

VEHICLE NO: 4Q5789P.		MAKE & MODEL: TOYOTA DYNA.		AUTO/MANUAL	
DATE OF ACCIDENT		18 / 01 / 23.		C.C.	
TIME OF ACCIDENT		2010.		AM/PM.	
LOCATION OF ACCIDENT		STILL RD SOUTH → ECPCCHANGI).			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		IASL INTERNATIONAL (S) PTE LTD.			
EMAIL SHIKDAR19850209@gmail.com		OFFICE:		MOBILE: 96989353.	
NRIC		202015727M.			
CLAIM TYPE		OD / THIRTY PARTY / REPORTING ONLY			
FLEET POLICY		YES/NO?			
INCURANCE CO.		NTUC			
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.					
NAME OF DRIVER		AS ABOVE / IF NO: ARIVALAGIAN VIGNESH LARAN.			
NRIC		G2557217W			
DATE OF BIRTH		20 / 09 / 1988			
ANY PASSENGER		YES / NO: 5 OTHERS.			
NAME OF PASSENGER		- STITCHENT.			
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / Indoor			
DATE OF DRIVING PASS		12 / 05 / 15.			
GENDER		MALE / FEMALE			
CONTACT NO.		Mobile: 90150956.		Office: Home:	
EMAIL		SHIKDAR19850209@gmail.com			
ADDRESS		220A JOO CHINT RD SC (424712).			
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes, Reg No:		INSURE: -	
RELATIONSHIP		Employee / If No:			
WEATHER CONDITION		Clear / Raining / Other:			
ROAD SURFACE		Dry / Wet / Other:			
ANY INJURIES		No / If yes, Who? DRIVER + 5 PASSENGERS			
CONTACT NO.		VFN A - SERIOUS.			
POLICE REPORT		No / If yes, Where?			
NOTICE OF INTENDED PROSECUTION?		No / If yes, Who?			
VEHICLE B NO.		PC 49264.		Any Passenger: 1 DRIVER	
NAME		7 PASSENGERS.			
CONTACT NO.					
VEHICLE C NO.		SKC 84 L		Any Passenger: 1 DRIVER 1 PASSENGER.	
VEHICLE D NO.		Any Passenger:			
VEHICLE E NO.		Any Passenger:			
VEHICLE F NO.		Any Passenger:			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		YES / NO			
WAS THERE ANY AUDIO RECORDED?		YES / NO			
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO.			
WHO IS REPORTING		DRIVER / OWNER / BOTH			
Original Language Used		English / Mandarin / Others:			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO.			

## 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.

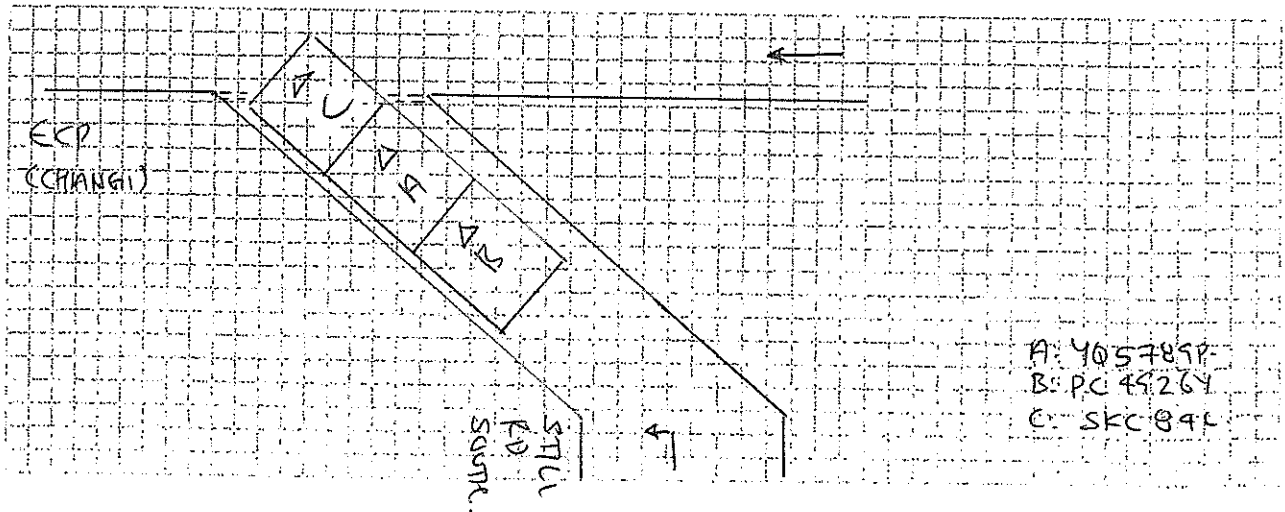


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

Refer to Police Report.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20230118/7067

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

1 of 5

Report No. T/20230118/7067

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/01/2023 22:12		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ARIVALAGAN VIGNESH WARAN			Address:		
ID Type / ID No.: FIN NO / G2557217W			Contact No.: Home/Office: Mobile: 90150956		
Nationality: INDIAN			Email: SHIKDAR19850209@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 20/04/1988	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/01/2023 20:10	Type of Location: Bend
Location:  EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC4926Y	Bus/Coach/Mi nibus				Seriously Damaged	7
SKC84L	Car				Seriously Damaged	1
YQ5789P	Lorry				Seriously Damaged	5



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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ARIVALAGAN VIGNESH WARAN	ID No.	G2557217W
Related Vehicle	YQ5789P (Lorry)	Contact No.	90150956
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
<b>Passenger</b>			
Name	HOSSAIN TOUFIK	ID No.	G2203827W
Related Vehicle	YQ5789P (Lorry)	Contact No.	83148146
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
<b>Passenger</b>			
Name	WALIULLAH MD	ID No.	G2223009W
Related Vehicle	YQ5789P (Lorry)	Contact No.	90141069
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious



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

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	MOLLA NORUL ISLAM		ID No. G8528780Q
Related Vehicle	YQ5789P (Lorry)		Contact No. 83067771
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious
<b>Passenger</b>			
Name	AL BAKI MD NEAZ		ID No. G8736057T
Related Vehicle	YQ5789P (Lorry)		Contact No. 93520040
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious
<b>Passenger</b>			
Name	ALI MD SOBUJ		ID No. G2942419K
Related Vehicle	YQ5789P (Lorry)		Contact No. 93972636
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was travelling along the filter lane. SKC84L came to a stop and I followed suit to check for oncoming traffic with no contact to SKC84L and was stationary.  
Out of nowhere, PC4926Y hit onto my vehicle's rear portion and the impact pushed my vehicle forward and hit onto SKC84L.

My 5 passengers and myself felt pain after the accident and went to see the doctor and were given a few days of medical leave.



**SINGAPORE  
POLICE FORCE**



T/20230118/7067

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

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Report No. T/20230118/7067

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20230118/7067

5 of 5

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

Report No. T/20230118/7067

**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 NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

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

Date/Time:  
18/01/2023 22:12

Classification Of Case:



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5125564735

**Cover :** Comprehensive

- |   |                                   |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : YQ5789P                         |
| Chassis Number  | : JHHAGV4600K001680               |
| 2. Name of Policyholder   | : ASL INTERNATIONAL (S) PTE. LTD. |
| 3. Effective Date of Insurance  | : 26 Jan 2022                     |
| 4. Expiry Date of Insurance   | : 25 Jan 2023                     |
| 5. 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 his/her permission.   |                                   |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                                   |
| 6. Limitations as to Use#   |                                   |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                                   |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                                   |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue : 27 Jan 2022 11:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5125564735-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **YQ5789P**  
Chassis Number : JHHAGV4600K001680
2. Name of Policyholder : ASL INTERNATIONAL (S) PTE. LTD.
3. Effective Date of Insurance : 26 Jan 2023
4. Expiry Date of Insurance : 25 Jan 2024
5. 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 his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
  - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
  - (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.  
This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: TOYOTA FINANCIAL SERVICES SINGAPORE PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)  
Date of Issue : 21 Dec 2022 23:11 hrs

For INCOME INSURANCE LIMITED



Chief Executive