

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	10/02/2023 14:11 (SGT)
Reported by	Driver
Date of Accident	09/02/2023 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE (BKE) WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG622U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRADE ENTREPRENEUR ENGRG.PTE.LTD
Company Reg No	1XXXXX502C
Email Address	te1990@singnet.com.sg
Mobile Phone No	(Phone) +65-90023044
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2953

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MT103273-R04

DRIVER

Name of Driver	CHONG SE CHON
NRIC No	SXXXX640F
Date Of Birth	06/02/1948
Occupation	Outdoor

Date Of Driving Pass	13/01/2003
Driving experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90023044
Alt. Phone Number	-
Email Address	te1990@singnet.com.sg
Address	30 LOYANG WAY
Address complement	# 03-21
Postcode	508769
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	4
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)	9
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	VENKATACHALAM SAMBATH
Gender	Male

PASSENGER 2

Name	BALAN SHAIJU
Gender	Male

PASSENGER 3

Name	RADHAKRISHNAN VASANTHARAJAN
Gender	Male

PASSENGER 4

Name	KUPPAIYAN ALAGU
Gender	Male

PASSENGER 5

Name	MICHEL JUSTIN RABETH
Gender	Male

PASSENGER 6

Name	SINGARAVEL SIVANANDHAN
Gender	Male

PASSENGER 7

Name	VEERASAMY KAVISH KUMAR
Gender	Male

Name AMIN MOHAMMAD RUHUL
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Pasir Ris Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18005852999
 Alt. Police Station Phone No (Fax) +65-65855261
 Police Station Address 1 Pasir Ris Drive 4 #01-01 Singapore 519457
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

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 YQ9072Y
 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 2

Vehicle Registration Number GBK6659D
 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 3

Vehicle Registration Number SJF471Z

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	CHONG SE CHON
Gender	Male
Phone No	(Phone) +65-90023044
Address	30 LOYANG WAY
Address Complement	# 03-21
Post Code	508769
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN AND SPRAIN-GIVEN 2 DAYS MC
Injured person in which vehicle?	GBG622U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	VENKATACHALAM SAMBATH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN AND SPRAIN
Injured person in which vehicle?	GBG622U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	BALAN SHAIJU
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN AND SPRAIN
Injured person in which vehicle?	GBG622U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	RADHAKRISHNAN VASANTHARAJAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN AND SPRAIN

Injured person in which vehicle?	GBG622U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No
INJURED 5	
Name of injured person	KUPPAIYAN ALAGU
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN AND SPRAIN
Injured person in which vehicle?	GBG622U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 6	
Name of injured person	MICHEL JUSTIN RABETH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN AND SPRAIN
Injured person in which vehicle?	GBG622U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 7	
Name of injured person	SINGARAVEL SIVANANDHAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN AND SPRAIN
Injured person in which vehicle?	GBG622U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 8	
Name of injured person	VEERASAMY KAVISH KUMAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN AND SPRAIN
Injured person in which vehicle?	GBG622U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 9	
Name of injured person	AMIN MOHAMMAD RUHUL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN AND SPRAIN
Injured person in which vehicle?	GBG622U

Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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 be 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 insurers(s) who have insured vehicle(s) involved in this accident (all insurers(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes(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' law firms/law firms, may be 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 be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law firms/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.



x
Policyholder's Signature / Date & Time

Sketch Plan

[Signature]

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

KJE (BKE) WOODLANDS

[Signature] 10/2/2023
Witnessed by Reporting Centre Personnel

A: GBG622U
B: YQ9072Y
C: GBK6659D
D: SJF471Z

D R A C

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT.

- T/20230210/2024 -

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.

☒   Date & Time

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

 10/2/2023 Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230210/2024

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 4

Report No. T/20230210/2024

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF471Z	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	White	Slightly Damaged	0
YQ9072Y	Lorry	TOYOTA	DYNA 150 5MT	Silver	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHONG SE CHON	ID No.	S2092640F
Related Vehicle	GBG622U (Lorry)	Contact No.	90023044
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/02/2023	Date Discharge	10/02/2023
No. of Days granted Medical Leave	02	Degree of Injury	NIL

Brief Details.

On 09/02/2023 at about 0730hrs, I was driving my company's lorry bearing plate number GBG622U ferrying 8 passengers along KJE towards BKE(Woodlands). I was travelling on the right lane of a 2 lanes road. It was a slow traffic at that point of time and there was a van, bearing plate number GBK6659D driving in front of me. All of a sudden, the van in front stopped suddenly to which I managed to stop in time. However, I suddenly felt an impact from the rear of my vehicle in which, caused my vehicle to move forward and hit onto the rear of van in front of me. I got down from the vehicle and noticed that it was the front of a lorry, bearing plate number YQ9072Y had hit onto the rear of my vehicle. I also noticed that there was another car (which is the last car) bearing plate number SJF471Z had hit onto the rear of the lorry which caused a chain collision of 4 vehicles.

I made a check with all my passengers who were seated at the rear of the lorry, and they complained of soreness on the back of the neck. I also had some soreness on the back of my neck too. I also noticed that the rear of the van was dented in, the front and rear of my lorry was dented too. The front of the lorry was damaged, and the number plate fell off also, the front of the car was damaged too with bonnet opening. I managed to get all the driver's particulars as follows:

Lorry driver, S7207875F, Mohamad Madani Bin Sabtu
Van driver, G3220005U, Ramasamy Arun Kumar
Car driver, S7247207A, Lee Kay Chor

All 8 passengers that were seated in my lorry were:

- 1) Venkatachalam Sambath
- 2) Balan Shaiju



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Report No. T/20230210/2024

CONTINUATION OF REPORT

- 3) Amin Mohammad Ruhul
- 4) Kuppaiyan Alagu
- 5) Veerasamy Kavish Kumar
- 6) Singaravel Sivanandhan
- 7) Michel Justin Rabeth
- 8) Radhakrishnan Vasantharajan

All 8 passengers and myself went to seek medical treatment that day and I was given 2 days MC.

TP, ambulance came to scene and attended to us that day too.



































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T/20230210/2024

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4

Report No. T/20230210/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2023 11:32	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars

Name of Informant: CHONG SE CHON	Address: APT BLK 258A COMPASSVALE ROAD #13-549 SINGAPORE 541258		
ID Type / ID No.: NRIC NO / S2092640F	Contact No.: Home/Office: Mobile: 90023044		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 74	Date of Birth: 06/02/1949	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Plumber	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/02/2023 07:30	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG622U	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Gold	Slightly Damaged	8
GBK6659D	Van	OPEL	VIVARO L1H1 1.6 CDTI 6MT	White	Slightly Damaged	0



**SINGAPORE
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Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHONG SE CHON	ID No.	S2092640F
Related Vehicle	GBG622U (Lorry)	Contact No.	90023044
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/02/2023	Date Discharge	10/02/2023
No. of Days granted Medical Leave	02	Degree of Injury	NIL

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2) Balan Shaiju



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Report No. T/20230210/2024

CONTINUATION OF REPORT

- 3) Amin Mohammad Ruhul
- 4) Kuppaiyan Alagu
- 5) Veerasamy Kavish Kumar
- 6) Singaravel Sivanandhan
- 7) Michel Justin Rabeth
- 8) Radhakrishnan Vasantharajan

All 8 passengers and myself went to seek medical treatment that day and I was given 2 days MC.

TP, ambulance came to scene and attended to us that day too.



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Report No. T/20230210/2024

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:

G/
SGT 2 TOH SHIMIN, KIMBERLY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/02/2023 11:32

Officer In Charge Of Case:

TP / GIT /
SGT 2 PHUA TIAK YEE
Contact No.: 65476200

Classification Of Case:

NP168