

KURUP & BOO

UEN 53130914B

ADVOCATE & SOLICITOR
COMMISSIONER FOR OATHS
NOTARY PUBLIC

111 North Bridge Road
#15-03 Peninsula Plaza
Singapore 179098
Tel. No. 6223 3343
Fax No. 6225 7248

Writer's email :
boo@kurupnboo.com.sg

Our Ref : BMC.3753.22.wh

24 February 2022

U R G E N T

MS First Capital Insurance Limited
36 Robinson Road
#16-01 City House
Singapore 068877

Via email:
cwsmotorclaims@msfirstcapital.com.sg

Dear Sirs

**ACCIDENT INVOLVING VEHICLE NOS. XD 2383B AND SMB 5063X BKE/SLE
ON 21 FEBRUARY 2022**

We act for Gim Civil Engineering Pte Ltd, the owner of the vehicle no. XD 2383D which was involved in the above accident.

We attach a copy of our client's Singapore Accident Statement for your immediate attention.

Kindly note that our client's lorry is a heavy vehicle. Due to lack of parking space, our client is unable to leave it in any workshop for the pre repair survey.

We hereby give you **two days'** notice for your representative to inspect our client's damaged vehicle. Kindly contact Mr Ah Long at his handphone **9691 0909** for further details in respect of the survey.

Yours faithfully



BOO MOH CHEH

enc

cc client

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	22/02/2022 19:31 (SGT)
Date of Accident	21/02/2022 23:52 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE/SLE 4.8KM LANE 3 LP 239
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD2383B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GIM TIAN CIVIL ENGINEERING PTE LTD
Company Reg No	198800866E
Email Address	LOGISTICS@GIMTIAN.COM.SG
Mobile Phone No	(Phone) +65-96910909
Alternative Phone No	+65-96910909

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cwb45clphnb
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	VCC/P1633297
Cover Note Number	-

DRIVER

Name of Driver	PECHIMUTHIAH MURUGAN
Passport No/FIN	G8177371N

Date Of Birth	05/05/1981
Occupation	Indoor
Date Of Driving Pass	09/09/2019
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83441040
Alt. Phone Number	-
Email Address	LOGISTICS@GIMTIAN.COM.SG
Address	C/O 24 LOYANG CRESCENT LOYANG INDS EST
Address complement	-
Postcode	508987
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WORKER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO SKETCH PLAN

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	YP5047C
Vehicle Manufacturer	-

Vehicle Model	-
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	SMB5063X
Vehicle Manufacturer	-
Vehicle Model	-
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMB5063X
Were seat belts worn?	-
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.
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 willful 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Ry

22/2/2022

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



Witnessed by Reporting Centre Personnel

Sketch Plan

Please refer to sketch.

Describe Circumstances of the Accident

Please refer to police report.

To claim @ other workshop.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

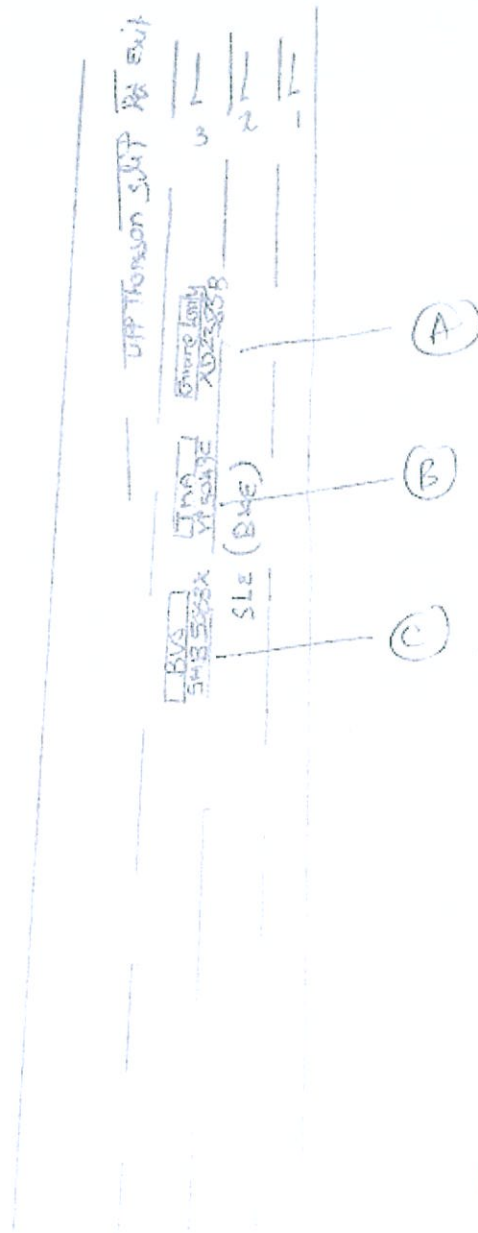
[Signature]

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

02/02/2022



Witnessed by Reporting Centre Personnel



By 22/02/2022



**SINGAPORE
POLICE FORCE**



T/20220222/2059

1 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20220222/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2022 15:05	Vide Report No.: L/20220222/0002	Station Diary No.: 59
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Informant's Particulars

Name of Informant: PECHIMUTHIAH MURUGAN			Address: 24 LOYANG CRESCENT #08-01 LOYANG INDUSTRIAL ESTATE SINGAPORE 508987	
ID Type / ID No.: FIN NO / G8177371N			Contact No.: Home/Office: Mobile: 83441040	
Nationality: INDIAN			Email:	
Sex: Male	Age: 40	Date of Birth: 05/05/1981	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Supervisor			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/02/2022 23:50	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SMB5063X	Bus/Coach/Mi nibus	ALEXANDER DENNIS	ALEXANDE R DENNIS	Silver	Slightly Damaged	0
XD2383B	Lorry	NISSAN	CWB45CLP HNB	White	Slightly Damaged	1
YP5047C	Lorry	ISUZU	FVR34SUQ DC	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220222/2059

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20220222/2059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PECHIMUTHIAH MURUGAN	ID No.	G8177371N
Related Vehicle	XD2383B (Lorry)	Contact No.	83441040
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	PERIYAKARUPPAN SURESH	ID No.	G8431218K
Related Vehicle	YP5047C (Lorry)	Contact No.	81449585
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	Slight

Brief Details.

On 21/02/2022 at around 1140pm, I parked my company lorry along SLE/ Upper Thomson Rd (Upper Thompson flyover), 4.8km to BKE- LHS Lamp Post 239 (near exit 5), lane 3 as we were setting up for road works. Along SLE is a 4 lane road. The extreme left lane was a slip road and the rest are straight road. There was another company lorry (2nd lorry) parked behind me as well. In the midst of setting up, an off service bus drove at quite a fast speed towards us, along lane 3. Hence, the bus collided into the lorry behind me and the said lorry collided into mine as it inches forward due to the impact. During that point in time, there was another worker standing inside the rear of my lorry as he was assisting to unload the equipment. There was another colleague inside the 2nd lorry, driver seat as well when the accident happened. When he alighted from his lorry, he sustained a small cut on his foot due to the broken glass pieces on the road. The worker that was inside my lorry felt pain in his chest due to the impact.

Both Ambulance and Police was also at scene. Ambulance then make a check on all parties and the bus driver was conveyed to a Hospital conscious.

Apart from the worker who was inside my lorry, my colleague who was inside the 2nd lorry and the bus driver, no one else was injured. No government property damaged.

Due to the impact, my lorry had dents at the rear left.

I also wish to inform that my Hazard light was on when the accident happened.



SINGAPORE
POLICE FORCE



T/20220222/2059

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Report No. T/20220222/2059

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20220222/2059

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20220222/2059

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 2 JOEL NATHANIEL ZAI
JUNJIE

Signature Of Informant

Signature Of Interpreter:
Not applicable

(Signature)
Date/Time:
22/02/2022 15:05

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Classification Of Case

NP168