

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 30/03/2022 12:42 (SGT)
Date of Accident 25/03/2022 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIONEER ROAD NORTH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP3811B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MEGASTONE HOLDINGS PTE LTD
Company Reg No NA
Email Address THEENESH95@GMAIL.COM
Mobile Phone No (Phone) +65-86552767
Alternative Phone No +65-86552767

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU710R-HKFMS3
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 MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number B300462388MKC
Cover Note Number -

DRIVER

Name of Driver RAMAMURTHY SENTHIL KUMAR
Passport No/FIN GXXXX374N

| | |
|--|---------------------------|
| Date Of Birth | 15/05/1974 |
| Occupation | Outdoor |
| Date Of Driving Pass | 23/12/2020 |
| Driving experience | 1 YEAR AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-86552767 |
| Alt. Phone Number | - |
| Email Address | THEENESH95@GMAIL.COM |
| Address | 52A SUNGEI KADUT STREET 1 |
| Address complement | #08-02 |
| Postcode | 729356 |
| 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 | 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 | Clementi Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18008729999 |
| Alt. Police Station Phone No | (Fax) +65-68728039 |
| Police Station Address | No. Singapore 129858 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO. T/20220325/2085.

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 | XD5929H |
| 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 | SKZ3319U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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 | RAMAMURTHY |
| Gender | Male |
| Phone No | (Phone) +65-86552767 |
| Address | 52A SUNGEI KADUT STREET 1 |
| Address Complement | #08-02 |
| Post Code | 729356 |
| Approximate Age Years Old | 47 |
| Injuries Sustained | - |
| Injured person in which vehicle? | - |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

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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

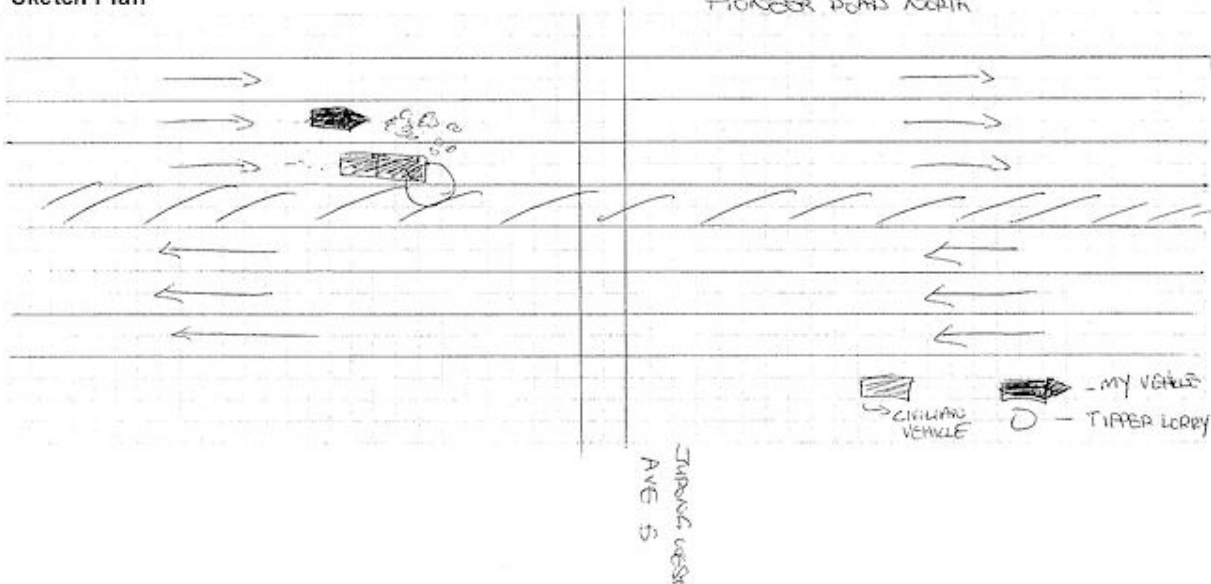
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I, SENTHILKUMAR DRIVER OF VEHICLE YP 8811 B WAS DRIVING ALONG PIONEER AVE ROAD NORTH HEADING TOWARDS TIAS. MY VEHICLE WAS ~~REGISTERED~~ ~~ON~~ TRAVELLING ON THE SECOND LANE OF SAID ROAD WHEN I SAW A TIPPER Lorry FROM THE OPPOSITE LANE APPROACHING THE ~~DRIVER~~ ROAD DIVIDER. USING MY INSTINCT I TRIED TO SWERVE LEFT TO AVOID THE COLLISION. MY VEHICLE DID NOT COME INTO CONTACT WITH THE TIPPER Lorry BUT HOWEVER THE COLLISION OF THE TIPPER Lorry CAUSED ITS CONTENTS OF SCRAP METALS & ITEMS TO BE STREWN ALL OVER THE ROAD. MY VEHICLE SUFFERED DAMAGE ~~TO THE~~ AS I WAS UNABLE TO AVOID THE ~~SCRAP METALS~~ THE CONTENTS OF THE TIPPER Lorry. THE DRIVER OF THE TIPPER TRUCK WAS SERIOUSLY INJURED AND WAS CONVEYED TO THE HOSPITAL VIA AMBULANCE THUS I DID NOT GET HIS PERSONAL DETAILS. THE LICENSE PLATE OF THE TIPPER Lorry IS XD 5929H. I MYSELF DID NOT SUFFER ANY INJURIES FROM THE ACCIDENT ITSELF.

* Refer Police Report No: 7/20220325/2085.

* Vehicle will be repaired at Woon Meng Motor

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Scp. 23/08/2023

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

lu

Witnessed by Reporting Centre Personnel







**SINGAPORE
POLICE FORCE**



T/20220325/2085

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20220325/2085

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 25/03/2022 18:01 | | Vide Report No.: J/20220325/0041 | | Station Diary No.: 75 | |
| Informant's Particulars | | | | | |
| Name of Informant: RAMAMURTHY SETHIL KUMAR | | | Address: 52A SUNGEI KADUT STREET 1 #08-02 SINGAPORE 729356 | | |
| ID Type / ID No.: FIN NO / G2419374N | | | Contact No.: Home/Office: Mobile: 86552767 | | |
| Nationality: INDIAN | | | Email: pk360pk@gmail.com | | |
| Sex: Male | Age: 47 | Date of Birth: 15/05/1974 | Type of Informant: Driver | | |
| Race: Indian | | | Language: | | Institution / School Name: |
| Occupation: Other heavy truck and lorry drivers | | | 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: 25/03/2022 08:30 | Type of Location: T-Junction |
| Location: PIONEER ROAD NORTH | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head On | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|-------|----------------------|--------|-----------|-----------------|
| SKZ3319U | Car | HONDA | VEZEL 1.5X CVT | Blue | | 0 |
| XD5929H | Lorry | ISUZU | CYZ52L | Gold | | 0 |
| YP3811B | Lorry | HINO | HINO XZU710R-HK FMS3 | Yellow | | 0 |



**SINGAPORE
POLICE FORCE**



T/20220325/2085

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20220325/2085

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--------------------------|--------------------------------|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | RAMAMURTHY SENTHIL KUMAR | | ID No. G2419374N |
| Related Vehicle | YP3811B (Lorry) | | Contact No. 86552767 |
| 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 |

Brief Details.

On 25/03/2022 at about 0830hrs, I was driving my company's yellow Hino lorry with the registration plate number, YP3811P on the 2nd lane at along Pioneer Road North towards Pan Island Expressway (PIE). I was approaching the T-Junction of Jurong West Avenue 5 when suddenly a gold lorry with the registration plate number, XD5929H coming from opposite side mount up the centre and crashed against a few metal divider before the lorry overturned.

At the point of time when the said lorry was about to overturn, I was able to sway from the centre of the 2nd lane and move slightly in between 1st lane and the 2nd lane. There was another car, SKZ3319H (Blue Honda Vezel) who managed to stop our vehicle between my lorry and the lorry that overturned. Someone called both Police and Ambulance on the accident as there is someone who is injured from the accident.

When the Ambulance arrived at the said accident location, the paramedic checked on the injured person, who is the driver of XD5929H and conveyed him to the nearest hospital for further medical treatment for his injuries that he had sustained.

The Traffic Police came to accident location scene and seized my micro-SD from in-car camera and issued a NP323 for the seizure. The Traffic Police officer then told me to lodge an NP168 Traffic Accident Report on what had happened earlier. I was also given an incident, J/20220325/0041 as reference for me to lodge a police report under IO Syarifuddin and he can be contacted at 65476367.



**SINGAPORE
POLICE FORCE**



T/20220325/2085

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20220325/2085

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:
D / SGT 3 JASMI BIN JUMA'AT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/03/2022 18:01

Officer In Charge Of Case:
TP / GIT /
STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Classification Of Case:

NP168