SN08226M0004-01 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 22/06/2022 15:55 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 2 (22/06/2022 16:21 (SGT))

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 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	22/06/2022 15:55 (SGT)
Date of Accident	21/06/2022 19:15 (SGT)
Exact Location of Accident	Penjuru Pl, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ2462B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MEISEI INTERNATIONAL PRIVATE LIMITED
Company Reg No	1XXXXX827W
Email Address	ashjuv@hotmail.com
Mobile Phone No	(Phone) +65-96182474
Alternative Phone No	+65-84242327

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R
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	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z22VC05010524
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED ASHRAQ BIN PEER MOHAMUD
NRIC No	SXXXX473Z

Date Of Birth	01/06/1978
Occupation	Outdoor
Date Of Driving Pass	05/08/2015
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84242327
Alt. Phone Number	-
Email Address	ashjuv@hotmail.com
Address	BLK 20 TEBAN GARDENS ROAD #13-99
Address complement	-
Postcode	600020
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	Clear
Road Surface	Dry

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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	14
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNNIKRISHNAN NAIR LEELA DEEPU
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
Gender	Male

PASSENGER 7

Name	WORKER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002659999
Alt. Police Station Phone No	(Fax) +65-62664987
Police Station Address	Blk 158 Yung Loh Road #01-58 Singapore 610158
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220622/2028

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER ONLY FRONT VIEW
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM6476G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	VEERAPPAN PARTHIPAN
Passport No/FIN	GXXXX873N
Contact Number	(Phone) +65-96120829
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	UNNIKRISHNAN NAIR LEELA DEEPU
Gender	Male
Phone No	(Phone) +65-84242327
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YQ2462B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' 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.

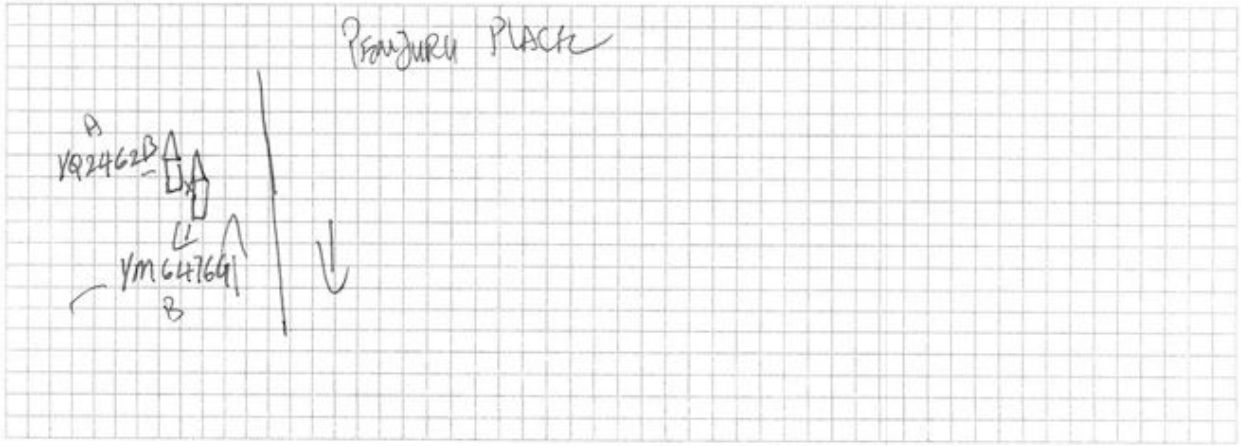
(collectively the "**Purposes**")

(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
	22/06/2022.	22/06/2022

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20220622/2028

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	Witnessed by Reporting Centre Personnel
	22/06/2022.	22/06/2022

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10


120 140
100
160
km/h
80
60
40
20
14 50
C
H
AdBlue E
F
E
F
ODO
97,013km
ECO LIGHT %
0
50
100
ACCELERATION
0
50
100

IMAGES #11

IMAGES #12


Hino Motors,Ltd.
MODEL XZU710R-WKMMV3
ENGINE N04C WN 4009
FRAME No. JHHUCV3F30K033632
COLOR TRIM PLANT GVW(kg)
058 LA18 P11
TM/M/BUILT RE50 A06A 175
MADE IN JAPAN

SINGAPORE POLICE FORCE

T/20220622/2028

Report No. T/20220622/2028

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
22/06/2022 12:39		8

Informant's Particulars

Name of Informant: MOHAMED ASHFAQ BIN PEER MOHAMUD			Address: APT BLK 20 TEBAN GARDENS ROAD #13-99 SINGAPORE 600020	
ID Type / ID No.: NRIC NO / S7815473Z			Contact No.: Home/Office: Mobile: 84242327	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 44	Date of Birth: 01/06/1978	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/06/2022 19:15	Type of Location: Straight Road
Location: PENJURU PLACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
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
YM6476G	Lorry					0
YQ2462B	Lorry	HINO		White	Slightly Damaged	13

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20220622/2028

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20220622/2028

CONTINUATION OF REPORT

Driver			
Name	VEERAPPAN PARTHIPAN	ID No.	G8928873N
Related Vehicle	YM6476G (Lorry)	Contact No.	96120829
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	MOHAMED ASHFAQ BIN PEER MOHAMUD	ID No.	S7815473Z
Related Vehicle	YQ2462B (Lorry)	Contact No.	84242327
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

Passenger			
Name	UNNIKRISHNAN NAIR LEELA DEEPU	ID No.	G2430018N
Related Vehicle	YQ2462B (Lorry)	Contact No.	98868830
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 21/06/2022 at about 1915hrs, I stopped and parked my vehicle along the road at Penjuru Place, infront of Penjuru Dormitory 2. There were 13 passengers at the rear of my lorry and they were alighting to go back to their dormitory.

While the passengers were alighting from the rear of the lorry, another lorry collided onto the rear right of my lorry. As such, one of the passenger who was coming down from the lorry lost his balance and hit onto the back door of my lorry. The collision caused him to loose balance. The passenger claimed that he was fine and did not require medical attention.

On 22/06/2022 at about 0700hrs, the passenger informed me that he feels pain and that his leg is swollen. I then went down and brought him tot he hospital at St Andrew's Community Hospital, No. 27

SINGAPORE POLICE FORCE

T/20220622/2028

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20220622/2028

CONTINUATION OF REPORT

Penjuru Walk. Currently he is under observation in the hospital.

I only have front view camera in my lorry.

SINGAPORE POLICE FORCE

T/20220622/2028

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE 610158
Tel No: 1800-2659999

Report No. T/20220622/2028

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: J / SGT 3 GUNASEELAN RAVESADRAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/06/2022 12:39
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08226M0004 Vehicle Registration No: YQ 2462B

Name (as shown in NRIC): MOHAMED ASHRAQ BIN [illegible] NRIC/FIN/Passport No: SXXXX4732

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: _____ Time of Accident: _____

Place of Accident: PENJURU ROCK

Insurance Company: LONPAC

(B) ADDITIONAL INFORMATION / ~~AMENDMENTS~~:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To INSERT POLICY NUMBER Z22VC0501052C

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROSLI [illegible]
NRIC/FIN No.:
Date:

GIARMC Addendum Form