

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 03/06/2022 15:22 (SGT)
Date of Accident 03/06/2022 07:15 (SGT)
Exact Location of Accident KJE, Singapore
Additional Location Information TWDS BKE (AFTER WOODLANDS ROAD)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD1347Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MSQUARE M&E CONSTRUCTION PTE LTD
Company Reg No 201221231C
Email Address moor@msq.com.sg
Mobile Phone No (Phone) +65-81824244
Alternative Phone No (Office) +65-62801488

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cabstar
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 3000

INSURANCE COMPANY

Name of Insurance Company QBE Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 8-V0013387-MVA-R005
Cover Note Number -

DRIVER

Name of Driver ELAIYAPERUMAL KARTHIKEYAN
Passport No/FIN G7621864T

Date Of Birth	25/02/1985
Occupation	Outdoor
Date Of Driving Pass	13/06/2017
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-83148032
Alt. Phone Number	-
Email Address	moor@msq.com.sg
Address	38 DEFU LANE 10 #03-11
Address complement	-
Postcode	539215
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 - Change/cross lane
Weather Conditions	AFTER RAIN
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RAJAMANICKAM RAJESH
Gender	Male

PASSENGER 2

Name	POOMALAI KALIYAMOORTHY
Gender	Male

PASSENGER 3

Name	LOGIDASAN ANANTHARAJ
Gender	Male

PASSENGER 4

Name	RAMASAMY SENTHILKUMAR
Gender	Male

PASSENGER 5

Name	ADAIKKAN SELVARAJ
Gender	Male

PASSENGER 6

Name	SELLAIYAN IYAPPAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000

Alt. Police Station Phone No (Fax) +65-65474900
 Police Station Address 10 Ubi Avenue 3 Singapore 408865
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220603/7013.

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 XE5454E
 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 VEHICLE B
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ELAIYAPERUMAL KARTHIKEYAN
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBD1347Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person RAJAMANICKAM RAJESH
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBD1347Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person POOMALAI KALIYAMOORTHY

Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD1347Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	RAMASAMY SENTHILKUMAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD1347Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	LOGIDASAN ANANTHARAJ
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD1347Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 6

Name of injured person	ADAIKKAN SELVARAJ
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD1347Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 7

Name of injured person	SELLAIYAN IYAPPAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD1347Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.



E. Karthikeyan

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

Refer to the police report (T|20220603|7013).

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

E. Karthikeyan.

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

Witnessed by Reporting Centre
Personnel

Name Of Passenger

1. RAJAMANICKAM RAJESH (G2385494K)- 8709 5981
2. POOMALAI KALIYAMOORTHY (G7379512K)- 9359 7934
3. LOGIDASAN ANANTHARAJ (G2731471L)- 8504 4973
4. RAMASAMY SENTHILKUMAR (G7499661U)- 8455 5527
5. ADAIKKAN SELVARAJ (G2852039K)- 8426 9100
6. SELLAIAN IYAPPAN (G2685992T)- 8465 8737

Name Of Injured Person

1. ELAIYAPERUMAL KARTHIKEYAN (G7621864T)- 8314 8032 (DRIVER)
2. RAJAMANICKAM RAJESH (G2385494K)- 8709 5981
3. POOMALAI KALIYAMOORTHY (G7379512K)- 9359 7934
4. LOGIDASAN ANANTHARAJ (G2731471L)- 8504 4973 (NTF HOSPITAL)
5. RAMASAMY SENTHILKUMAR (G7499661U)- 8455 5527 (KTP HOSPITAL)
6. ADAIKKAN SELVARAJ (G2852039K)- 8426 9100 (KTP HOSPITAL)
7. SELLAIAN IYAPPAN (G2685992T)- 8465 8737 (NUH)

E. Karthikeyan





















**SINGAPORE
POLICE FORCE**



T/20220603/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220603/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2022 13:28			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: ELAIYAPERUMAL KARTHIKEYAN			Address:			
ID Type / ID No.: FIN NO / G7621864T			Contact No.:		Mobile: 83148032	
Nationality: INDIAN			Email: sekarthikeyan1985@gmail.com			
Sex: Male	Age: 37	Date of Birth: 25/02/1985	Type of Informant: Driver			
Race: Indian			Language: English		Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3		Date of Expiry: 12/06/2022	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/06/2022 07:15	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: AFTER RAIN		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD1347Z	Lorry	NISSAN	CABSTAR 3.0		Seriously Damaged	6
XE5454E	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220603/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220603/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD1347Z	QBE Insurance (Singapore) Pte Ltd			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ELAIYAPERUMAL KARTHIKEYAN		ID No.	G7621864T
Related Vehicle	GBD1347Z (Lorry)		Contact No.	83148032
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 12/06/2022
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Serious
Passenger				
Name	RAJAMANICKAM RAJESH		ID No.	G2385494K
Related Vehicle	GBD1347Z (Lorry)		Contact No.	87095981
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Serious
Passenger				
Name	POOMALAI KALIYAMOORTHY		ID No.	G7379512K
Related Vehicle	GBD1347Z (Lorry)		Contact No.	93597934
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20220603/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220603/7013

CONTINUATION OF REPORT

Passenger			
Name	SELLAIYAN IYAPPAN	ID No.	G2685992T
Related Vehicle	GBD1347Z (Lorry)	Contact No.	84658737
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	03/06/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Passenger			
Name	RAMASAMY SENTHILKUMAR	ID No.	G7499661U
Related Vehicle	GBD1347Z (Lorry)	Contact No.	84555527
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/06/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Passenger			
Name	ADAIKKAN SELVARAJ	ID No.	G2852039K
Related Vehicle	GBD1347Z (Lorry)	Contact No.	84269100
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	03/06/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Passenger			
Name	LOGIDASAN ANANTHARAJ	ID No.	G2731471L
Related Vehicle	GBD1347Z (Lorry)	Contact No.	85044973
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/06/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20220603/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220603/7013

CONTINUATION OF REPORT

Brief Details.

ON 03.06.2022 AT ABOUT 07:15AM. I WAS TRAVELLING ALONG KJE TOWARDS BKE (AFTER WOODLANDS ROAD). I WAS TRAVELLING STRAIGHT. SUDDENLY, THE VEHICLE (XE5454E) CUT INTO MY LANE AND HIT THE SIDE OF MY VEHICLE (GBD1347Z). THE IMPACT CAUSED MY VEHICLE TO SWERVED AND MOUNT ON TO THE GRASS PATCH.

4 PASSENGERS WAS CONVEY TO HOSPITALS BY AMBULANCE.

REPORT NUMBER: J/20220603/0033



**SINGAPORE
POLICE FORCE**



T/20220603/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220603/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ABDUL RAHIM BIN SALIM
Contact No.: 65476433

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
03/06/2022 13:28

Classification Of Case:

NP168

QBE Insurance (Singapore) Pte Ltd

Part of QBE Insurance Group - Unique Entity No. 198401363C

1 Wallich Street, #35-01 Guoco Tower, Singapore 078881
 Tel: 65-6224 6633 Fax: 65-6533 3270
 GST Registration No.: M200644018
 www.qbe.com/sg

**Certificate of Insurance**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No. **8-V0013387-MVA-R005** Account Name **GIDEON INSURANCE AGENCIES PRIVATE LIMITED** MCI Type **MZ300**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **GBD1347Z**
- 2 Name of Policyholder **MSQUARE M&E CONSTRUCTION PTE LTD**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **30/06/2021**
- 4 Date of Expiry **29/06/2022**
- 5 Person or Classes of Person entitled to drive*

(a) Any person who is driving on the Policyholder'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 the driving the Motor Vehicle

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage

- 6 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)**
 - (c) Use for social, domestic and pleasure purposes.**

The Policy does not cover:-

 - (1) Use for hire or reward or for racing, pace-making, reliability trial or speed testing.**
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.**
- 7 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk 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 Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 18/06/2021