

## 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 .....	13/12/2022 11:33 (SGT)
Reported by .....	Both
Date of Accident .....	29/11/2022 16:00 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TWDS CHANGI
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBC1994K
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TMF AUTOMOTIVE PTE LTD
Company Reg No .....	201619883C
Email Address .....	TMFBOPBYTEH@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96382015
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Cabstar
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 your vehicle? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	3000

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2001288382

#### DRIVER

Name of Driver .....	RAMAKRISHNAN RAMAIAH
NRIC No .....	G2654563W
Date Of Birth .....	24/11/1991
Occupation .....	Indoor

Date Of Driving Pass .....	26/10/2017
Driving experience .....	5 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-82059168
Alt. Phone Number .....	-
Email Address .....	TMFBOBBYTEH@GMAIL.COM
Address .....	BLK 852 JURONG WEST ST 81 #11-309
Address complement .....	-
Postcode .....	640852
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 .....	Raining
Road Surface .....	Wet

#### 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? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	KALYANASUNDARAM ARUMUGAM
Gender .....	Male

#### 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/20221130/2001.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XD2213J
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	RAMAKRISHNAN RAMAIAH
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBC1994K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## IMPORTANT NOTICE

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.



Policyholder's Signature / Date & Time

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


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

Sketch Plan



Describe Circumstance of the Accident


Refer to police report



Declaration

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

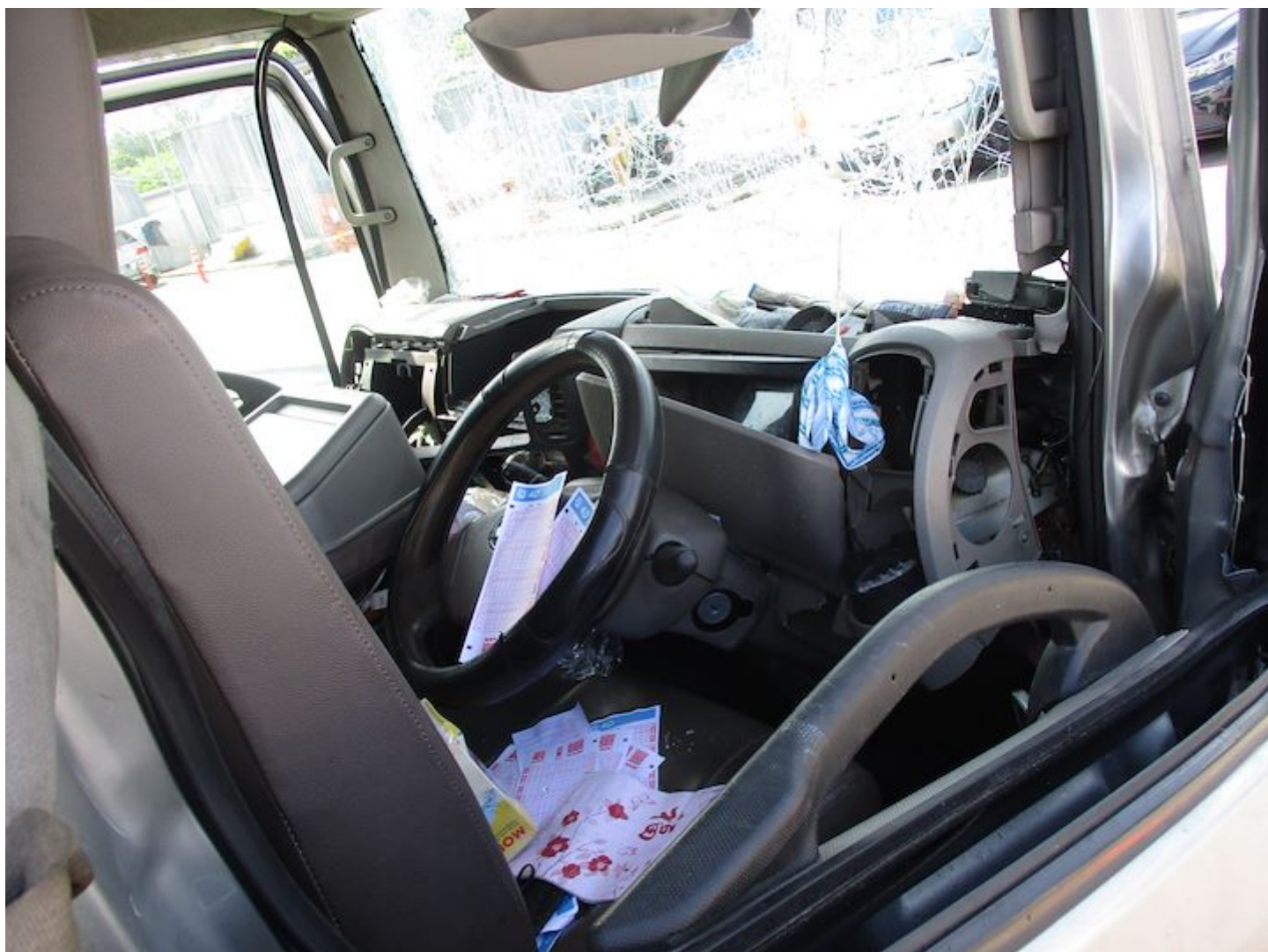
  
Policyholder's Signature / Date & Time

  
Driver's Signature (if driver is not the policyholder) / Date & Time  
12/12/2022

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

























**SINGAPORE  
POLICE FORCE**



T/20221130/2001

1 of 4

Report No. T/20221130/2001

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/11/2022 01:22	Vide Report No.: J/20221129/0089	Station Diary No.: 14
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**Informant's Particulars**

Name of Informant: RAMAKRISHNAN RAMAIAH			Address: APT BLK 852 JURONG WEST STREET 81 #11-309 SINGAPORE 640852	
ID Type / ID No.: FIN NO / G2654563W			Contact No.: Home/Office:	Mobile: 82059168
Nationality: INDIAN			Email:	
Sex: Male	Age: 31	Date of Birth: 24/11/1991	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/11/2022 16:00	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		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
GBC1994K	Lorry	NISSAN		Silver	Slightly Damaged	1
XD2213J	TIPPER TRUCK	HINO		White	Slightly Damaged	0

**Details of Person Involved**

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



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

Report No. T/20221130/2001

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	KALYANASUNDARAM ARUMUGAN	ID No.	G7585484L
Related Vehicle	GBC1994K (Lorry)	Contact No.	84028694
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2022	Date Discharge	29/11/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	RAMAKRISHNAN RAMAIAH	ID No.	G2654563W
Related Vehicle	GBC1994K (Lorry)	Contact No.	82059168
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/11/2022	Date Discharge	29/11/2022
No. of Days granted Medical Leave	14	Degree of Injury	Serious
<b>Driver</b>			
Name	LOW TEW SENG	ID No.	S1335142B
Related Vehicle	XD2213J (TIPPER TRUCK)	Contact No.	98265302
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

**Brief Details.**

On 29/11/2022 at about 1600hours, I was driving my company lorry bearing plate number GBC1994K along PIE towards Toh Guan Road exit. I had another colleague who was sitting beside me at that point of time. I was driving on the last lane and wanted to exit on the nearby slip on. There was a construction site ahead of me, however there was no signage nor any barricades to tell the road users that there were road works going on.

In front of me, I saw a tipper truck bearing plate number XD2213J, and it was moving very slowly.

I then wanted to exit on the slip road when suddenly the tipper truck had braked suddenly. I quickly pressed my emergency brake however my lorry did not manage to stop completely and continued to roll forward. My lorry then hit the tipper truck from behind. My right leg was then stuck under the dashboard,



**SINGAPORE  
POLICE FORCE**



T/20221130/2001

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Police Station Of Origin:  
Jurong West N.P.C  
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Report No. T/20221130/2001

**CONTINUATION OF REPORT**

and I cannot come out. My friend then managed to come out from the lorry and asked for help.

Shortly after, Traffic Police, ambulance and SCDF then came to scene. SCDF then tried to rescue me and managed to bring me out from the dashboard safely. I was then conveyed to the hospital because my right leg was heavily in pain. There is no in-vehicle camera inside my lorry.

First time such incident had happened. My supervisor was informed and came down to scene. I received 14 days of MC and sustained injuries on both of my legs, left knee and right foot.

TP IO RAHIM  
6547 6433



**SINGAPORE  
POLICE FORCE**



T/20221130/2001

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Report No. T/20221130/2001

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

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/  
STAFF SGT NUR SYAFIAH  
BINTE ABDUL LATIFF

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/11/2022 01:22

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Classification Of Case:

NP168





Allianz Insurance Singapore Pte. Ltd.

### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number	: SP2001288382
Date of Issue	: 17 March 2022
Coverage	: COMPREHENSIVE - AUTHORISED WORKSHOP
Policyholder	: TMF AUTOMOTIVE PTE. LTD.
Finance Company	: -
Period of Insurance	: 18 March 2022 To 17 March 2023 (both dates inclusive)
Registration Number	: GBC1994K
Chassis Number of Vehicle	: JN1SC2F24Z0850078

#### Persons or Classes of Persons Entitled to Drive\*:

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with the his/her permission or to whom the vehicle is hired.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

#### Limitation as to Use\*:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.
- (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

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

#### Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
- (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

17 March 2022

Issue Date

  
Hicham Raissi

 Chief Executive Officer  
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code	: 0000361 KSL INSURANCE AGENCY PTE LTD
Excess	Section 1 : Own Damage
	Section 1 : Windscreen
	Section 2 : Liabilities to Third Parties

SGD	2,000.00
SGD	100.00
SGD	2,000.00