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.

- 4. The issue and acceptance of this is form by instrained 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 29/06/2022 16:37 (SGT) Reported by Date of Accident 28/06/2022 09:00 (SGT) Exact Location of Accident Tanah Merah Coast Rd, Singapore Additional Location Information L/P 26 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBG3124X**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner JME ENGINEERING PTE. LTD. Company Reg No 2XXXXX525Z Email Address muniskanis1311@gmail.com Mobile Phone No (Phone) +65-82891790 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Kia Model K2500 6M/T 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00072542101

DRIVER

Name of Driver THIRUNAVUKKARASU MUNIYASAMY Passport No/FIN GXXXX886K Date Of Birth 05/04/1986 Occupation Outdoor

Date Of Driving Pass 07/10/2022 Driving experience 8 MONTHS Gender Male Mobile Number (Phone) +65-97158753 Alt. Phone Number Email Address muniskanis1311@gmail.com Address BLK 78 CHANGI LODGE 2 Address complement #04-15/06 Postcode 498735 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name WIFE Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Rochor Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002949999 Alt. Police Station Phone No (Fax) +65-63918583 Police Station Address 11 Kampong Kapor Road Singapore 208678 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	XE1110Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MAHALINGAM ARUL
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	XD7769P
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

INJURED 1	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- -
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Traffic Police Department for investigation.

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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
- (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.

BLK 2021 BUKIT BATOK STREET 23 #03-200 SINGAPORE 659526 TEL: 6759 3618 FAX: 6759 5368 EMAIL: Jme.engrg@gmail.com

29/06/22 Driver's Signature (if driver is not the policyholder) / Date

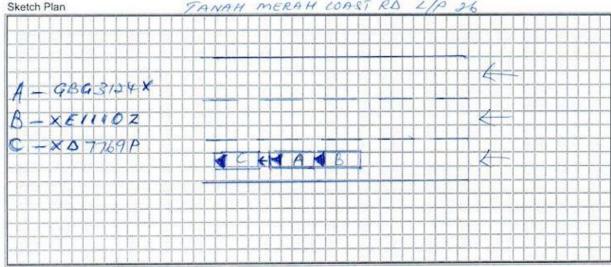
ROSLINGA BINTE A. WALLAR Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

& Time

(Name as in NRIC/ID card)

MERAH



1

escribe Circumstance of the Accident						
PIS	refer	to the	, 20	tie 1.	eport.	
	0		1			
						JME ENGINEERING PTE LTD
						BLK 2021 BUKIT BATOK STREET 23 #03-200 SINGAPORE 659576
						FMAIL Imm. engro frgmail.com
				0		

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

JME ENGINEERING PTE LTD

BLK 2021 BUKIT BATOK STREET 23 #03-200 SINGAPORE 659526 TEL: 6759 3618 FAX: 6759 5368 EMAIL: jme.engrg@gmail.com

Policyholder's Signature / Date & Time

29/06/22

Driver's Signature (if driver is not the policyholder) / Date

RUSLINGA BINTE A WALLAB

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2



2 of 3

Report No. T/20220628/2060

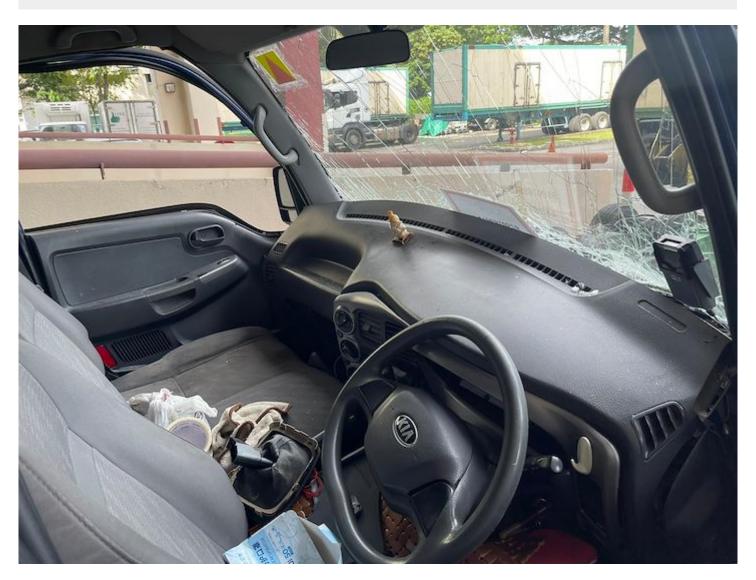
Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

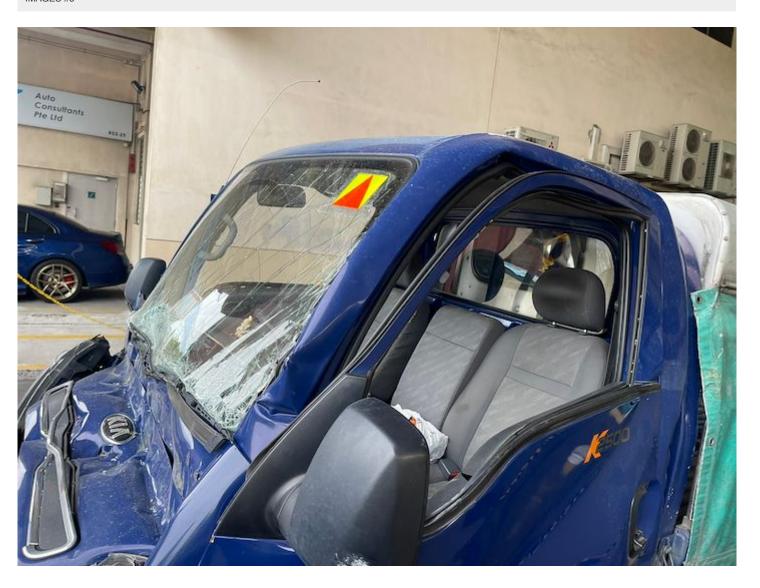
CONTINUATION OF REPORT

Details of Person						
Any Pedestrian Ir	volved: No	1	Jse of Pe	daetrian	Cross	ing: NA
No. of Pedestrian	s Injured: NIL		se or re	uestriari	01033	
Driver			ESCHOOL ST	10.11	as tweller	G8447886K
Name	THIRUNAVUKKARASU MUNIYASAMY			ID No.		G8447866K
Related Vehicle	GBG3124X (Lorry)			Contact No.		97158753
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Driving Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	28/06/2022		Date Disc	charge	28/06	5/2022
No. of Days granted Medical Leave 03			Degree c	of Injury Slight		t

On 28/06/2022 at about 0900hrs, there was one vehicle (XD7769P) that had stopped in front of me as there was one more vehicle that had broken down infront of XD7769P. As such, I (GBG3124X) came to a stop too. There was one vehicle (XE1110Z) behind me which did not managed to stop in time and hit onto the rear of my vehicle. Due to the impact, my vehicle moved forward and hit onto XD7769P. Due to the impact, I suffered injuries, such as pain on my right hand and both legs. There were damages to my vehicle such as the windscreen shattered, the front bumper is dented in and broken headlights. The vehicle (XE1110Z) had damages on the left headlight and scratches on the front bumper.



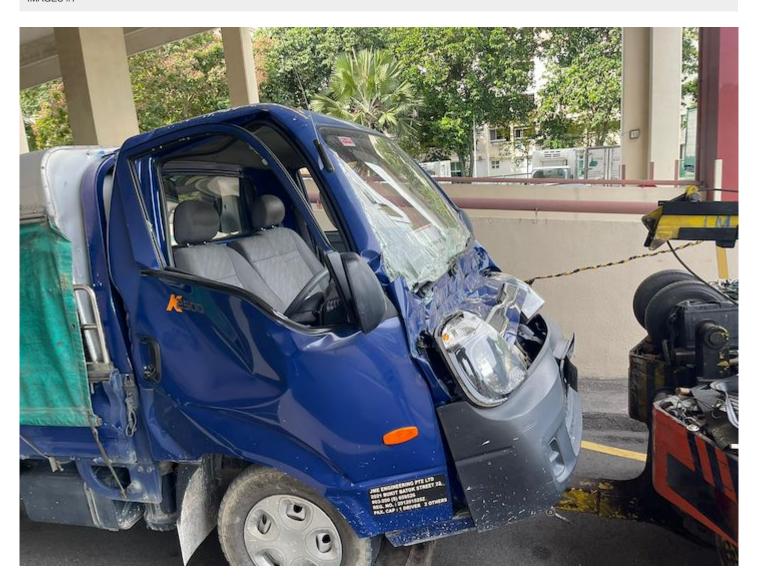




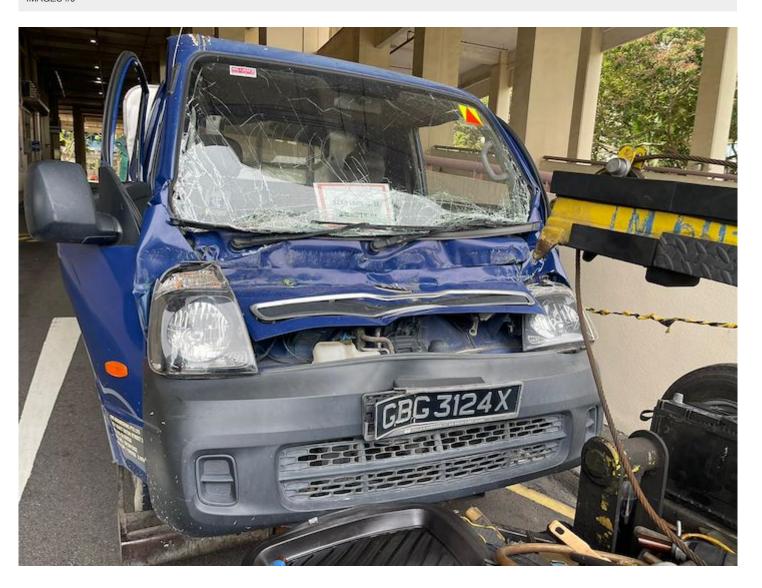


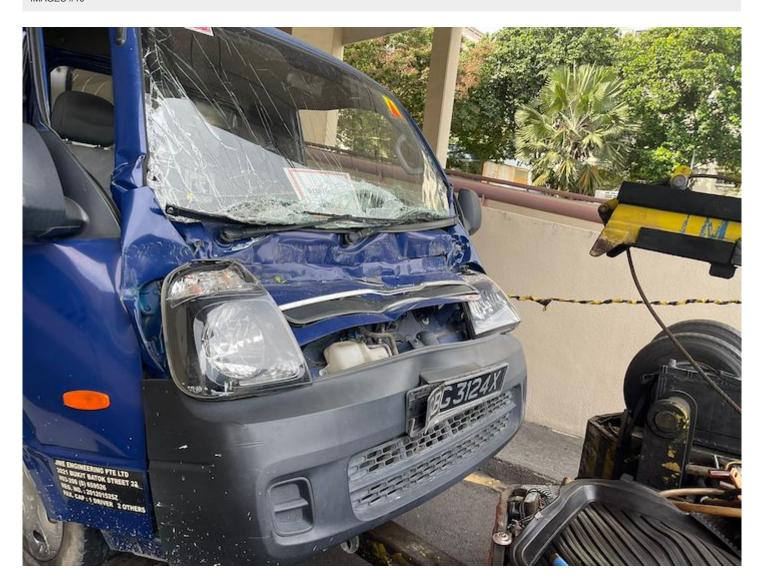




























Lof3

Report No. T/20220628/2060

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2022 15:58		Vide Report No.: G/20220628/0059	Station Diary No.: 88	
Informa	nt's Partic	ulars		
	Informant: IAVUKKAR. ISAMY		Address: APT BLK 70 TANAH I SINGAPORE 498751	MERAH COAST ROAD #04-15
ID Type / ID No.: FIN NO / G8447886K		Contact No.: Home/Office:	Mobile: 97158753	
Nationality: INDIAN		Email: muniskanis1311@gmail.com		
Sex: Male	Age: 36	Date of Birth: 05/04/1986	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/06/2022 09:00	Type of Location: Straight Road	
Location: TANAH MER Weather:	AH COAST ROAD	Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG3124X	Lorry				Seriously Damaged	1
XD7769P	Lorry				Slightly Damaged	0
XE1110Z	Lorry				Slightly Damaged	0



2 of 3 Report No. T/20220628/2060

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

CONTINUATION OF REPORT

Details of Person Any Pedestrian Ir							
Any Pedestrian in	a Injured: NIII		Use of P	edestrian	Cross	ing: NA	
No. of Pedestrian	s injured. NIL	SHA SHARKS		1 2 (0 x 12 x 1	5000		
Driver	Speril And Committee			ID No.		G8447886K	
Name	THIRUNAVUKKARA	THIRUNAVUKKARASU MUNIYASAMY				G0447000K	
Related Vehicle	GBG3124X (Lorry)			Conta	ct No.	97158753	
Kelated verilicie	000012,,,,						
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class	of	Class: 3	
Hospital/Clinic	Of Initial Contract of			Driving Licence &		Date of Expiry: NIL	
				Expiry	Date		
	20/00/2022		Date Di	scharge	28/08	5/2022	
Date Treatment	ZOTOGETEL			of Injury	Sligh	t	
No. of Days gran	ited Medical Leave	03	Degree	or injury	311		

On 28/06/2022 at about 0900hrs, there was one vehicle (XD7769P) that had stopped in front of me as there was one more vehicle that had broken down infront of XD7769P. As such, I (GBG3124X) came to a stop too. There was one vehicle (XE1110Z) behind me which did not managed to stop in time and hit onto the rear of my vehicle. Due to the impact, my vehicle moved forward and hit onto XD7769P. Due to the impact, I suffered injuries, such as pain on my right hand and both legs. There were damages to my vehicle such as the windscreen shattered, the front bumper is dented in and broken headlights. The vehicle (XE1110Z) had damages on the left headlight and scratches on the front bumper.





3 of 3 Report No. T/20220628/2060

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

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.

CONTINUATION OF REPORT

Signature of Officer Recording The Report: A / SGT 2 MOHAMED RAFHAN BIN MOHAMED ABDUL KADER	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/06/2022 15:58
Officer In Charge Of Case: TP / GIT / SGT 2 PHUA TIAK YEE Contact No.; 65476200	Classification Of Case:

NP168



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: SNO9336T0004 Vehicle Registration No: 4863734X Name (as shown in NRIC): THIRUNAVUKKARASU NRIC/FIN/Passport No: GKXXX 886K (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: BLK 78 BEBOK NORTH RD #04-15/6 Singapore () Contact (Tel): Mobile No.: 97158753 Email Address: Date of Accident: 38 /06 /22 Time of Accident: 99:00 Place of Accident: TANAH MERAH COAST RA 2/0 36 Insurance Company: CHINA THIRING (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: ADD IN VEH B & VEH C NUMBER Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name:

NRIC/FIN No .: Date:

GIARMC Addendum Form

Date: