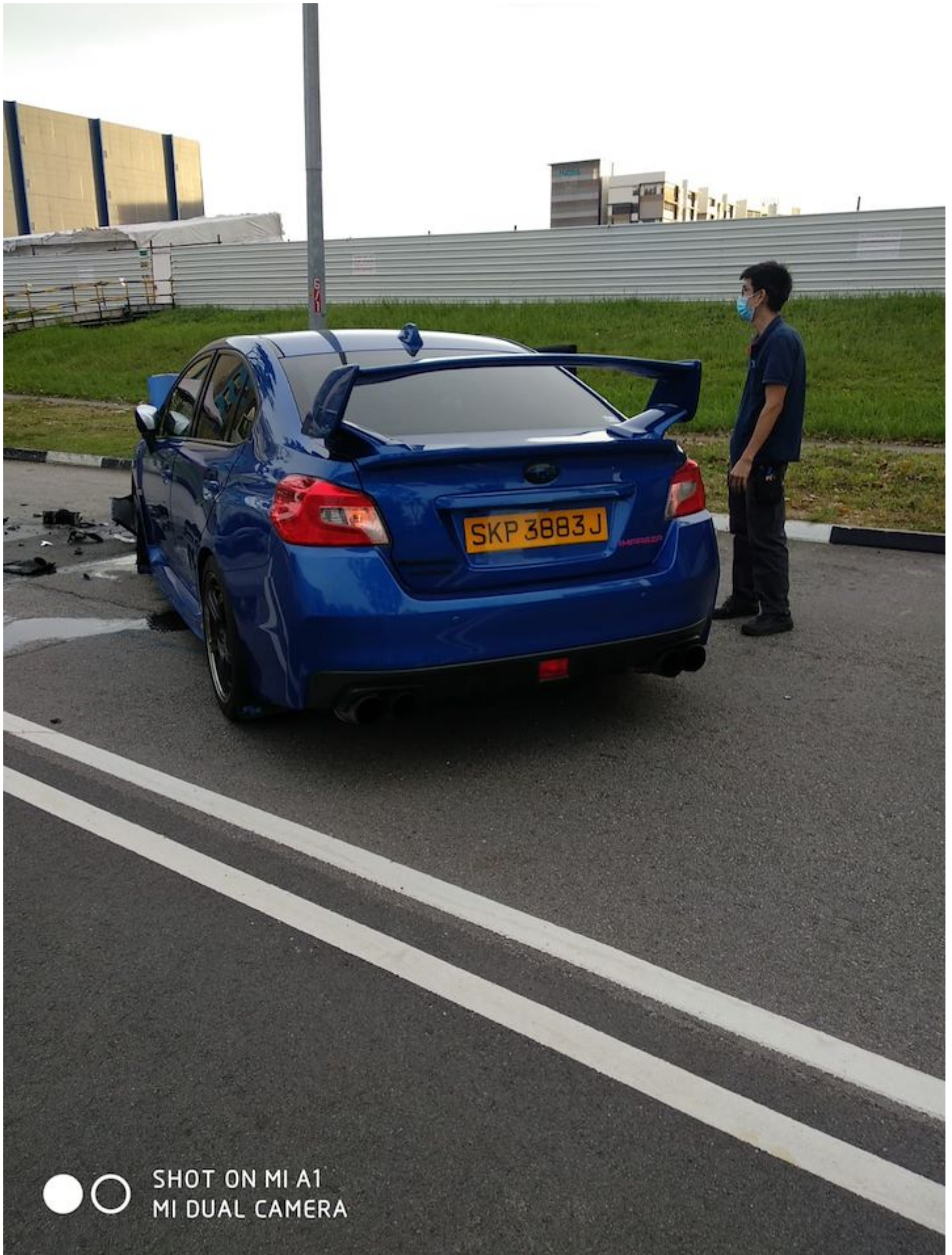












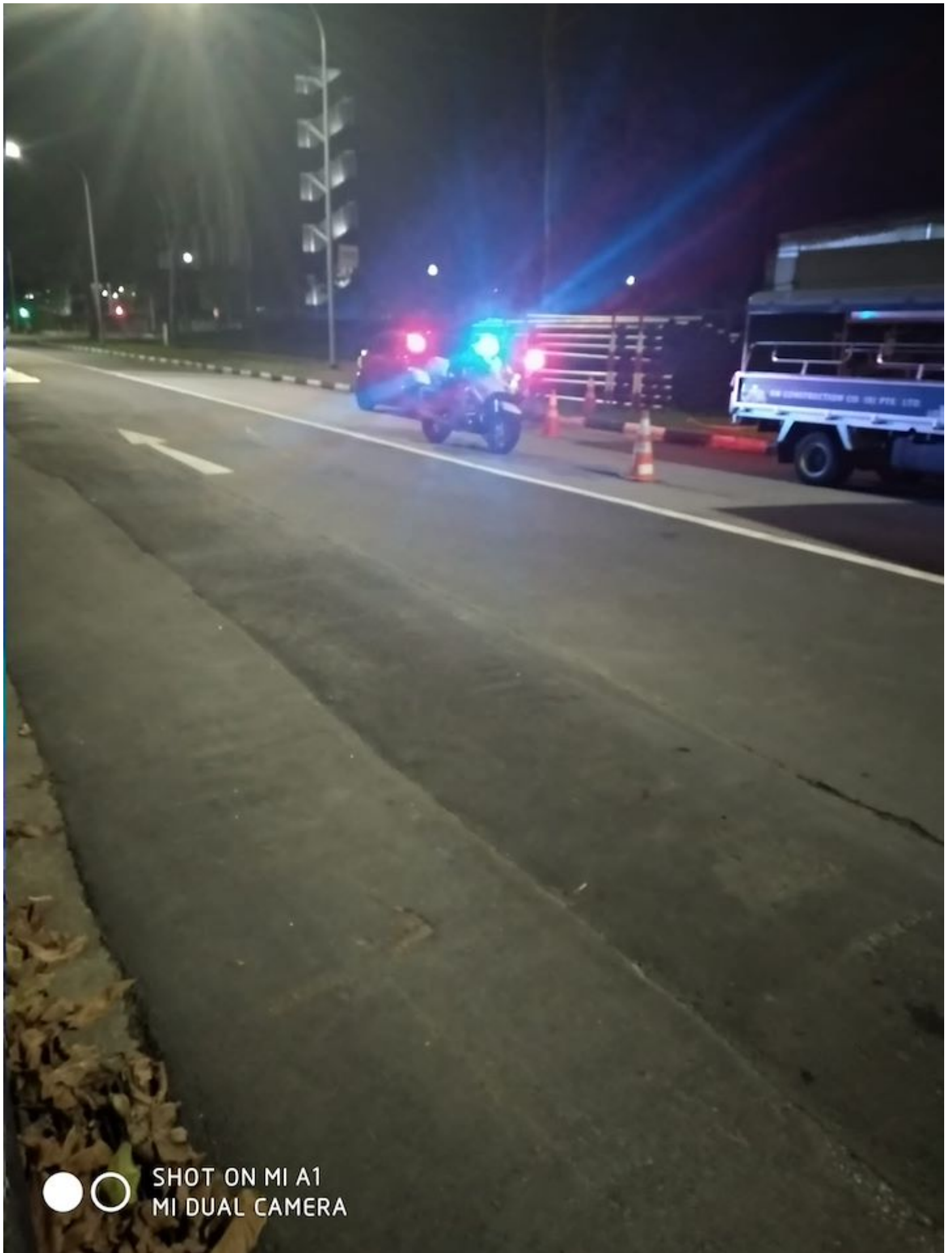
SHOT ON MI A1
MI DUAL CAMERA

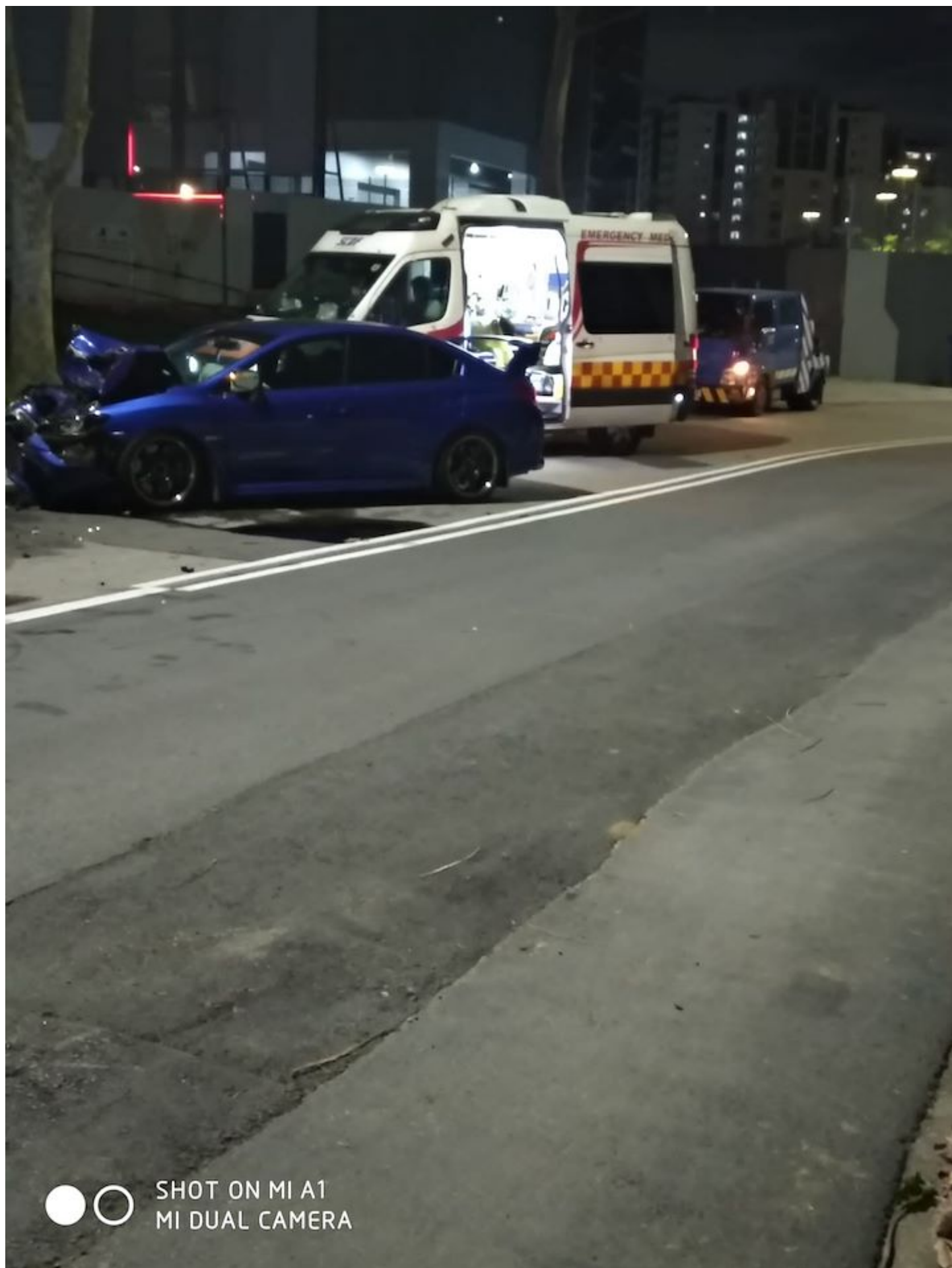




SHOT ON MI A1
MI DUAL CAMERA











**SINGAPORE
POLICE FORCE**



T/20220224/2040

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 3

Report No. T/20220224/2040

CONTINUATION OF REPORT

Driver			
Name	CHINNAIAH MURUGESAN	ID No.	G6945870Q
Related Vehicle	YP9951R (Lorry)	Contact No.	81398818
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 24/02/2025
Date Treatment	23/02/2022	Date Discharge	23/02/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above-mentioned date, time and location, I was involved in a head on collision with another vehicle.

I was driving my company lorry (V1) along Loyang Drive towards the end on a two lane, two way road. Whilst travelling there was a slight right bend ahead, when I suddenly saw a blue sedan car (V2) coming towards me travelling on my lane but in the opposite direction. Before I could react V2 had already hit me head on.

The driver of V2 exited the vehicle and informed that he had lost control of his vehicle. Traffic police came to scene, I was feeling unwell and was conveyed by an Ambulance.

Both vehicles sustained serious damages to the front portions.



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T/20220224/2040

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Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3

Report No. T/20220224/2040

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:
G / SGT 3 FUN YIK CHUEN,
ELDON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/02/2022 13:23

Officer In Charge Of Case:
TP / GIT /
STAFF SGT SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922200005 Vehicle Registration No: YP9951R
 Name (as shown in NRIC): Chinnaiah Murugesan NRIC/FIN/Passport No: G6945870Q
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 54 Kaki Bukit Industrial Terrace #03-01 Singapore (416134)
 Contact (Tel): _____ Mobile No.: 8138 9687 / 8139 8818
 Email Address: nazim@kmconstruction-cs.com
 Date of Accident: 23/02/2022 Time of Accident: 18:45
 Place of Accident: Loyang Drive
 Insurance Company: Tokio Marine

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1. To upload on-site CCTV camera video.

* Company chop & driver signature!



Policyholder / Driver's Signature
Date:

Renee

Reporting Centre Personnel's Signature
 Name: Renee
 NRIC/FIN No.: _____
 Date: 8/3/2022