

# 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

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Our Ref : BMC.3754.22.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. YP 5047C AND SMB 5063X BKE/SLE  
ON 21 FEBRUARY 2022**

We act for Gim Logistics Pte Ltd, the owner of the vehicle no. YP 5047C 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 19:36 (SGT)
Date of Accident	21/02/2022 23:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TWDS BKE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5047C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GIM TIAN LOGISTICS PTE LTD
Company Reg No	199400038D
Email Address	LOGISTICS@GIMTIAN.COM.SG
Mobile Phone No	(Phone) +65-96910909
Alternative Phone No	+65-96910909

### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Fvr34suqdc
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	Comprehensive
Fleet Policy	No
Policy Number	GA141867
Cover Note Number	-

### DRIVER

Name of Driver	PERIYAKARUPPAN SURESH
Passport No/FIN	G8431218K

Date Of Birth	10/11/1986
Occupation	Indoor
Date Of Driving Pass	10/01/2015
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81449585
Alt. Phone Number	-
Email Address	LOGISTICS@GIMTIAN.COM.SG
Address	C/O 24 LOYANG CRESCENT IND 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)	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	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	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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD2383B
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 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' 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

Sketch Plan

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

P. Suresh  
22/2/22 @ 5pm



Witnessed by Reporting Centre Personnel

Please refer to sketch.

Describe Circumstances of the Accident

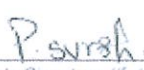
Please refer to police report

TP down at other workshop

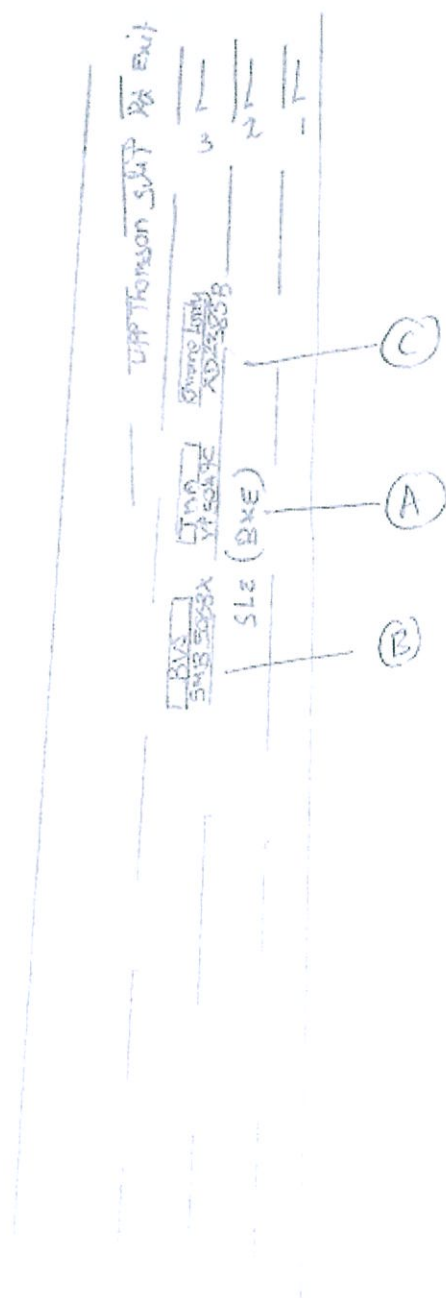
Declaration

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



P. Smith



**SINGAPORE  
POLICE FORCE**



T/20220222/2052

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Report No. T/20220222/2052

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/02/2022 15:29	Vide Report No.: L/20220222/0002	Station Diary No.: 60
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**Informant's Particulars**

Name of Informant: PERIYAKARUPPAN SURESH			Address: APT BLK 281 YISHUN STREET 22 #03-358 SINGAPORE 760281		
ID Type / ID No.: FIN NO / G8431218K			Contact No.: Home/Office: Mobile: 81449585		
Nationality: INDIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 10/11/1986	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/02/2022 23:50	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Lamp Post Number: 239				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMB5063X	Double deck bus	ALEXANDER DENNIS		Silver	Seriously Damaged	0
XD2383B	Lorry	NISSAN		White	Slightly Damaged	0
YP5047C	Lorry	ISUZU		White	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220222/2062

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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/20220222/2062

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SMB5063X (Double deck bus)	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
<b>Driver</b>			
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
<b>Driver</b>			
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	NIL

**Brief Details.**

On the 21/2/2022 at about 11:40pm, I am driving YP5047C while my colleague was driving XD2383B. We are main contractors for Land Transport Authority and we were tasked to do road works along SLE/Upper Thomson Road (Upper Thomson flyover), (4.8km to BKE - LHS lamp post 239( near exit 5) on lane 3 of of 4 lanes. In total there were 6 workers needed for the road works including the me and my other driver.

When I arrived at the location, I parked my lorry 30 metres behind XD2383B as it is to signal lane closure and the hazard light was on. I stayed in the vehicle while other workers prepare for lane closure.

**SINGAPORE  
POLICE FORCE**

T/20220222/2062

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/20220222/2062

## CONTINUATION OF REPORT

While I was in the driver seat of the of my lorry. Suddenly, I felt impact from the rear and my lorry was pushed forward hitting against XD2383B. I came down from my lorry and I saw a double decker bus SMB5063X had collided into the rear of my lorry. I then called the transport manager and he then called for the ambulance.

Both Police and ambulance came. the ambulance made a check on all parties and only the bus driver was conveyed to the hospital. When I was coming down from the lorry after impact, I stepped on some shattered glass on the road. I had slight cut on my left toe from the broken glass but I was not sent to hospital.

My company lorry had large dents on the front and rear. The windscreen was also broken. My lorry was unable to be driven and was towed.



SINGAPORE  
POLICE FORCE

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



T/20220222/2062

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Report No. T/20220222/2062

## 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 65474985 stating the report number as reference.

Signature of Officer Recording The Report:  
G / STAFF SGT MUHAMMAD  
AMINULLAH BIN MOHD YUSOF

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/02/2022 15:29

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

Classification Of Case:

NP168