

# 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 Actual 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 ..... 23/08/2022 15:57 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 22/08/2022 19:35 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Along Clementi Avenue 6 towards PIE Changi  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE6903U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AIR LIQUIDE SINGAPORE PRIVATE LIMITED  
Company Reg No ..... 197001157D  
Email Address ..... engtat.sim@airliquide.com  
Mobile Phone No ..... (Phone) +65-98317138  
Alternative Phone No ..... (Office) +65-64965887

### VEHICLE PARTICULARS

Manufacturer ..... Scania  
Model ..... P370B6X4NA  
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 ..... Auto  
CC ..... 12742

### INSURANCE COMPANY

Name of Insurance Company ..... Allied World Assurance Company, Ltd  
Policy Number / Cover Note Number ..... BVFCSB0007172215

### DRIVER

Name of Driver ..... Ramis A/L Suryanarayanan  
Passport No/FIN ..... G7619414P  
Date Of Birth ..... 15/05/1980  
Occupation ..... Outdoor

Date Of Driving Pass .....	23/07/2007
Driving experience .....	15 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98836804
Alt. Phone Number .....	-
Email Address .....	engtat.sim@airliquide.com
Address .....	24 Jalan Buroh
Address complement .....	-
Postcode .....	619480
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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

Refer to police report T/20220822/2200

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	PC3385P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Bus
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 .....	Ramis A/L Suryanarayanan
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	XE6903U
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	-
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	PC3385P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

# **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**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. 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.

AIR LIQUIDE SINGAPORE PRIVATE LIMITED  
No.2 Venture Drive, #22-28  
Vision Exchange  
S608728  
ALSg 1.32

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## **Sketch Plan**

(A) XE6903 U  
(B) PC3385P

## Describe Circumstances of the Accident

Refer to police report T120220822/2200

### Declaration

We declare the foregoing particulars are true in every respect.

AIR LIQUIDE SINGAPORE PRIVATE LIMITED  
No.2 Venture Drive, #22-28  
Vision Exchange  
S608526

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



































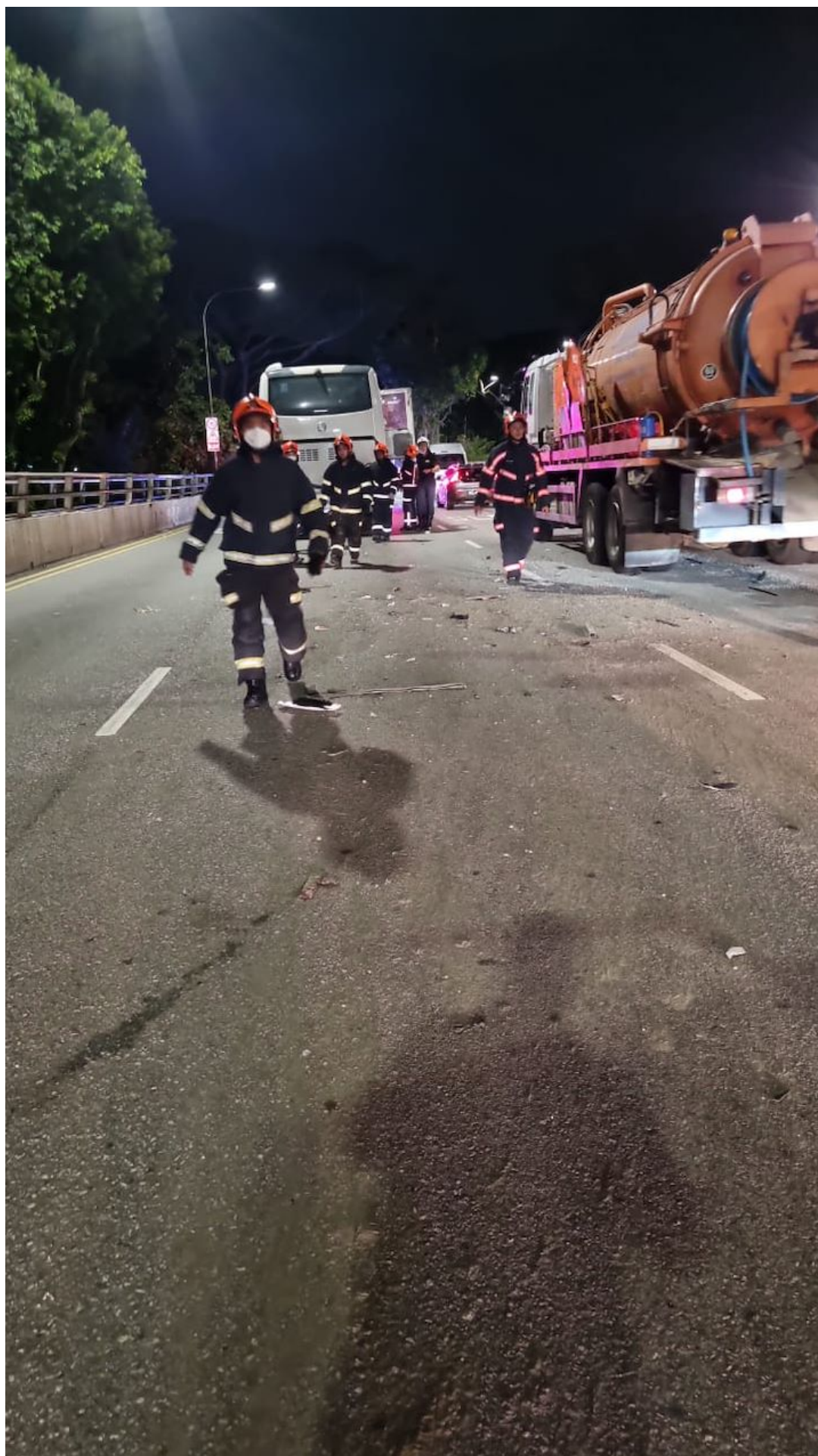


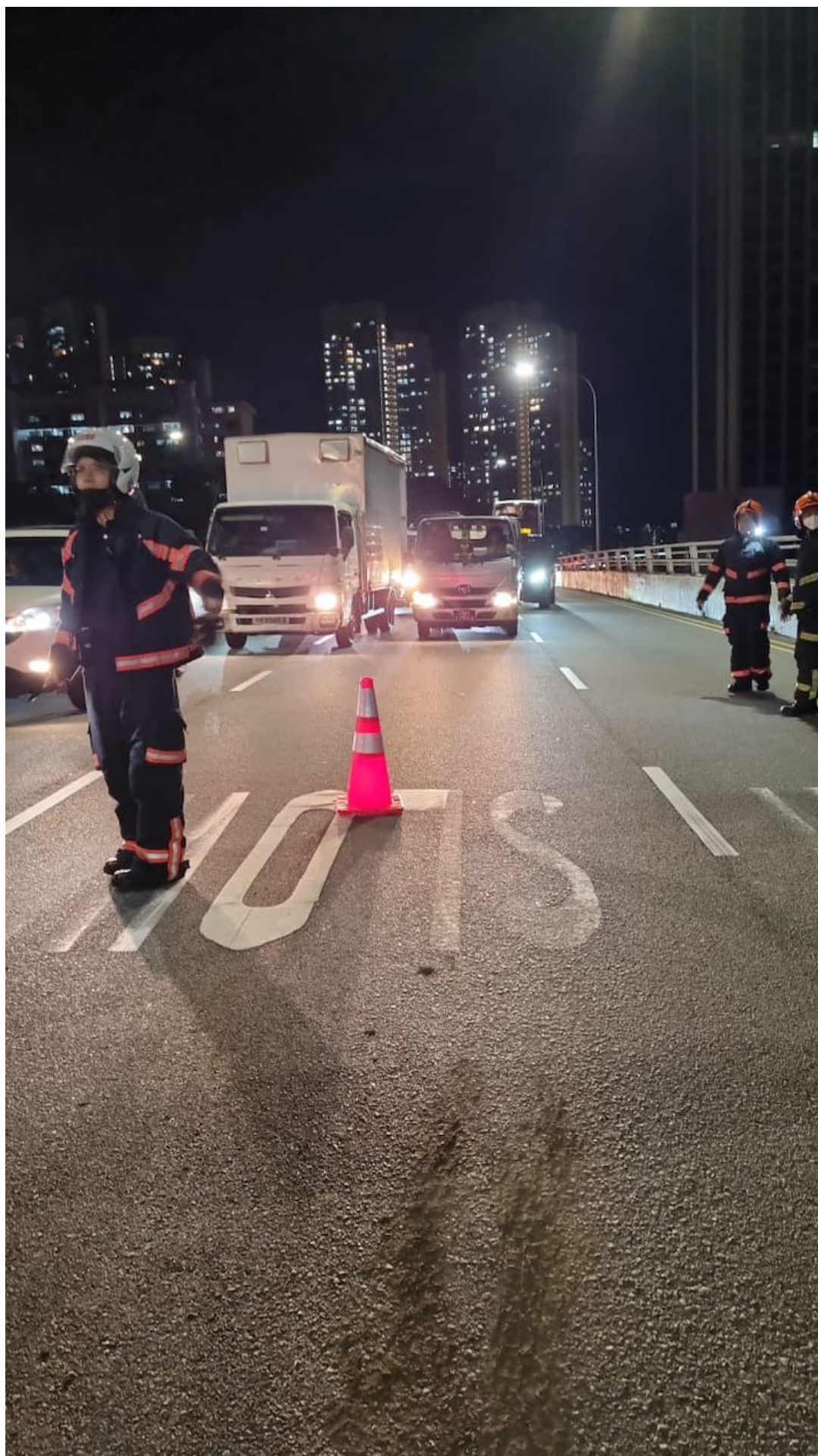
















**SINGAPORE  
POLICE FORCE**



T/20220822/2200

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

1 of 3

Report No. T/20220822/2200

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/08/2022 23:39		Vide Report No.: D/20220822/0097		Station Diary No.: 189	
<b>Informant's Particulars</b>					
Name of Informant: RAMIS A/L SURYANARAYANAN			Address:		
ID Type / ID No.: FIN NO / G7619414P			Contact No.: Home/Office: Mobile: 98836804		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 15/05/1980	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: HEAVY VEHICLE DRIVER			Driving Licence Information: Class: 2B,3,4A,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/08/2022 19:35	Type of Location:
Location:  CLEMENTI AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC3385P	Bus/Coach/Mi nibus				Seriously Damaged	0
XE6903U	Lorry				Seriously Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20220822/2200

2 of 3

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

Report No. T/20220822/2200

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Unknown Driver		ID No. NIL
Related Vehicle	PC3385P (Bus/Coach/Minibus)		Contact No. NIL
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
<b>Driver</b>			
Name	RAMIS A/L SURYANARAYANAN		ID No. G7619414P
Related Vehicle	XE6903U (Lorry)		Contact No. 98836804
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4A,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 22/08/2022 around 1935hrs, I was driving my lorry (VRN: XE6903U) on the second lane, towards PIE Changi along Clementi Ave 6 when I stopped as the traffic light was red. Suddenly, I felt impact from the back of my lorry and I got off my vehicle to check and saw that a bus (VRN: PC3385P) had hit my lorry from the rear. I then contacted company's duty line and my supervisor namely, Shawn Chen (HP: 98383280) picked up the call and then contacted the police.

Traffic Police, SCDF and ambulance were at scene.

I would like to state that I am feeling pain on my right elbow and will be seeing a doctor soon. I was checked by paramedics at scene but I declined conveyance to the hospital, however the pain is getting worse.

I am lodging this report under the instruction of Traffic Police.



**SINGAPORE  
POLICE FORCE**



T/20220822/2200

3 of 3

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

Report No. T/20220822/2200

**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 2 TEONG KE YING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/08/2022 23:39

Officer In Charge Of Case:

TP / GIT /  
SGT 3 MUHAMMAD ISMAIL BIN AMZAH  
Contact No.: 65476185

Classification Of Case:

NP168

COMMERCIAL VEHICLE (SCH 1)

MZ801  
R SB  
B800SD0  
Cov.Type: C  
KUKTASB

## CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE  
THE ROAD TRANSPORT ACT 1987, ROAD TRANSPORT (AMENDMENT) ACT 2019, AND THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1959 OF MALAYSIA  
THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975  
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968  
ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

**CERTIFICATE No.** BVFCSB0007172215 ChaNo: YS2P6X40005634294

**1. Index Mark and Registration  
Number of Vehicle:**

XE 6903 U

**2. Name of Policyholder:**

AIR LIQUIDE SINGAPORE PRIVATE LIMITED

**3. Effective Date of Commencement  
of Insurance for the purposes  
of the Ordinance:**

01 May 2022

**4. Date of Expiry of Insurance:**

30 April 2023

**5. Persons or Classes of Persons entitled to drive\* (For certificate references MX1 and MX4, see overleaf)**

ANY PERSON PROVIDED HE IS ON THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR 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 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\* (For certificate reference MX1, see overleaf)**

A. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

B. WHILST THE MOTOR VEHICLE IS BEING SO USED THE CARRIAGE OF PASSENGERS IS PERMITTED.

THE POLICY DOES NOT COVER :

1. USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.

2. USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.

3. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Estimated Value : MARKET VALUE WITH COE/PARF

Hire Purchase Owner :

Type of Cover : Comprehensive

\* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

I/We hereby certify that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia), the Road Transport (Amendment) Act 2019 (Malaysia), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore).



Approved Insurers.