

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	14/09/2022 16:06 (SGT)
Reported by	Driver
Date of Accident	14/09/2022 02:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	QUEENSWAY TOWARDS PORTSDOWN AVE AFTER ESSO QUEENSWAY A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD1178J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LUCKY JOINT CONSTRUCTION PTE LTD
Company Reg No	198200882E
Email Address	logistics@luckyjoint.com.sg
Mobile Phone No	(Phone) +65-91706789
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	CWB45CLPHNB
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	13074

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	2021-V0084139-VCV-R010

DRIVER

Name of Driver	CHINNAIYA SIVALINGAM
Work Permit No	G7640535U
Date Of Birth	11/10/1979

Occupation	Outdoor
Date Of Driving Pass	18/03/2015
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85871362
Alt. Phone Number	-
Email Address	logistics@luckyjoint.com.sg
Address	186 BOON LAY AVENUE #10-14 BOON LAY VISTA (S) 640186
Address complement	-
Postcode	-
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	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 WITH ATTACHED.

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	FILE TOO LARGE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7800L
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ONG BOON LEONG
Contact Number	(Phone) +65-96781080
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	NAVEEN KUMAR
Gender	Male
Phone No	(Phone) +65-93507521
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?	Yes

SKETCH PLAN

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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

[Signature]

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

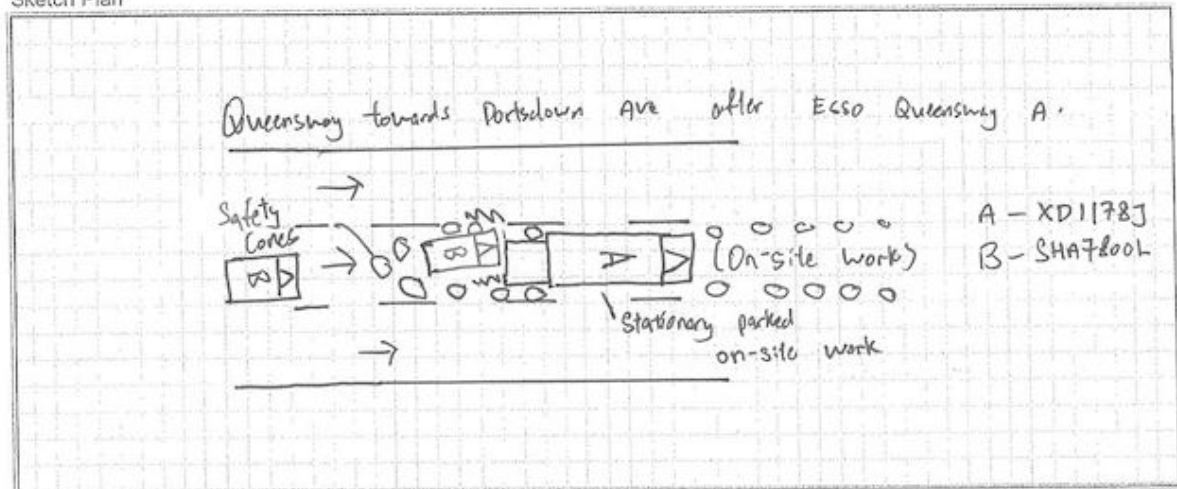
11-15

14/9/22



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

Sketch Plan



Describe Circumstance of the Accident

As per police report no. T/2022 0914/7008

Declaration

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



Policyholder's Signature / Date & Time

CGJ

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

CGJ

11-15
14/9/22



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











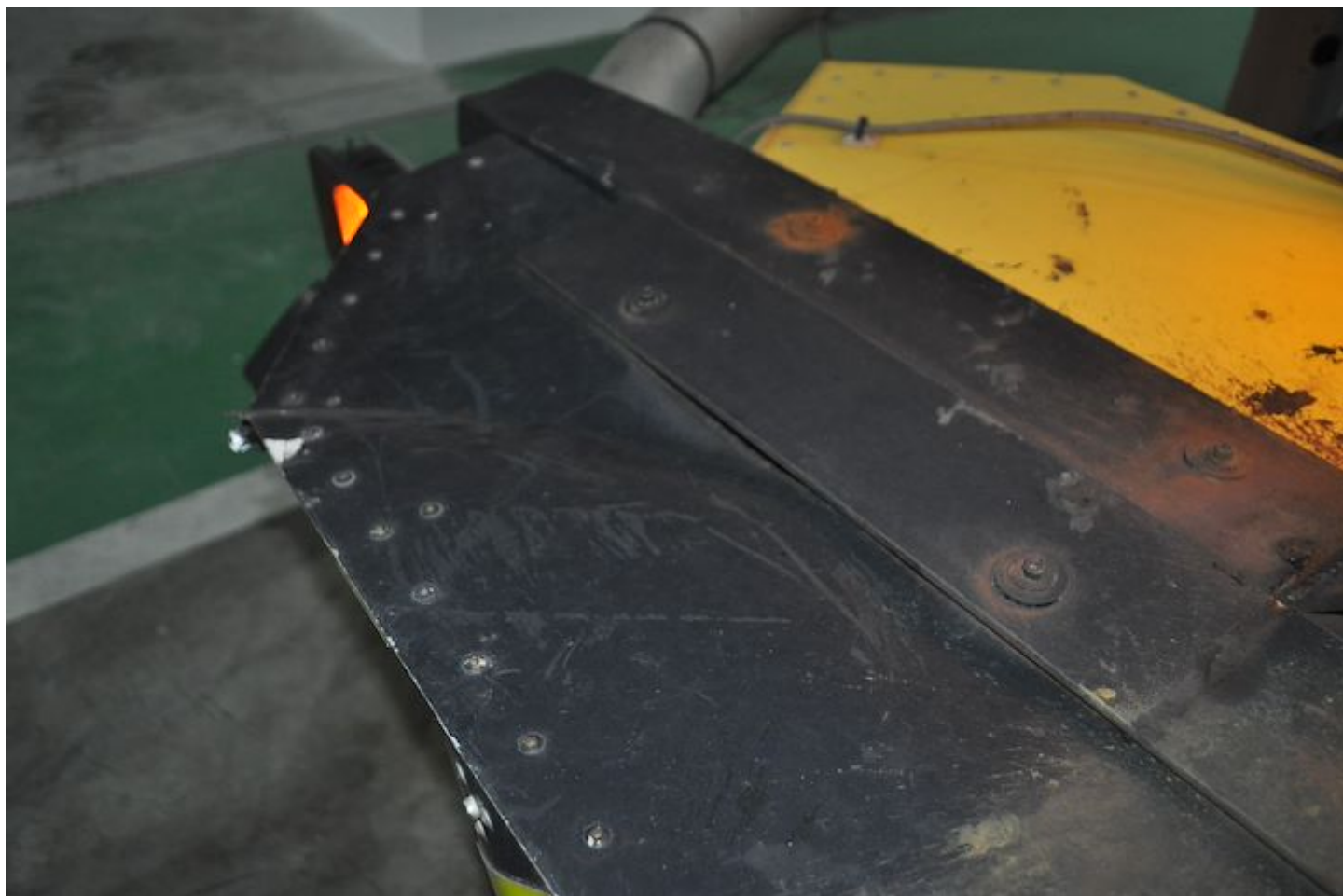








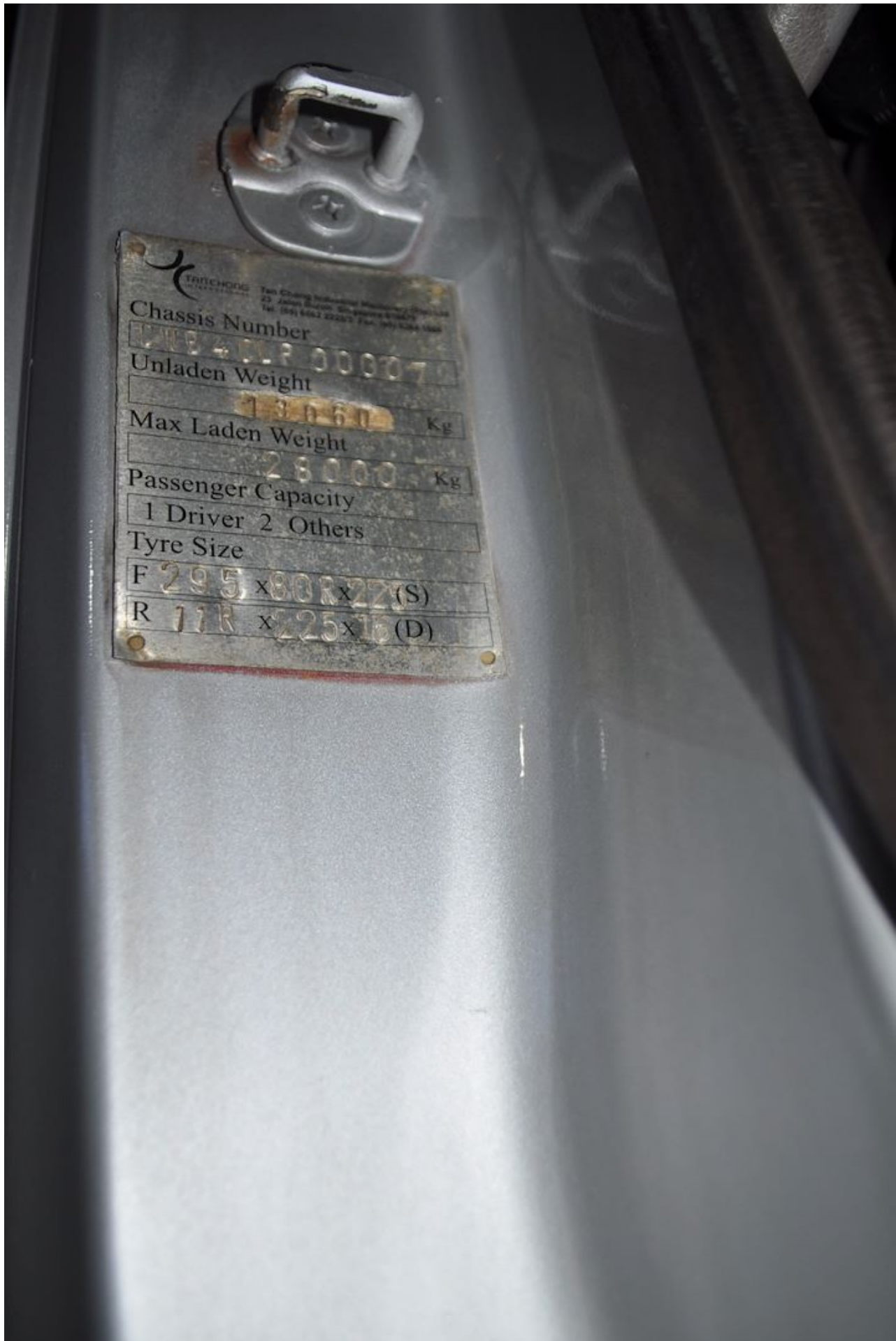






































**SINGAPORE
POLICE FORCE**



T/20220914/7008

1 of 4

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

Report No. T/20220914/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2022 04:10		Vide Report No.: E/20220914/0017		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHINNAIYA SIVALINGAM			Address: 186 BOON LAY AVENUE #10-14 BOON LAY VISTA SINGAPORE 640186		
ID Type / ID No.: FIN NO / G7640535U			Contact No.: Home/Office: Mobile: 85871362		
Nationality: INDIAN			Email: svthaya15@gmail.com		
Sex: Male	Age: 42	Date of Birth: 11/10/1979	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry: 11/10/2024		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/09/2022 02:00	Type of Location: Straight Road
Location: QUEENSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHA7800L	Car	HYUNDAI		Blue	Slightly Damaged	0
XD1178J	TRUCK MOUNTED ATTENUATOR	UD TRUCKS		Multi-Colored		0



**SINGAPORE
POLICE FORCE**



T/20220914/7008

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

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Report No. T/20220914/7008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHINNAIYA SIVALINGAM	ID No.	G7640535U
Related Vehicle	XD1178J (TRUCK MOUNTED ATTENUATOR)	Contact No.	85871362
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: 11/10/2024
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Vehicle Owner			
Name	ONG BOON LEONG	ID No.	NIL
Related Vehicle	NIL	Contact No.	96781080
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	NIL
Injured worker			
Name	NAVEEN KUMAR	ID No.	NIL
Related Vehicle	NIL	Contact No.	93507521
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/09/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

Brief Details.

I am working Lucky Joint Construction Pte Ltd and on the aforementioned date,time and location, i was working on-site where we have closed the middle lane and other crew members have placed cones indicating that we are on site and directing the traffic to first and third lane. While I was inside the driver seat, I felt an impact thus I looked on the rear camera panel and discovered that a taxi (SHA7800L) had rear-ended my vehicle. Hence, I alighted my vehicle and further discovered that one of worker (MOBILE & ELECTRICAL SOLUTION PTE LTD) was hit. Subsequently, other worker called for police and ambulance assistance. The taxi driver affirmed that he had hit our worker.



**SINGAPORE
POLICE FORCE**



T/20220914/7008

Police Station Of Origin:
Traffic Police
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Report No. T/20220914/7008

CONTINUATION OF REPORT

Shortly after, TP officer and Ambulance arrived. The injured worker was then treated and brought the hospital as the medic informed us that he will be conveyed.

Traffic Police gave me a case card, i was then informed to lodged a road traffic accident report regarding the accident thus I am lodging as instructed.

I have an in-car camera footages to provide to TP for further investigations,



**SINGAPORE
POLICE FORCE**



T/20220914/7008

Police Station Of Origin:
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Tel No: 65470000

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Report No. T/20220914/7008

CONTINUATION OF REPORTSketch 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 / TPB /
MUHAMMAD SYARIFUDDIN MUHAMMAD
AJMAIN
Contact No.: 65476367

This report is lodged at Jurong West NPC Kiosk 1
NP168

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

Date/Time:
14/09/2022 04:10

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: XD 1178 J
Name (as shown in NRIC) : Chinnaiya Sivalingam NRIC/FIN/Passport No : G 7640535U
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9170 6789
Email Address : _____
Date of Accident : 14/9/22 Time of Accident : 0200
Place of Accident : Queensway - Portdown Ave
Insurance Company : _____

(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:

- ① To resubmit accident photos
- ② Injured person Naveen Kumar, worker by the roadside.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

For Customer Service please visit
1 Pickering Street
#01-01 Great Eastern Centre
Tel: +65 6248 2888 Fax: +65 6327 3080



Certificate of Insurance

ORIGINAL

The Motor Policy to which this Certificate relates is issued in accordance with the provisions of the following Legislation:
Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189 of the Revised Edition) (Singapore)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1996 Edition (Singapore)
Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaysia)
Road Transport Act 1987 (of Malaysia)
Road Transport (Amendment) Act 2019 (of Malaysia)

FORM H2300

Policy No. : 2021-V0084139-VCV-R010
Policy Type : Commercial Vehicle

Risk# : 0076
Cover : Third Party Only

DESCRIPTION OF VEHICLES:

Vehicle Registration : XD1178J
Vehicle Make & Model : NISSAN CWB45CLPHNB

Name of Insured : LUCKY JOINT CONSTRUCTION PTE LTD

Period of Insurance : 30-05-2021 (0000HRS) to 29-05-2023

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *

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 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.

LIMITATIONS AS TO USE

- (1) Use in Connection with the Policyholder's business.
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - (3) Use for social, domestic and pleasure purposes.
- The policy does not cover :-
- (1) Use 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.
 - (3) Use for the carriage of passengers for hire or reward.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (of Malaysia) are not to be included under these headings.

Signed for and on behalf of the Company

Authorized Signature

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Aliwal Street, Chenn Leonn Building
Singapore 199896
www.tib.com.sg
Tel: (65) 6742 6766 Fax: (65) 6742 6669

GPGICSS

07-06-2021

Great Eastern General Insurance Limited (Reg. No. 1920 00003W)
(A wholly-owned subsidiary of Great Eastern Holdings Limited)