

# 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 ..... KAREN@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? .....	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 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

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. 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.



Signature

28/10/22 @ 14:00pm

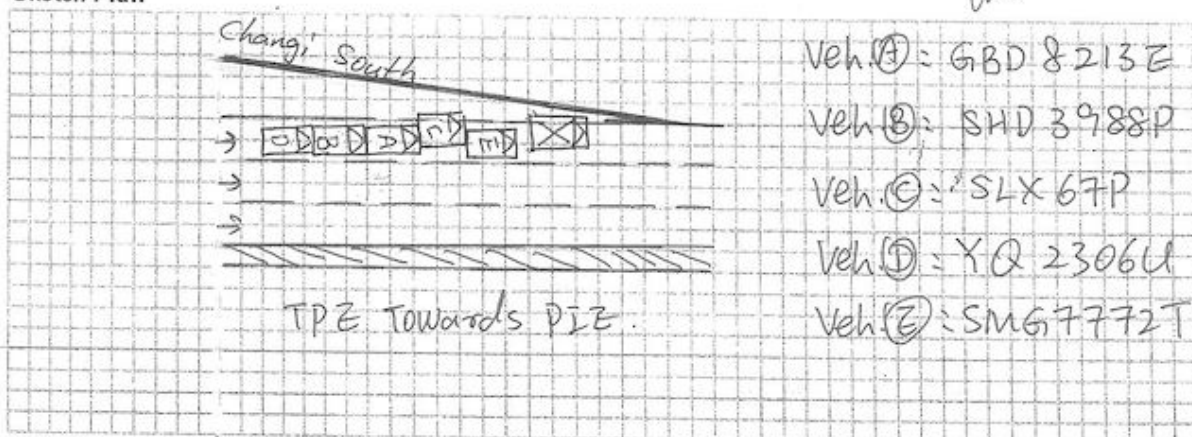
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Signature

## Sketch Plan





**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.

*Layan*

**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.



*Layan*  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
*limsc*



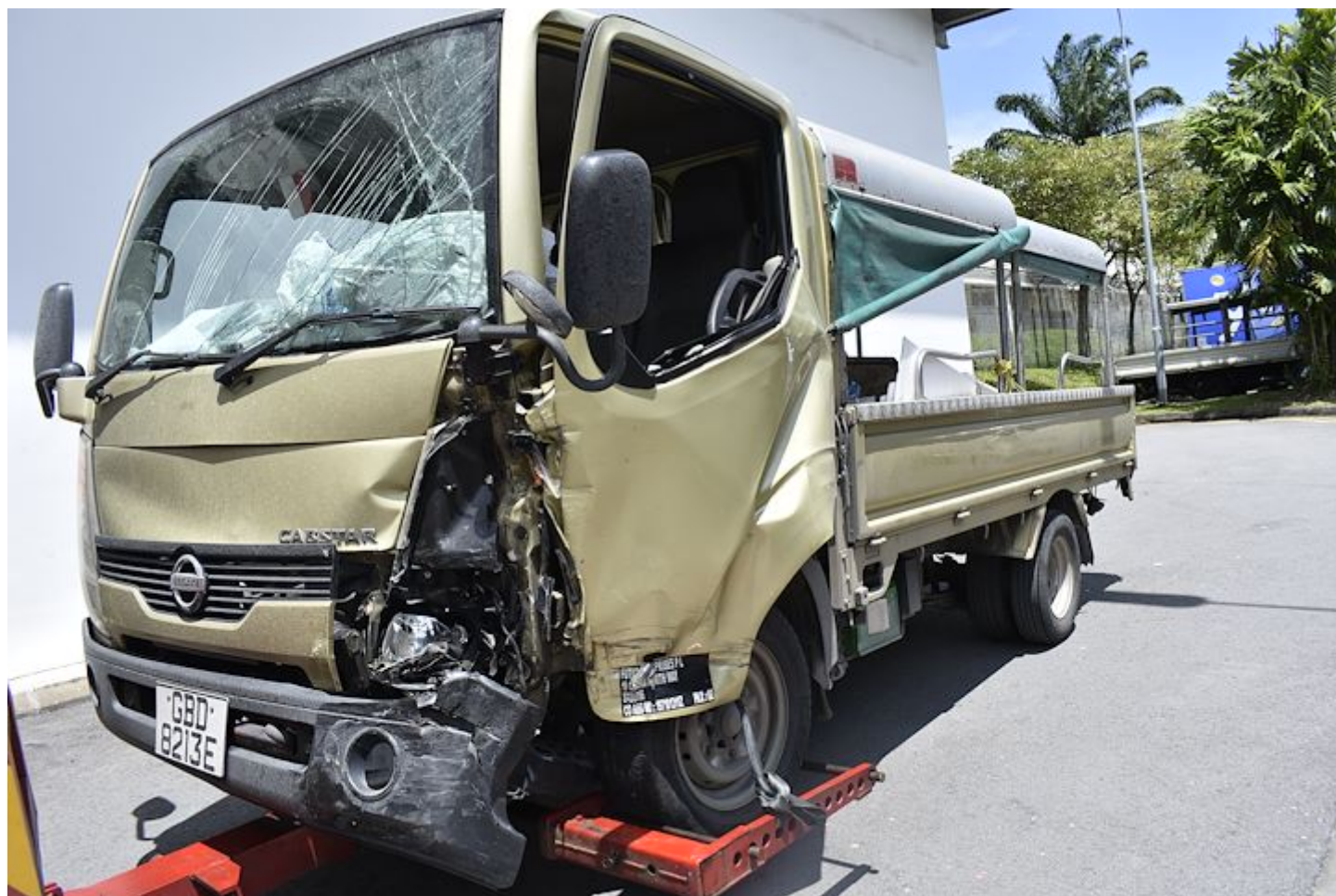








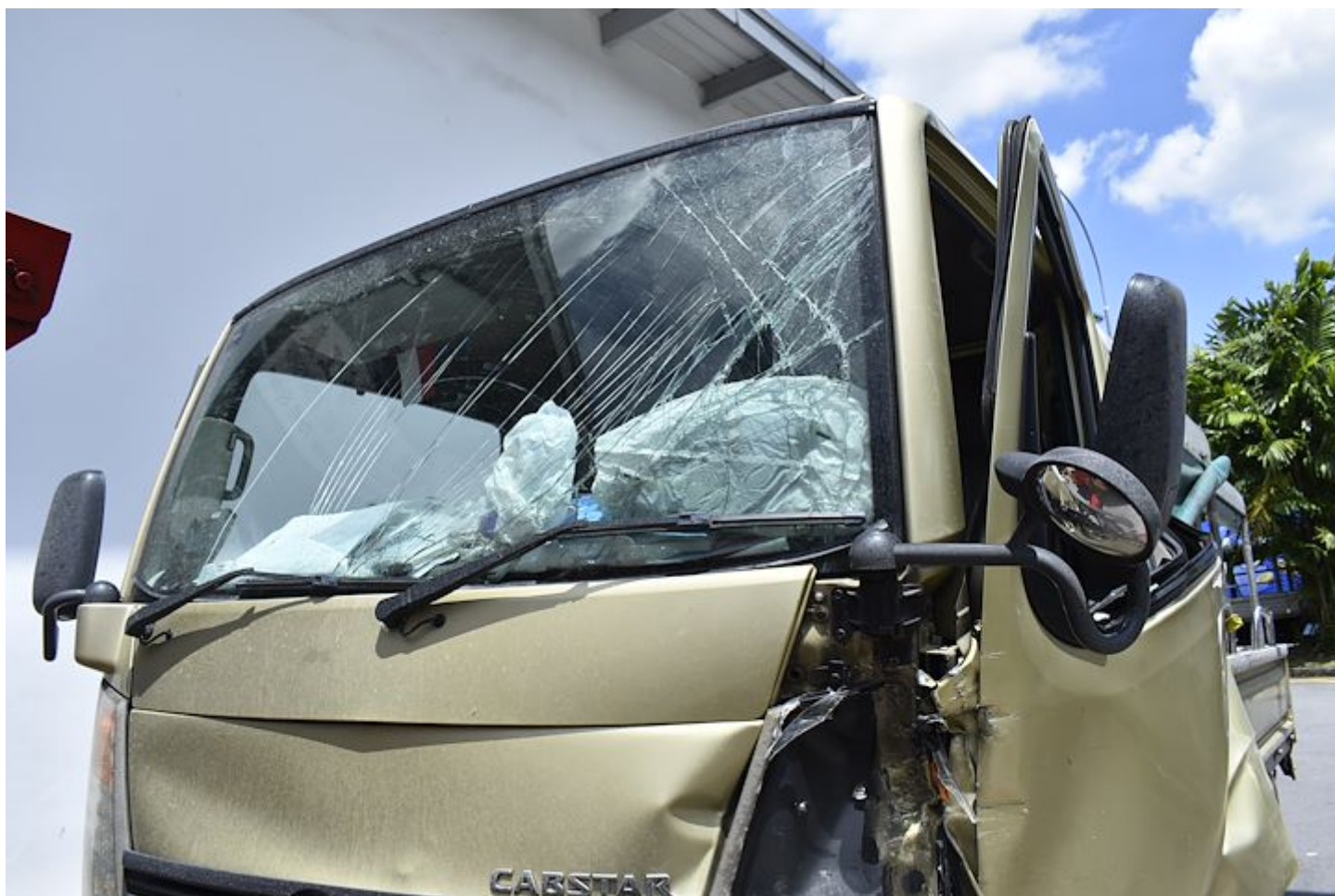










































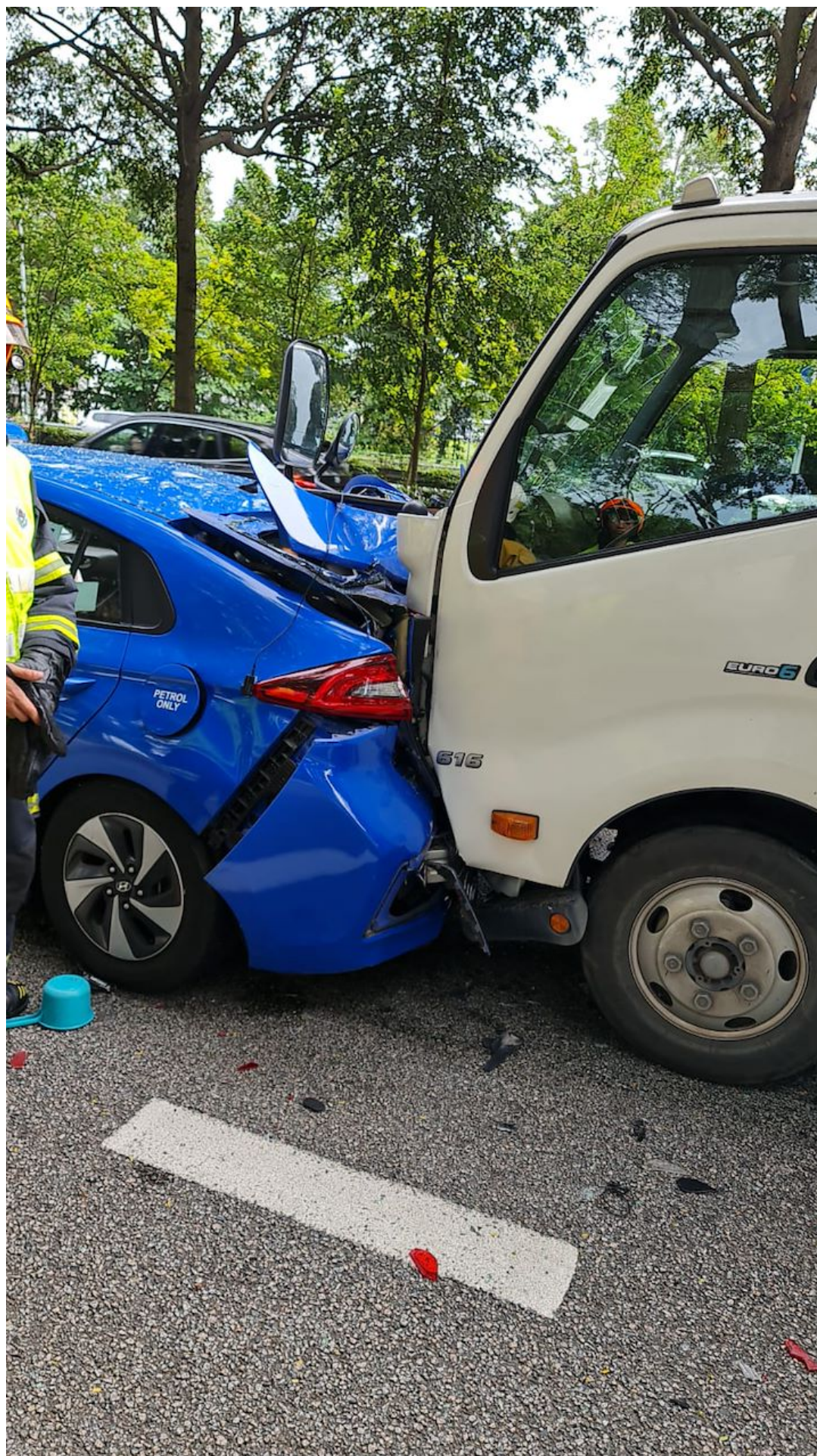








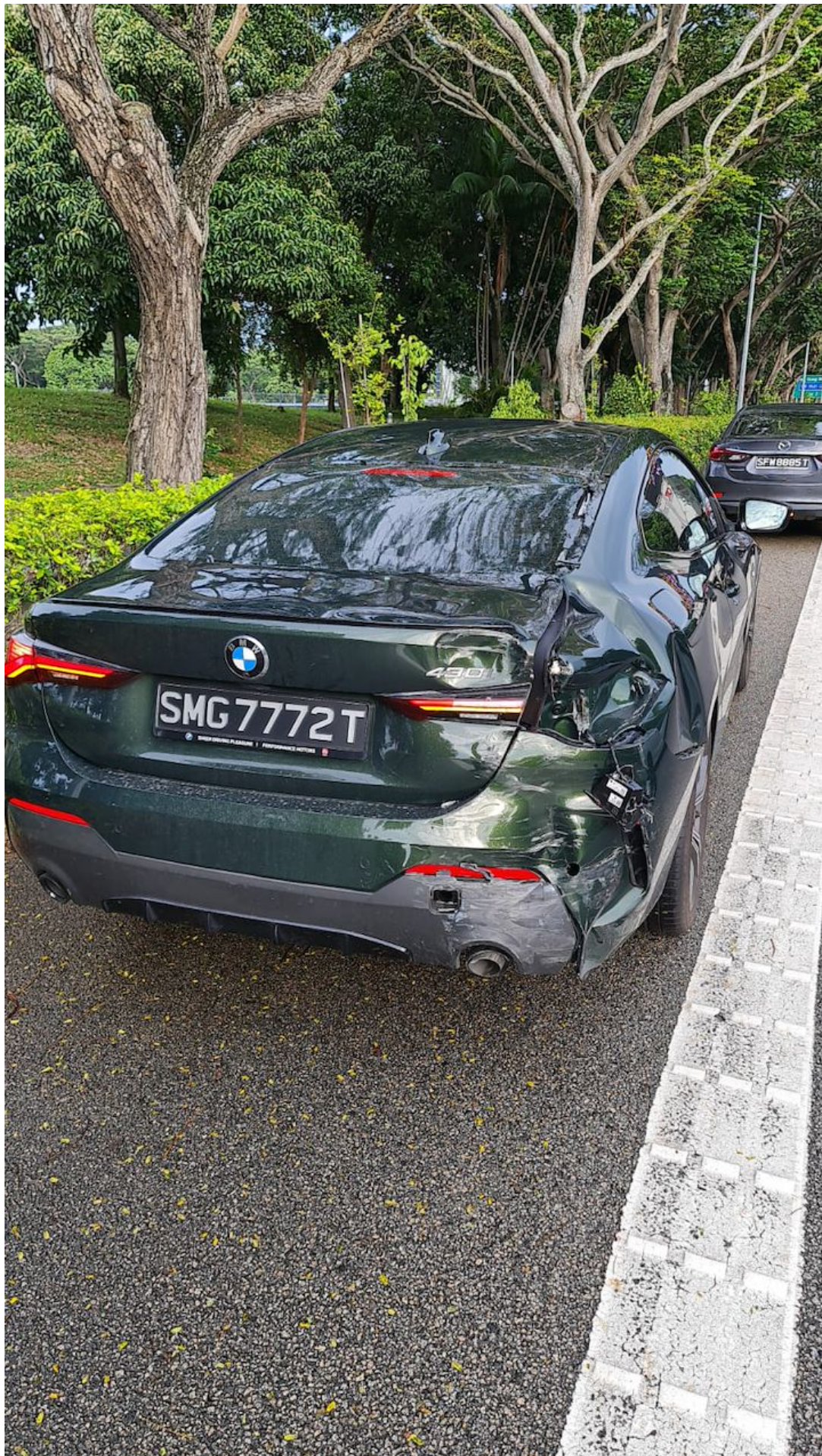
















**SINGAPORE  
POLICE FORCE**



T/20221028/7036

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

1 of 5

Report No. T/20221028/7036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/10/2022 14:25		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
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.: Home/Office: Mobile: 81541996		
Nationality: INDIAN			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:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: 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

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBD8213E	Lorry	NISSAN	CABSTAR		Seriously Damaged	6
SHD3988P	Car					0
SLX67P	Car					0



**SINGAPORE  
POLICE FORCE**



T/20221028/7036

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

2 of 5

Report No, T/20221028/7036

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMG7772T	Car					0
YQ2306U	Lorry					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KARUPPIAH RAJARAM	ID No.	G3048772P
Related Vehicle	GBD8213E (Lorry)	Contact No.	81541996
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	03	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**



T/20221028/7036

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

3 of 5

Report No. T/20221028/7036

## CONTINUATION OF REPORT

<b>Passenger</b>			
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
<b>Passenger</b>			
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
<b>Passenger</b>			
Name	RIDOY 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
<b>Passenger</b>			
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**



T/20221028/7036

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

4 of 5

Report No. T/20221028/7036

**CONTINUATION OF REPORT**Brief Details.

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)
- 2nd Vehicle (SLX 67P)
- 3rd Vehicle (GBD 8213E)
- 4th Vehicle (SHD 3988P)
- 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 3988P)'s insurance for my accident damages.



**SINGAPORE  
POLICE FORCE**

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



T/20221028/7036

5 of 5

Report No. T/20221028/7036

**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 / TPIB /  
MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

NP168

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: