

## 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 ..... 17/06/2022 15:36 (SGT)  
Date of Accident ..... 11/06/2022 10:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UPPER JURONG ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBB4873L

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... F.S. FREIGHT SYSTEMS PTE LTD  
Company Reg No ..... 198104470N  
Email Address ..... grace@fsfreight.com.sg  
Mobile Phone No ..... (Phone) +65-93868771  
Alternative Phone No ..... (Office) +65-93868771

#### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... FB70BB1SRDEA  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2977

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5100232143-04  
Cover Note Number ..... 21/4/2022 TO 20/04/2023

#### DRIVER

Name of Driver ..... SIMON PRABHU DAS JAYARAJ  
NRIC No ..... S1824634A

Date Of Birth .....	24/05/1967
Occupation .....	Outdoor
Date Of Driving Pass .....	06/10/1990
Driving experience .....	31 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93868771
Alt. Phone Number .....	-
Email Address .....	grace@fsfreight.com.sg
Address .....	205 HENDERSON ROAD
Address complement .....	#03-02A, HENDERSON INDUSTRIAL PARK
Postcode .....	159549
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 .....	Collided into Property
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? .....	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 .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED REPORT

#### 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 .....	SNA9711B
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 ..... SIMON PRABHU DAS JAYARAJ  
 Gender ..... Male  
 Phone No ..... (Phone) +65-93868771  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... PAIN ON LEFT RIBCAGE, UPPER LEFT BACK AND LEFT  
 UPPER ARM WITH 7 DAYS MEDICAL LEAVE  
 Injured person in which vehicle? ..... GBB4873L  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

### INJURED 2

Name of injured person ..... PERSON 1 AS PER POLICE REPORT  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SNA9711B  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

### INJURED 3

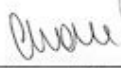

Name of injured person ..... PERSON 2 AS PER POLICE REPORT  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SNA9711B  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes


## SKETCH PLAN


SKOL226H 000A

**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.

X    
Policyholder's Signature / Date & Time

X  17/5/22  
Driver's Signature (if driver is not the policyholder) / Date & Time 2.50 PM

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

NO SKETCH PLAN  
AVAILABLE

A - GBB 4873 L

B - SNA 9711 B

































































**SINGAPORE  
POLICE FORCE**



T/20220615/2028

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20220615/2028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/06/2022 11:09	Vide Report No.:	Station Diary No.: 47
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**Informant's Particulars**

Name of Informant: SIMON PRABHU DAS JAYARAJ		Address: APT BLK 663B JURONG WEST STREET 65 #04-269 SINGAPORE 642663	
ID Type / ID No.: NRIC NO / S1824634A		Contact No.: Home/Office: Mobile: 93868771	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 24/05/1967	Type of Informant: Driver
Race: Indian		Language:	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: 11/06/2022 10:00	Type of Location: T-Junction
Location:  UPPER JURONG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side //				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB4873L	Lorry	MITSUBISHI	FB70BB1SR DEA	White	Seriously Damaged	0
SNA9711B	Car	TOYOTA	SIENTA HYBRID STANDARD (AUTO)	Red	Seriously Damaged	2





**SINGAPORE  
POLICE FORCE**



T/20220615/2028

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20220615/2028

**CONTINUATION OF REPORT**

**Brief Details.**

On the 11/06/2022 at about 1000hrs, I was driving my lorry (V1: GBB4873L) along Upper Jurong Rd heading to Tuas to collect a sample delivery for my work. I reached the T-Junction of Upper Jurong Rd and Kian Teck Rd and there is no traffic light control there. A red car (V2: SNA9711B) was then driving from the opposite direction at lane 1 and had wanted to go into Kian Teck Rd however it did not stop to give way to oncoming traffic when there was a give way sign, therefore it kept on driving and hit me (V1) when I was heading straight along lane 2. V1's front collided into V2's passenger left side. V1 suffered serious damages and dents on the front and V2 suffered serious damages and dents on the left side. 2 persons from V2 and I were conveyed to Ng Teng Fong General Hospital from the scene. 1 of the other party suffered head injuries while the other complained of pains around the body and I suffered from left ribcage, upper left back and left upper arm pains. I was given 7 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20220615/2028

3 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20220615/2028

**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 /

SCCPL BARTOLOME  
FERNANDO III ALMARINEZ

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
15/06/2022 11:09

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT SITI NORHAFIDAH BINTE HANAFI  
Contact No.: 65476202

Classification Of Case:

NP168





### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5100232143-04

**Cover :** Third Party

- |  |                                |
|--|--------------------------------|
| 1. Index mark and Registration Number of Vehicle   | : GBB4873L                     |
| Chassis Number   | : FB70BBA10782                 |
| 2. Name of Policyholder  | : F.S. FREIGHT SYSTEMS PTE LTD |
| 3. Effective Date of Insurance   | : 21 Apr 2022                  |
| 4. Expiry Date of Insurance  | : 20 Apr 2023                  |
| 5. Persons or Classes of Persons entitled to drive#  |                                |
| (a) The Policyholder.  |                                |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>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. |                                |
| 6. Limitations as to Use#  |                                |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.  |                                |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  |                                |

This Policy does not cover

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

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

Agency : I INSURANCE AGENCY (00000572538)  
 Date of Issue : 04 Apr 2022 19:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive