SC1K214F0001 / ComfortDelGro Engineering Pte Ltd [579701] ENTRY DATE & TIME: 15/04/2021 15:19 (SGT) SUBMITTED BY: Brenda Ng VERSION: 1 (15/04/2021 15:19 (SGT))



#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 15/04/2021 15:19 (SGT) Date of Accident 14/04/2021 08:30 (SGT) Exact Location of Accident Near 66 Lor 4 Toa Payoh, Singapore 310066 Additional Location Information **LORONG 4 TO PAYOH** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YP5702U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner GREATPRAISE CONTRACTORS PTE LTD Company Reg No 201541271Z Email Address greatpraise.contractors@gmail.com Mobile Phone No (Phone) +65-62530814 Alternative Phone No +65-62530814

# VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Canter Variant ..... Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Manual 3000

### **INSURANCE COMPANY**

Name of Insurance Company **AXA Insurance Pte Ltd** Type of Coverage ThirdPartyFireTheft Fleet Policy No Policy Number GA451755/1 Cover Note Number

**DRIVER** 

Name of Driver VEERAIAH PRABHU

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	13/08/1985 Indoor 26/10/2020 6 MONTHS Male (Phone) +65-84160208 - veeraiahprabhu@gmail.com 51 BENOI ROAD - 629908 No Employee No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Opening Door of Vehicle Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  PASSENGER 1  Name  Gender	No 2 No - Yes 2 No ISLAM TANJIL Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address  Was notice of intended Prosecution given? If yes, against whom?	Yes Toa Payoh Neighbourhood Police Centre (Phone) +65-18002519999 (Fax) +65-63548749 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO ATTACHED .	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	Honda ADV150 ABS CVT - -
Vehicle Category	Motorcycle
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)	-

### 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.
- 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.
- 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.
- 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.
- 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:
  - 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.

(9 (0.10) (0.10)

Policyholder's Signature Date & Time: V. Rahr

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

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

SKETCH PLAN					
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F8834		To Flatter 120			

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- On Mu - Agyolu	ton laess e los	d∠abou	1 0820	pas	dxive.	Y P570213	. Kgoi	ng d
	Please	Yefav	-10	police	Report-1	. – T	HOKOG	<b>4</b> /21
					71755410-2			

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature

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

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





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

1 of 3 Report No. T/20210414/2111

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N 021 18:15	/lade:	Vide Report No.:	Station Diary No.: 95	
Informa	nt's Partic	ulars			
Name of	f Informant: ANJIL		Address: 51 BENOI ROAD SINGAPOR	E 629908	
ID Type / ID No.: FIN NO / G2319124K			Contact No.: Home/Office: Mobile: 84160208		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 28	Date of Birth: 25/01/1993	Type of Informant: Passenger		
Race: Others			Language:	Institution / School Name:	
Occupation: CONSTRUCTION WORKER		WORKER	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/04/2021 08:30	Type of Location Straight Road	
Location:  LORONG 4 T  Weather: Clear	ОА РАҮОН	Road Surface:		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Wor	kina	Traffic Volume: Moderate	
	ion:			moderate	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS3426L	Motorcycle	HONDA	ADV150 ABS CVT	Black		0
YP5702U	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White		4

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



Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT

2 of 3 Report No. T/20210414/2111

Tel No: 1800-2519999

Rider					
Name	MUHAMMAD SALIHIN BIN SUBARI		ID No		S8540801A
Related Vehicle	FBS3426L (Motorcycle)		Conta	ct No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			NIL	
No. of Days granted Medical Leave NIL Degree					
Passenger			to a second	1	
Name	ISLAM TANJIL		ID No	2	G2319124K
Related Vehicle	YP5702U (Lorry)		Contact No.		84160208
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	

# Brief Details.

On 14/4/2021 at about 0830hrs, I was a passenger in vehicle YP5702U, sitting at the left side of the cabin. As we were at the junction of Lorong 4 Toa Payoh and Lorong 6 Toa Payoh, the traffic light turned red thus we stopped and form up in the queue at the first lane. We were there to carry out some construction works.

As I saw that the vehicle had stopped, I made a check through the left mirror before alighting the lorry. Once I saw that it was clear, I opened the door and alighted the lorry. That was when I felt a strong impact on the door. I was then shocked when I saw that a motorcycle (FBS3426L) had collided onto the door. The rider together with the bike then fell on the ground.

After which, my colleagues and I made a check and assisted the said rider. There were no visible injuries on him at this point of time. I then told my boss ( Huat HP:8161 9787 ) about this matter and he came to the scene shortly after.

The rider then called for ambulance and police arrived shortly after as well. Subsequently, the rider was not conveyed. Traffic police then recorded a statement from the rider and me and we were advised to lodge a police report regarding this incident. That is all.





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

3 of 3 Report No. T/20210414/2111

# 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 Red E / Sgt 2 MUHAMMAD NO MUHAMMAD		Signature Of Informant:	
Signature Of Interpreter Not applicable		Date/Time: 14/04/2021 18:15	
Officer In Charge Of Ca TP / GIT / Staff Sgt SITI NORHAF Contact No.: 65476202		Classification Of Case:	
Authentication Stamp NP 168	POLICE FORCE  POLICE FORCE  WIESSPECIFIED  UNITED STREET	SN 168	
	SIGN	ATURE	





AXA Insurance Pte Ltd 22 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 ☑ customer.care@axa.com.sg

www.axa.com.sg

date 18/02/2021

policy number GA451755

# Certificate of Insurance

Commercial Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules. 1960 - Road Transport Act. 1887 (Malaysia) - Commercial Vehicles (Third-Party Risks ) Rules, 1969 (Malaysia)

# Policy details

Policyholder name

GREATPRAISE CONTRACTORS PTE. LTD

Certificate number

GA4517S5 / 1

Cover

Third Party, Fire & Theft

NCD

Sum Insured

4P10041782 YPS702U

Chassis number

FEB21EA21151

Vehicle Registration number Period of Insurance

Finance Loan Company

from 13/03/2021 to 12/03/2022 (both dates inclusive)

Market Value at The Time of Loss

DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

# Persons or classes of persons entitled to drive

Any person who is driving on the Policyholder's order or with their permis-

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Venicle 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\*

- (a) Use in connection with the Policyholder's business.
- (b) Use for the carriage of passengers ( other than for hire or reward) in connection with the Policyholder's business.
- (c) Use for social, domestic and pleasure purposes.

The Policy does not cover

- (a) Use for the hire or reward or for racing, pace-making, reliability trail or speed testing,
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

\* Linksallichs rendered inaperative by Section B. of the Commercial Vehicles (finid-Parky Risks and Compensation) Act, (Ceaplar 18s) and Section 85 of the Roba Transport. Act, 1967 (Malaysia), are not to be included under these neadings.

### Excess

An additional excess is applicable as follows: Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who a) is 18 years old to 21 years old and/or b) is 71 years old and above and/or c) with driving experience of less than I year on the relevant classes of deving license

### Additional clauses & endorsements to your policy

NH

VARTUAL INSURANCE AGENCIALS FITE LIB 192 Waterloo Street #02-82 Skyline Bulking, Singapore 187986 Tel: (86) 83380083 Fax: (65) 63360048

# **GREATPRAISE CONTRACTORS PTE LTD**

# 7 GAMBAS CRESCENT #08-08 ARK@GAMBAS SINGAPORE 757087

Date: 15/04/2021

To whom it may concern

Dear Sir,

We hereby authorise Mr Veeraiah Prabhu holder of work permit no: 0 33949901 to make the incident report for Lorry No. YP5702U.

If you have any questions or concern, please feel free to contact me at Telephone No.82530814.

Thank You

Greatpraise Contractors Pte Ltd

Ho Wee Seng Director hollo

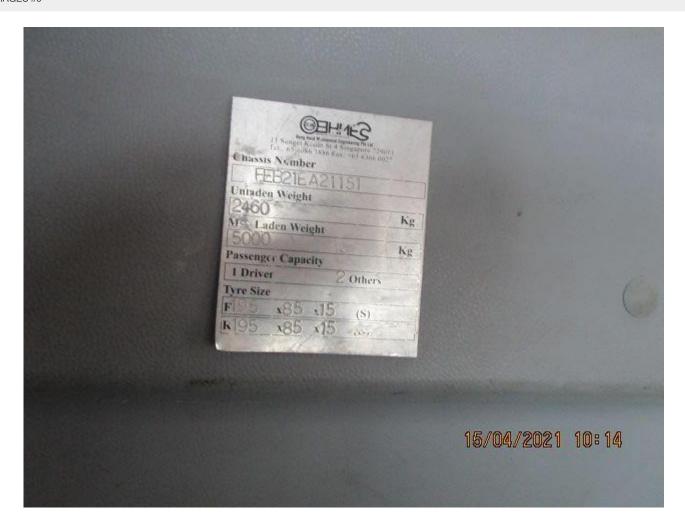
















Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

1 of 3 Report No. T/20210414/2111

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N )21 18:15	/lade:	Vide Report No.:	Station Diary No.: 95	
Informa	nt's Partic	ulars			
Name of ISLAM T	f Informant: ANJIL		Address: 51 BENOI ROAD SINGAPOR	E 629908	
ID Type / ID No.: FIN NO / G2319124K			Contact No.: Home/Office: Mobile: 84160208		
National BANGLA			Email:		
Sex: Male	Age: 28	Date of Birth: 25/01/1993	Type of Informant: Passenger		
Race: Others			Language:	Institution / School Name:	
Occupation: CONSTRUCTION WORKER		VORKER	Driving Licence Information: Class:	Date of Expiry:	

deneral inton	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/04/2021 08:30	Type of Location: Straight Road	
LORONG 4 T Weather: Clear	ОА РАҮОН	Road Surface:		Road Speed Limit:	
Traffic Flow:		Dry Traffic Control:		Traffic Volume:	
One Way		Traffic Light - Wo	rking	Moderate	
Type of Collis Between Mov		Anyone conveyed by ambulance: No			

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS3426L	Motorcycle	HONDA	ADV150 ABS CVT	Black		0
YP5702U	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White		4

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



Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT

2 of 3 Report No. T/20210414/2111

Tel No: 1800-2519999

Rider					
Name	MUHAMMAD SALIHIN BIN SUBARI		ID No.		S8540801A
Related Vehicle	FBS3426L (Motorcycle)		Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	The second secon		
No. of Days gran	Degree of Injury NIL				
Passenger					
Name	ISLAM TANJIL		ID No.		G2319124K
Related Vehicle	YP5702U (Lorry)		Contact No.		84160208
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge NIL			
No. of Days gran	ted Medical Leave NIL	Degree of I		NIL	

# Brief Details.

On 14/4/2021 at about 0830hrs, I was a passenger in vehicle YP5702U, sitting at the left side of the cabin. As we were at the junction of Lorong 4 Toa Payoh and Lorong 6 Toa Payoh, the traffic light turned red thus we stopped and form up in the queue at the first lane. We were there to carry out some construction works.

As I saw that the vehicle had stopped, I made a check through the left mirror before alighting the lorry. Once I saw that it was clear, I opened the door and alighted the lorry. That was when I felt a strong impact on the door. I was then shocked when I saw that a motorcycle (FBS3426L) had collided onto the door. The rider together with the bike then fell on the ground.

After which, my colleagues and I made a check and assisted the said rider. There were no visible injuries on him at this point of time. I then told my boss ( Huat HP:8161 9787 ) about this matter and he came to the scene shortly after.

The rider then called for ambulance and police arrived shortly after as well. Subsequently, the rider was not conveyed. Traffic police then recorded a statement from the rider and me and we were advised to lodge a police report regarding this incident. That is all.





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

3 of 3 Report No. T/20210414/2111

# 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 Red E / Sgt 2 MUHAMMAD NOO MUHAMMAD		Signature Of Informant:  Date/Time: 14/04/2021 18:15			
Signature Of Interpreter: Not applicable					
Officer In Charge Of Cas TP / GIT / Staff Sgt SITI NORHAFI Contact No.: 65476202		Classification Of Case:			
Authentication Stamp	SINGAPORE POLICE FORCE	SN 168			
NP168	SIGN	ATURE			