

RECEIVED

FILE NO.

CS/INC 23 008941 / Twp 3

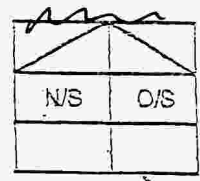
ASSIGNMENT

2027 Jan.
2012 Jan.

From: _____ Date: _____
 Estimated Cost _____
 D / (TF) / IS / TP RES / OD RES / EVA / INV / MV
 Inspection Vehicle No: _____
 Workshop No: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: XD5419M Yr Regn: 2012 Jan.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Tipper truck.
 Make: Mitsubishi FUS1 C.C. 11967
 Colour white/orange A/C: Insured / Std / NI / NA
 Sp. Reading 813558 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: FUS1JJA00767
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brakes: In order / Jammed / Leaked / Burnt or
 Modi: (N) / S/Rim / STD A/Rim or

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.



Tyre Size: F: 295/80R225
 R: 29 (D)
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PER / SUMI /
 TOYO / YOKO or NOVA

Front	Rear
R/Bal. <u>8</u> mm	R/Bal. <u>8/8</u> mm
L/Bal. <u>8</u> mm	L/Bal. <u>8/8</u> mm
D.O.A. _____	D.O.I. <u>31/1/23</u>

 Survey held at Shingda.

CA / REV / REP. / 24 HRS wp'
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Des. of Damages (F) / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date of This File Page 1 of 7
 : Preli. Report
 : Final Report

Days Of Repair: _____

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	20/01/2023 11:29 (SGT)
Reported by	Driver
Date of Accident	19/01/2023 15:45 (SGT)
Exact Location of Accident	Seletar West Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD5419M

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHINGDA EQUIPMENT LEASING PTE LTD
Company Reg No	2XXXXX619M
Email Address	WILLIAM.GO@SHINGDA.COM
Mobile Phone No	(Phone) +65-96797561
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
Variation	-
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12882

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	2022-V0103407-VCV-R004

DRIVER

Name of Driver	NATESAN RAMESH KANNAN
Passport No/FIN	GXXX053X
Date Of Birth	11/11/1981
Occupation	Outdoor

Date Of Driving Pass	29/09/2015
Driving experience	7 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86795931
Alt. Phone Number	-
Email Address	WILLIAM.GO@SHINGDA.COM
Address	10 KRANJI CRES SHINGDA BUILDING
Address complement	-
Postcode	728660
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 19/01/2023 AT ABOUT 1545HRS, I WAS DRIVING MY LORRY XD5419M ALONG SELETAR WEST LINK ON THE MOST LEFT LANE, NEARBY LAMP POST NUMBER 11S34 WHEN A VEHICLE WHICH CARPLATE NUMBER SJV6994H SUDDENLY CUT INTO MY LANE FROM THE RIGHT. THEN VEHICLE THEN HIT THE RAILING ALONG THE ROADSIDE AND BOUNCED TOWARDS MY LORRY. I TRIED TO BRAKE AND AVOID THE COLLISION BUT TO NO AVAIL. IN THE END, THE FRONT PORTION OF MY LORRY COLLIDED INTO THE VEHICLE. NO ONE WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SJV6994H
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Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97500145
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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	ROADSIDE RAILING
No. Of Passenger (Including Driver)	-

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 willful 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.



[Handwritten Signature]

N. P. [Signature]

Policyholder's Signature / Date & Time

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



[Handwritten Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



A - X05419M

B - SJV6994H


**SINGAPORE
POLICE FORCE**


T/20230120/2033

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20230120/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2023 10:04	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: NATESAN RAMESH KANNAN		Address: 90 TUAS SOUTH AVENUE 9 #03-89 TUAS LODGE 1 SINGAPORE 637397	
ID Type / ID No.: FIN NO / G7930532X		Contact No.: Home/Office: Mobile: 86795931	
Nationality: INDIAN		Email:	
Sex: Male	Age: 41	Date of Birth: 11/11/1981	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 19/01/2023 15:45	Type of Location: Straight Road
Location: SELETAR WEST LINK			
Weather: Clear	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV6994H	Car					0
XD5419M	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230120/2033

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20230120/2033

CONTINUATION OF REPORT

Driver			
Name	HALIM BIN BUANG	ID No.	S1411548Z
Related Vehicle	SJV6994H (Car)	Contact No.	97500145
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
Driver			
Name	NATESAN RAMESH KANNAN	ID No.	G7930532X
Related Vehicle	XD5419M (Lorry)	Contact No.	86795931
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 the 19/01/2023 at about 1545hrs, I was driving my lorry XD5419M along Seletar West Link on the most left lane, nearby Lampost number 11S34 when a vehicle which carplate number SJV6994H suddenly cut into my lane from the right. The vehicle then hit the railing along the roadside and bounced towards my lorry. I tried to brake and avoid the collision but to no avail. In the end, the front portion of my lorry collided into the vehicle. No one was injured. Both drivers came out of the vehicle, exchanged particulars. I contacted my company and they asked me to carry on with my work as the lorry was still in a working condition. The driver of vehicle SJV6994H also asked me to leave and informed me that he will settle the rest. My lorry front bumper and headlight was damaged.



**SINGAPORE
POLICE FORCE**



T/20230120/2033

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3



Report No. T/20230120/2033

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/ SGT 3 YAP CHONG WEI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/01/2023 10:04
Officer In Charge Of Case: TP / GIA / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

NP168



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

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS45231K0001 Vehicle Registration No: XP5419M
 Name (as shown in NRIC): Strongta Equipment Leasing Pte Ltd NRIC/FIN/Passport No: 2019236190A
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 15 Kengat Crescent (S) 728660 Singapore ()
 Contact (Tel): _____ Mobile No.: 9697361
 Email Address: william.gu@strongta.com
 Date of Accident: 19/01/2023 Time of Accident: 1545hrs
 Place of Accident: Sekitar West Link, Singapore
 Insurance Company: Grand Eastern General Insurance Limited

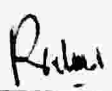
(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend and re-attach sketch plan


 Policyholder / Actual Driver's Signature
 Date: 20/01/2023




 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: