

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	28/10/2022 16:08 (SGT)
Reported by	Driver
Date of Accident	28/10/2022 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8213E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FUTAR ENTERPRISES PTE LTD
Company Reg No	197101311Z
Email Address	KARAN@FUTAR.COM.SG
Mobile Phone No	(Phone) +65-96792026
Alternative Phone No	(Office) +65-65433818

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V05422/VCV/R06

DRIVER

Name of Driver	KARUPPIAH RAJARAM
Passport No/FIN	G3048772P
Date Of Birth	20/02/1989
Occupation	Indoor

Date Of Driving Pass	11/07/2022
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81541996
Alt. Phone Number	-
Email Address	KAREN@FUTAR.COM.SG
Address	19 CHANGI N WAY S.498786
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	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	5
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)	7
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	ALAM MOHD SAMSUL
Gender	Male

PASSENGER 2

Name	SADDAM MOHD
Gender	Male

PASSENGER 3

Name	MOHSIN MOHD
Gender	Male

PASSENGER 4

Name	HOSSAIN MD BILLAL
Gender	Male

PASSENGER 5

Name	RIDOY MD MEHADI HASAN
Gender	Male

PASSENGER 6

Name	ISLAM MOHD ASHIFUL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED RPORT AND POLICE REPORT

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	SHD3988P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLX67P
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YQ2306U
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMG7772T
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	ALAM MOHD SAMSUL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD8213E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	SADDAM MOHD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD8213E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	MOHSIN MOHD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD8213E
Were seat belts worn?	-



Was this injured conveyed to hospital by ambulance?

Yes

INJURED 4

Name of injured person

HOSSAIN MD BILLAL

Gender

Male

Phone No

-

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

-

Injured person in which vehicle?

GBD8213E

Were seat belts worn?

-

Was this injured conveyed to hospital by ambulance?

Yes

INJURED 5

Name of injured person

RIDOY MD MEHADI HASAN

Gender

Male

Phone No

-

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

-

Injured person in which vehicle?

GBD8213E

Were seat belts worn?

-

Was this injured conveyed to hospital by ambulance?

Yes

INJURED 6

Name of injured person

ISLAM MOHD ASHIFUL

Gender

Male

Phone No

-

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

-

Injured person in which vehicle?

GBD8213E

Were seat belts worn?

-



Was this injured conveyed to hospital by ambulance?

Yes

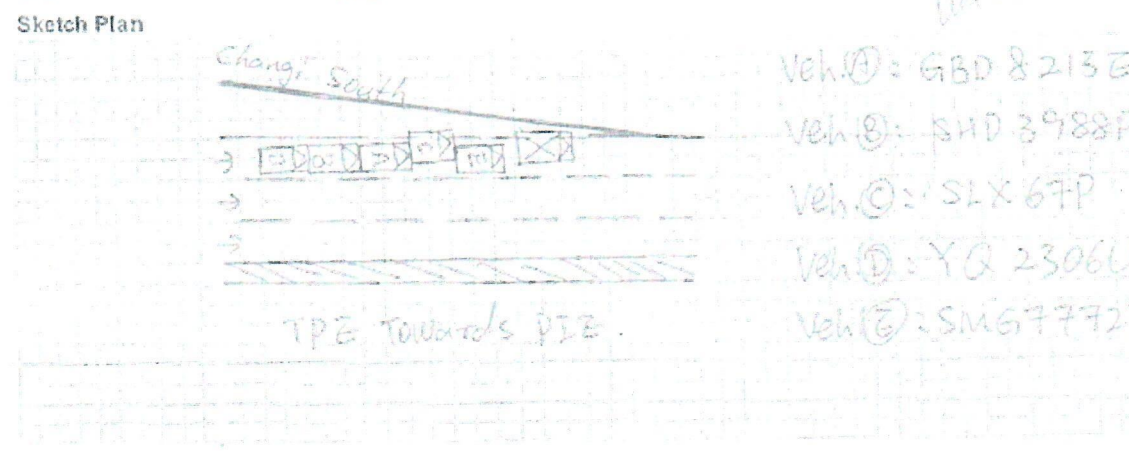
SKETCH PLAN

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 a/cresaid.
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 making 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.

Longjun Longjun 28/10/22 @ 14:00 pm
 Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel Van Se



Describe Circumstances of the Accident

On 28-10-2022 at about 07:54 am, I was driving my company lorry (GBD 8213E) along TPE towards PIE in the left-most lane after exiting from Changi South, with 6 passengers inside my lorry.

The vehicles ahead of my lorry were stopped, so I also slow down and almost stopped too.

All of sudden, I felt an impact from behind. Due to the huge impact, my lorry been surged forward and collided onto rear portion of the vehicle C (SLX 67P). When I come out to inspect my company lorry and I realized that I was involving 5 vehicles chain collision accident as follows sequence:

1st Vehicle (SMG 7772T) == E

2nd Vehicle (SLX 67P) == C

3rd Vehicle (GBD 8213E) == A

4th Vehicle (SHD 3988P) == B

5th Vehicle (YQ 2306U) == D

I and my 6 passengers sustained injuries in this incident. my 6 passengers were conveyed by ambulance to Changi Hospital. I visited my doctor after the accident and was given 3 days of MC. We will follow up on our medical treatment if necessary.

Hence, I hereto lodge this report to claim against vehicle B (SHD 3988P)'s insurance for my accident damages.

Loga

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



1000210257036

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

1 of 5
Report No: T/20221025/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2022 14:25	Video Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KARUPPIAH RAJARAM	Address: 25 DEFU LANE 6 DEFU INDUSTRIAL PARK A SINGAPORE 539378		
ID Type / ID No.: FIN NO / G3048772P	Contact No.:	Mobile: 81541995	
Nationality: INDIAN	Home/Office:	Email: karen@futar.com.sg	
Sex: Male	Age: 33	Date of Birth: 20/02/1989	Type of Informant: Driver
Race: Indian	Language: English	Institution / School Name:	
Occupation: Production Coordinator	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Driver: No	Date/Time of Accident: 28/10/2022 07:50	Type of Location: Straight Road
Location: ANCHORVALE CRESCENT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: 5 Vehicles Chain Collision			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition Seriously Damaged	No of
GBD8213E	Lorry	NISSAN	CABSTAR			6
SHD3988P	Car					0
SLX67P	Car					0



SINGAPORE
POLICE FORCE



7202210227030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408866
Tel No: 65470000

2 of 5

Report No: 7202210227030

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of
SMG7772T	Car					0
YQ2306U	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	KARUPPIAH RAJARAM	ID No.	G3048772P
Related Vehicle	GBD8213E (Lorry)	Contact No.	81541990
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	ALAM MOHAMMAD SAMSUL	ID No.	G2242983W
Related Vehicle	GBD8213E (Lorry)	Contact No.	90824021
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Serious
Passenger			
Name	SADDAM MOHAMMAD	ID No.	G2300431
Related Vehicle	GBD8213E (Lorry)	Contact No.	93436292
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T202210287035

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

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Report No: T202210287035

CONTINUATION OF REPORT

Passenger			
Name	ISLAM MOHAMMAD ASHIFUL	ID No.	G2304867T
Related Vehicle	GBD8213E (Lorry)	Contact No.	84235584
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	HOSSAIN MD BILLAL	ID No.	G2486140L
Related Vehicle	GBD8213E (Lorry)	Contact No.	93454865
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	RIDOOY MD MEHADI HASAN	ID No.	G8928765R
Related Vehicle	GBD8213E (Lorry)	Contact No.	86553740
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	MOHSIN MOHAMMAD	ID No.	M3052713L
Related Vehicle	GBD8213E (Lorry)	Contact No.	81760133
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408866
Tel No: 65470000



12022102307035

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Report No. 12022102307035

CONTINUATION OF REPORT

Brief Details.

On 26-10-2022 at about 07:54 am, I was driving my company lorry (G8D 8213E) along TPE towards PIE in the left-most lane after exiting from Changi South, with 6 passengers inside my lorry.

The vehicles ahead of my lorry were stopped, so I also slow down and almost stopped too.

All of sudden, I felt an impact from behind. Due to the huge impact, my lorry been surged forward and collided onto rear portion of the vehicle C (SLX 67P). When I come out to inspect my company lorry and I realized that I was involving 5 vehicles chain collision accident as follows sequence :

- 1st Vehicle (SMG 7772T)
- 2nd Vehicle (SLX 67P)
- 3rd Vehicle (G8D 8213E)
- 4th Vehicle (SHD 3088P)
- 5th Vehicle (YQ 2306U)

I and my 6 passengers sustained injuries in this incident, my 6 passengers were conveyed by ambulance to Changi Hospital. I visited my doctor after the accident and was given 3 days of MC. We will follow up on our medical treatment if necessary.

Hence, I hereto lodge this report to claim against vehicle B (SHD 3088P)'s insurance for my accident damages.



SINGAPORE
POLICE FORCE



T202210287030

5 of 5

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

Report No: T202210287030

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 / TPB /
MUHAMMAD AFIQ BIN RAHMAT
Contact No: 65476171

NR165

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

Date/Time:
28/10/2022 14:25

Classification Of Case: