

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

PASSENGER 8

Name
Gender

AMIN MOHAMMAD RUHUL
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

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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' 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.



X

Policyholder's Signature / Date & Time

Sketch Plan

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

KJE (BKE) WOODLANDS

Witnessed by Reporting Centre Personnel

10/2/2023

A: GBG622U

B: YQ9072Y

C: GBK6659D

D: SJF471Z



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.

X



Policyholder's Signature / Date & Time

X

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

Witnessed by Reporting Centre Personnel
 10/2/2023



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

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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 POLICE FORCE



T/20230210/2024

Police Station Of Origin:

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Pasir Ris N.P.C

Report No. T/20230210/2024

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

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



**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

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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.



SINGAPORE
POLICE FORCE



T/20230210/2024

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519457
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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 Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SGT 2 PHUA TIAK YEE

Contact No.: 65476200

Signature Of Informant:

Date/Time:

10/02/2023 11:32

Classification Of Case:

NP168

Accident Reporting Draft

VEHICLE NO: GBG622U

MODEL: NISSAN CABSTAR 3.0 AUTO/MANUAL

DATE OF ACCIDENT	9/2/2023		C.C: 2,953
TIME OF ACCIDENT	0730	HRS	AM/PM
LOCATION OF ACCIDENT	KJE (BKE) WOODLANDS		
EXACT PURPOSE USE DURING ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	TRADE ENTREPRENEUR ENGRG. PTE. LTD.		
CONTACT NO.	90023044 (D)	EMAIL: TE1990@SINGNET.COM.SG	
NRIC	199201502C		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P		
INSURANCE CO.	TOKIO MARINE		
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF <u>NO</u> : CHONG SE CHON		
NRIC	S2092640F	ANY PASSENGER: 8	
DATE OF BIRTH	6/2/1949		
OCCUPATION	<u>OUTDOOR</u> / INDOOR	<small>1) VENKATACHALAM SAMBATH 2) BALAN SHALU 3) AMIN MOHAMMAD RUHUL 4) KUPPAIYAN ALAGU 5) VEERASAMY KAYSHHUMAR 6) SINGARAVEL SIVAMANDHAN 7) MICHEL JUSTIN RABETH 8) RADHAKRISHNAN VASANTHARAJAN</small>	
DATE OF DRIVING PASS	5/11/1975		
GENDER	<u>MALE</u> / FEMALE		
CONTACT NO.	90023044 (D)	EMAIL: TE1990@SINGNET.COM.SG	
ADDRESS	30 LOYANG WAY #03-21 S(508769)		
DOES DRIVER OWN OTHER VEHICLES	<u>NO</u> / IF YES: REG NO.		
RELATIONSHIP	<u>EMPLOYEE</u> / IF NO:		
WEATHER CONDITION	<u>CLEAR</u> / RAINY / OTHER: CLEAR		
ROAD SURFACE	<u>DRY</u> / WET / OTHER: DRY		
ANY INJURIES	<u>NO</u> / IF <u>YES</u> : YES - DRIVER + 8 PASSENGERS		
CONTACT NO.			
POLICE REPORT	<u>NO</u> / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?		
VIDEO RECORDING	<u>NO</u> / YES	<u>NO</u> / IF YES: WHO?	
AUDIO RECORDING	<u>NO</u> / YES	SCENE PHOTO(S) <u>NO</u> / YES	
VEHICLE B NO.	YQ9072Y	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	GBK6659D	ANY PASSENGER:	
VEHICLE D NO.	SJF471Z	ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP			
MOBILE NO.			
CONTACT PERSON			
FAX NO.			
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?	NO / YES		

Ryder

Auto Pte Ltd

2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,
Singapore 417921

Email: ryderautoworkshop@gmail.com

Tel: 67418277

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group**TOKIO MARINE
INSURANCE GROUP**

FORM MZ300

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

Policy No.: 22-MT103273-R04 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle GBG622U Chassis No.: JN1SC2F24Z0859656
2. Name of Policyholder TRADE ENTREPRENEUR ENGRG. PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 01/06/2022
4. Date of Expiry of Insurance 31/05/2023

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the policyholder's order or with their 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

- 1) Use in connection with the policyholder's business.
 - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
 - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the 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.

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

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2135DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 750	
	Windscreen Excess	SGD 100	
Financial Interest:	ETHOZ CAPITAL LTD		

Tokio Marine Insurance Singapore Ltd.

Authorised Signature