ASS. REC. BY: Pulmi REF: CS (SGK 230	200169 Rwy3
ASSI	Veh No: XO 1853L Yr Regn: 2008 / July
From: Date:	Veh No: XO 2853L Yr Regn: 2008 / July
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: $\times 978531$	Make: MIBUBUHI PPSIJONYKWA c.c 12882
at Workshop m/s SIN COUR GORTHG	Colour WHIE A/C: Insured / Std / NI / NA
of 48,704 cums as East \$102-126	Sp.Reading 31305 T/Radio: Insured / Std / NI / NA
Insured: ShV	Eng/No:
Policy No.	C/No: A 400 618
Claims No.	Gen. Cond: Good / Fair/ Poor / Burnt
Surn Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: horder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII S/Rim 1 STD A/Rim or
	Tyre Size: F: 255 & 221-5
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SÚMI /
repair at the time of inspection.	TOYO/YOKO OF KEADONE
Bal. or Market Value: 2-0 K	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. 19 11 22 D.O.I. 06 01 23
Lum Sum: % 3 Val.: Yes or No.	Survey held at SINCRECLEM
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction  REPAIR LIMET - 17 K	
NO 7 10 1	·
to insit route of Room	10.080Mys - (104-11K)/8 days
	·
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report .	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	,Transportation:
2) Add Fee	
	: Interview (\$) Photos
Report Format:	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$	:Weekend (\$)
	TOTAL

1.1

# **G** SINGAPORE ACCIDENT STATEMENT

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 witholding of material facts may allow insurance companies to repudiate

- 5. Internation provided miss be as usually all seconds as possible 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** 30/12/2022 12:46 (SGT) Reported by Date of Accident 19/11/2022 12:30 (SGT) **Exact Location of Accident** 15a Tuas South Ave 12, #12, Singapore 637133 BLK 15A TUAS SOUTH AVE 12 TEMPORARY SITE OFFICE **Additional Location Information** (637133)Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number XD2853L

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CK LOGISTICS (S) PTE LTD Company Reg No 201923142H **Email Address** CKLOGISTICS88@HOTMAIL.COM Mobile Phone No (Phone) +65-82864468 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category **Transmission** CC

Mitsubishi Fp51jdr4rdea

**Employment** 

No - Claiming third party Commercial vehicle Manual 12882

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Allianz Insurance Singapore Pte. Ltd. SP2002788803

DRIVER

Name of Driver Work Permit No Date Of Birth

MARIYAPPAN BALAMURUGAN G2158016W 02/10/1988

Outdoor Occupation 30/10/2014 Date Of Driving Pass 8 YEARS AND 1 MONTH Driving experience Male Gender (Phone) +65-82864468 Mobile Number Alt. Phone Number BALANIVEB@GMAIL.COM Email Address **BLK 412 PANDAN GARDENS** Address Address complement
Postcode
Is the driver the policyholder? 08-103 600412 No **Employee** If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Hit by fallen tree / Other objects Type of Accident **Weather Conditions** Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? 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? Police Station Name Jurong Neighbourhood Police Post Police Station Phone No (Phone) +65-18002659999 Alt. Police Station Phone No (Fax) +65-62664987 Police Station Address Blk 158 Yung Loh Road #01-58 Singapore 610158 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT NO. J/20221119/2062 ATTACHMENT(S)

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

No

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

**UNKNOWN** 

Are accident photos available for attachment?

Was there any video captured by Car Camera?

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 2

Vehicle Registration Number	XD2973Z
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)	

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#### Declaration

tWe declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

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

TO VE LIO

Witnessed by Ruparing Centre Pursonnel INDELEXI TAXI

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the claims process
- ? This Formmust 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 willholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The assue 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 (GM) for archiving and that copies of this report will for a fee be made available upon application by interested parties
- 7. By the ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the teport being made available aforesaid
- 8 Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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 "Porsonal 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
- (i) processing, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (a) investigating the accident and/or my claims:
- (a) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (w) 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/mad packages) and/or
- (v) complying with applicable law in administering, processing, handing and/or dealing with my claims (collectively the "Purposes")
- (b) af insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yersitaw firms), which may be sited outside of Singapore, for one or more of the above Purposes



Policyholder's Signature / Date & Time

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

Sketch Plan

Witnessed by Roporting Contre Personnel DORLEN PAN.





1 of 3

Report No. J/20221119/2062

### **POLICE REPORT (NP299)**

Police Station Of Origin Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158

Tel No: 1800-2659999

Date/Time Report Made	Vide Report No.			Station Diary No.	
19/11/2022 19:34				33	
Name Of Informant	Address				
MARIYAPPAN BALAMURUGAN	APT BL	( 412 PANE	OAN GARDENS#	08-103	
	SINGAP	ORE 60041	12		
ID Type / ID No.	Contact	No.			
FIN NO / G2158016W	Home/O	ffice	Mobile		
			82864468		
Nationality	Email Ad	ddress			
INDIAN			D ( CD: ()	D	
Occupation	Sex	Age	Date of Birth	Race	
Trailer-truck driver	Male	34	02/10/1988	Indian	
Institution/School Name	Language				
	English				
Date/Time Of Incident	Location Of Incident				
19/11/2022 12:30	C/O APT BLK 15A TUAS SOUTH AVENUE 12				
	TEMPORARY SITE OFFICE SINGAPORE 637133				

#### Brief details.

On 19/11/2022 at about 1230hrs, while I was inside the white prime mover (XD2853L) and I was working at No. 15A Tuas South Avenue 12, suddenly the metal hydraulic from the forklift had fallen down as one of the metal pins was loosed from the hydraulic. Thus, after the metal hydraulic had fallen down which caused the forklift also flipped to a side. Firstly, the metal hydraulic had hit on to my white prime mover and container. Luckily, I had managed to jump out from the passenger side door and I was not injured. After that, the metal hydraulic also had hit on to another green prime mover (XD2973Z). I saw a driver

Signature Of Officer Recording The Report:  J / SR STAFF SGT ONG BOON TIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/11/2022 19:34
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) LEE HUI LING Contact No.: 67910000	Classification Of Case:





2 of 3

**POLICE REPORT (NP299)** 

**CONTINUATION OF REPORT** 

Report No. J/20221119/2062

inside the prime mover (XD2973Z) and I managed to pull him out from his prime mover. The driver did not suffer any visible injures but he complained of chest pain. Subsequently, his site manager namely, Mr Bob (HP: 98195900) sent him directly to Ng Teng Fong General Hospital for checkup. After the accident happened, no police and no ambulance were called in because there is no dispute, and everyone is working well together at the worksite. The green prime mover driver is namely, Sridhar had discharged from hospital and was given with 4 days MCs. The forklift driver and myself were not injured. This is the first time such accident had happened. There is no CCTV installed at the incident location. I was informed by the company to lodge a police report to claim insurance from the forklift driver.

Subjects Involve	<b>d</b>		
Defendant			Section 1997 From the Control of the
Person Name	LIU QIANG		
ID Type	FIN NO	ID No	G6740890Q
Gender	Male	Nationality	CHINESE
Race	Chinese	Language	Mandarin
Occupation	FORKLIFT DRIVER	Address	YANG KEE LOGISTICS PTE
			LTD SINGAPORE
Mobile No	88913296	1	
Oth			
Others	a har a talk a same	Server to the form of the server of	
Person Name	SRIDHAR SESHAGOPAL		
ID Type	FIN NO	ID No	G6746271N
Gender	Male	Nationality	INDIAN
Race	Indian	Language	English

Signature Of Officer Recording The Report:	Signature Of Informant:
J / SR STAFF SGT ONG BOON TIONG	*
Signature Of Interpreter: Not applicable	Date/Time: 19/11/2022 19:34
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) LEE HUI LING Contact No.: 67910000	Classification Of Case:





POLICE REPORT (NP299)

### **CONTINUATION OF REPORT**

Report No. J/20221119/2062

Occupation	Trailer-truck driver	Address	YANG KEE LOGISTICS PTE LTD SINGAPORE
Mobile No	85751639		
Victim			
Person Name	MARIYAPPAN BALAMU	RUGAN (Informant)	

Signature Of Officer Recording The Report:  J / SR STAFF SGT ONG BOON TIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/11/2022 19:34
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) LEE HUI LING Contact No.: 67910000	Classification Of Case:

### > Back to OneMotoring

## Enquire PARF/COF Rebate for Registered Vehicle

94. PP133 A 344 PP19. 20. Taxaa aana		
Owner ID Type: Owner ID:	Company	
	142H	
Vehicle No:	XD2853L	
Vehicle to be Exported:	No No La Company Compa	
Intended Deregistration Date:	10 Jan 2023	
Vehicle Make:	MITSUBISHI BARAN AND AND AND AND AND AND AND AND AND A	
Vehicle Model:	FP51JDR4RDEA	
Primary Colour:	Red	
Manufacturing Year:	2007.	
Engine No.:	6M70413507	
Chassis No.:  Maximum Power Output:	FP51JDA00618	
Open Market Value:	And the same of th	
Original Registration Date:	\$71,556.00 01 Jul 2008	
First Registration Date:	01 Jul 2008	
Transfer Count:	2	ere sid <b>o</b> j u u
Actual ARF Paid:	\$3.578.00	
PARF Eligibility:	No. 11 Process of the second s	
PARF Eligibility Expiry Date: PARF Rebate Amount:		
PART NEDGLE ATRIBUTE.	+ \$0.00	
COE Expiry Date:	30Jun 2023	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	5	
POP Paid:	\$16,859.00	
COE Rebate Amount:	\$2,218.00	
Total Rehate Amount:	\$2,218.00	

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 10 Jan 2023