

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 27/04/2022 16:11 (SGT)
Date of Accident 21/04/2022 10:45 (SGT)
Exact Location of Accident Near Opp Logishub @ Clementi, Singapore
Additional Location Information JUNC OF CLEMENTI AVE 6 / CLEMENTI LOOP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN2741L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FRANKLIN OFFSHORE INTERNATIONAL PTE LTD
Company Reg No 198402596W
Email Address ronald.yip@franklin.com.sg
Mobile Phone No (Phone) +65-62643451
Alternative Phone No +65-62643451

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NPR85UH5AK
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 3000

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-21097800MFCV/3
Cover Note Number -

DRIVER

Name of Driver KANNAN S/O BALAKRISHNAN
NRIC No S1684754B

Date Of Birth	31/10/1995
Occupation	Indoor
Date Of Driving Pass	26/01/2006
Driving experience	16 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97370248
Alt. Phone Number	-
Email Address	ronald.yip@franklin.com.sg
Address	BLK 174 WOODLANDS ST 13 #06-349
Address complement	-
Postcode	730174
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	Raining
Road Surface	Wet

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?	Yes

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 ATTACHED

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	SHC5678B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	-
NRIC No	-1
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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	RAILING
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAXI DRIVER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC5678B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	TAXI PASSENGER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC5678B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes


1/30/2020


Protected By Symantec

SKETCH PLAN**IMPORTANT NOTICE**

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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 lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

 23/4/22 0950
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 Ccray
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

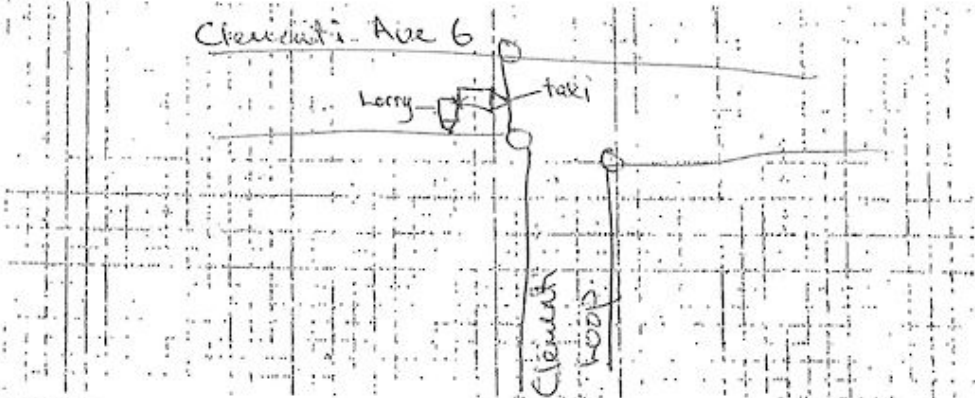
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1/2

3/20/2020

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

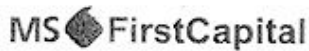
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 23/4/22 0950

Reporting Contra Personnel's Signature
Name: (Cray)
NRIC/FIN No.:

<https://docsolution.prod.frc.glaxw/?guid=ba106241-8909-4577-91d3-816a757dd0aa>

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MS First Capital Insurance Limited Co. Reg No 195000106C CST Reg No M2-0001676-9
 6 Raffles Quay #21-00 Singapore 048580
 Tel: (65) 6222 2311 Fax: (65) 6222 3547
 Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877
 Tel: (65) 6507 3848 Fax: (65) 6507 3849
 www.msfirstcapital.com.sg

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy. : COMMERCIAL VEHICLE - FLEET
 Type of Cover. : Comprehensive
 Certificate No. : D-21097800MFCV/3
 Vehicle No / Chassis No : YN2741L / JAANPR85HA7100279
 Name of Insured : FRANKLIN OFFSHORE INTERNATIONAL PTE. LTD.
 Period Of Insurance : 01.07.2021 To 30.06.2022
 Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD500.00 SECTION I FOR GBC2488G AND GBC5809L
 SGD600.00 SECTION I FOR YN2741L, YN2884R AND YM8841K
 SGD100.00 WINDSCREEN
 ADDITIONAL SGD1,000.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE
 DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS
 OF DRIVING EXPERIENCE

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the Insured'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.

Limitations as to use*

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

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pacemaking, 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)

MS First Capital Insurance Limited
 (Approved Insurers)

LILIA/B0188/M2300C

Issued at Singapore on 16.06.2021


 Authorised Signature



FRANKLIN OFFSHORE

Your Global Partner for Integrated Rigging and Mooring Solutions

Our Ref: FOI/2022/gh/200/gh

26 April 2022

To Whom it May Concern

PRIVATE & CONFIDENTIAL

Dear Sir,

**AUTHORISED DRIVER
VEHICLE NUMBER: YN2741L**

This is to certify that Mr Kannan S/O Balakrishnan, NRIC Number: S1684754B is employed by Franklin Offshore International Pte Ltd and he is the authorised driver for our company's vehicle YN2741L.

Should you have further queries, please contact me at 6303 2703 or mobile no.: 96526630

Thank you

Yours Sincerely,

For and On Behalf of

FRANKLIN OFFSHORE INTERNATIONAL PTE LTD

**Ding Ging Hooing
Senior Manager – Human Resources**

Franklin Offshore International Pte. Ltd.

11 Pandan Road
Singapore 609259

UEN: 198402596W

Australia

Azerbaijan

Indonesia

The Netherlands

Qatar

Singapore

South Korea

USA

+65 6264 3451

+65 6264 1130

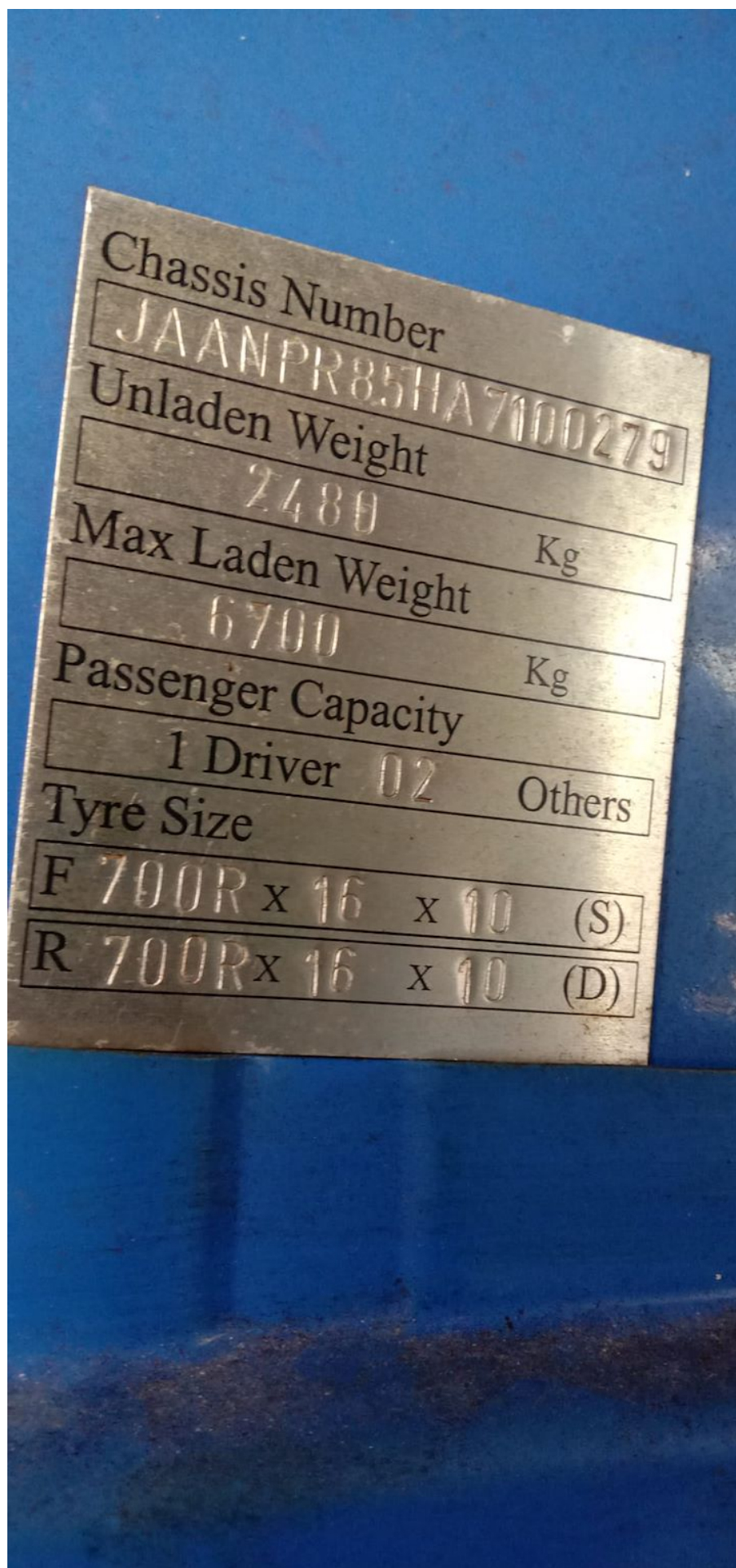
general@franklin.com.sg

www.franklin.com.sg
















**SINGAPORE
POLICE FORCE**


T/20220421/2046

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

1 of 3

Report No. T/20220421/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2022 14:49		Vide Report No.: D/20220421/0040		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: KANNAN S/O BALAKRISHNAN			Address: APT BLK 174 WOODLANDS STREET 13 #06-349 SINGAPORE 730174		
ID Type / ID No.: NRIC NO / S1684754B			Contact No.: Home/Office: Mobile: 97370248		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 31/10/1965	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: 3,4		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/04/2022 10:45	Type of Location: T-Junction
Location: CLEMENTI AVENUE 6				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHC5678B	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Red	Seriously Damaged	1
YN2741L	Lorry	ISUZU	NPR85UH5A K	Blue	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20220421/2046

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

2 of 3
Report No. T/20220421/2046

CONTINUATION OF REPORT

Driver			
Name	KANNAN S/O BALAKRISHNAN	ID No.	S1684754B
Related Vehicle	YN2741L (Lorry)	Contact No.	97370248
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 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 Apr 2022 at about 1045 hrs, I was driving my company's lorry registration number YN2741L along Clementi Ave 6 towards AYE. It was raining heavily and the road was wet. When I was approaching the junction of Clementi Loop, I saw the traffic light in front was on amber and I followed the taxi SHC 5678B in front of me which I thought will drive through the traffic light. But as the taxi reaching near the junction, he stopped. I applied brake as well to avoid the taxi however I couldn't control my lorry and its skidded due to the wet road surface. My lorry's left rear end hit onto the taxi rear bonnet. My rear left part of my lorry had slight damages. However the rear part of the taxi was badly damaged. Both of the taxi driver and its passenger were conveyed by the ambulance. Traffic police also came and attended to the scene and asked me to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20220421/2046

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

3 of 3

Report No. T/20220421/2046

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 /
Other MOHAMAD ISMADI BIN
MOK'IN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/04/2022 14:49

Officer In Charge Of Case:
TP / GIT /
STAFF SGT NUR ADELINA BINTE
MOHAMMAD FUAT
Contact No.: 65476066

Classification Of Case:

NP168



SN 37

SIGNATURE