SN09233R0001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 27/03/2023 10:58 (SGT) SUBMITTED BY: NIVITHA VERSION: 1 (27/03/2023 10:58 (SGT))

# **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 witholding 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 27/03/2023 10:58 (SGT) Reported by **Actual Driver** Date of Accident 23/03/2023 08:00 (SGT) Exact Location of Accident Singapore Additional Location Information KJE TOWARDS TUAS Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YQ1642E

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KOH SLOTTED ANGLES ENGINEERING PTE LTD Company Reg No 2XXXXX722W Email Address kaimotor@gmail.com Mobile Phone No (Phone) +65-98626319 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer Isuzu Model NPR75UH5A AMT 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

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 5193

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Policy Number / Cover Note Number DMCG22016625

DRIVER

Name of Driver VEERASAMY MURUGAVELU Passport No/FIN GXXXX065T Date Of Birth 23/10/1987 Occupation Outdoor

Date Of Driving Pass 03/06/2016 Driving experience 6 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-98063901 Alt. Phone Number Email Address kaimotor@gmail.com Address APT BLK 32 MANDAI ESTATE, WESTLITE MANDAI Address complement # 09-09 Postcode 729939 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Type of Accident Collision - Head to Rear 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? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 **UKNOWN** Gender Male PASSENGER 2 Name UNKNOWN Gender Male PASSENGER 3 Name **UNKNOWN** Gender Male PASSENGER 4 Name **UNKNOWN** Gender Male PASSENGER 5 Name **UNKNOWN** Gender Male PASSENGER 6 UNKNOWN Gender Male PASSENGER 7 UNKNOWN Gender

Male

### **DETAILS OF POLICE ACTION**

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Croa Chu Kang Neighbourhood Police Centre

(Phone) +65-18007659999

(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

#### PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230323/2065

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 YQ5519C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver PANEER SELVAM SARAVANAN Passport No/FIN FXXXX286T Contact Number (Phone) +65-93913045 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 VEERASAMY MURUGAVELU Gender Male Phone No (Phone) +65-98063901 Address APT BLK 32 MANDAI ESTATE, WESTLITE MANDAI Address Complement Post Code 729939 Approximate Age Years Old Injuries Sustained PAIN ON HEAD, NECK AND BACK Injured person in which vehicle? YQ1642E Were seat belts worn? Was this injured conveyed to hospital by ambulance? No INJURED 2

| Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?  INJURED 3  | PAIN ON HEAD,NECK AND BACK<br>YQ1642E<br>-<br>No     |
|---|--|
| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? | UNKNOWN Male PAIN ON HEAD,NECK AND BACK YQ1642E - No |
| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? | UNKNOWN Male PAIN ON HEAD,NECK AND BACK YQ1642E - No |
| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? | UNKNOWN Male PAIN ON HEAD,NECK AND BACK YQ1642E - No |

## SKETCH PLAN MP OR TOWNOTICE But correctly the details of the accident to speed up the claims process. This state completed by the Policyholder and/or the Actual Driver. opposited must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurationpanies to repudiate policy liability. The is sind acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 4. reporting may be referred to the Traffic Police Department for investigation. This remarked by the insurers to the GIA Records Management Centre established by the General Insurance Association of Sing FE(SIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties. 7. By the Esmant of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report hipmade available aforesaid. 8. Consert farier the Personal Data Protection Act (PDPA) I understa (Showledge, agree and consent that: (a) My ins : F 17-by workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or proce any personal data/personal information set out in this [form] and any other personal information provided by me or possessed Anyinsurer (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 7 less to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant

 processive shardling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to II) investigs 12 in the accident and/or my claims;

(iii) Carrying Of and/or dealing with my instructions or responding to any enquiries by me;

government Ency/authority (such as the police), for the purpose(s) of:

iv) administ engine claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve isolosure of this personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail

v), complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively 'Zie '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, ise, disclose and/or process my Personal Information for one or more of the above Purposes; and

c) my Person pal information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents ers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

licyholder's Signature / Data & Time

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

(Name as to MRIC/ID card)

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| Actual Driver's Signature (if driver is not 'f.'s prilor't cider) Witnessed by Reporting Centre F  | 110100     |
| (Eate & Time Name as it. 10/10/10 card)  | M.C.10810, |
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T/20230323/2065

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 2 of 3 Report No. T/20230323/2065

## CONTINUATION OF REPORT

## Brief Details.

On 23/03/2023 at 0800hrs I was traveling along KJE towards Tuas in my company lorry YQ1642E with 7 passengers heading to our workplace. I was traveling on the 2nd left lane when suddenly I felt an impact on the rear left of my lorry. After the impact my lorry was push toward the 3rd lane.

After the collision I got off my lorry and notice that a lorry (YQ5519C) had knock onto the rear right end of my lorry. The incident had cause me and 4 of my passengers to feel pain in the head, neck and back area.

There was traffic police who had attended to the incident but there was no ambulance that attended.

The damage to my lorry is that the metal frame on the rear end had been slanted to the right. The damage to YQ5519C is the right-side mirror had fallen of and is also a hole on the right side of the lorry.

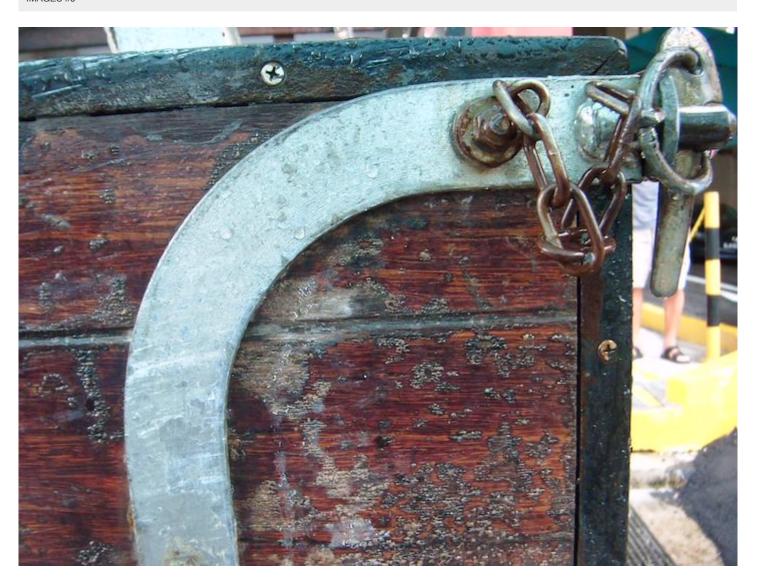
I am lodging this report for insurance purpose.

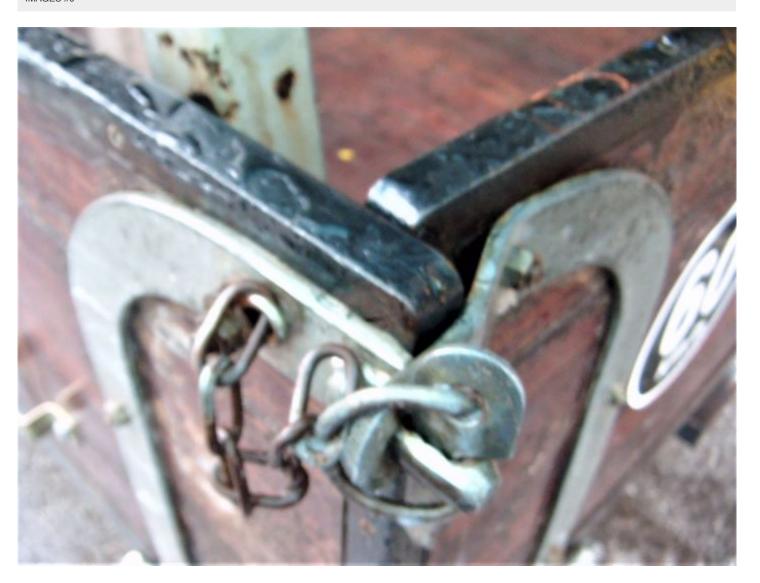






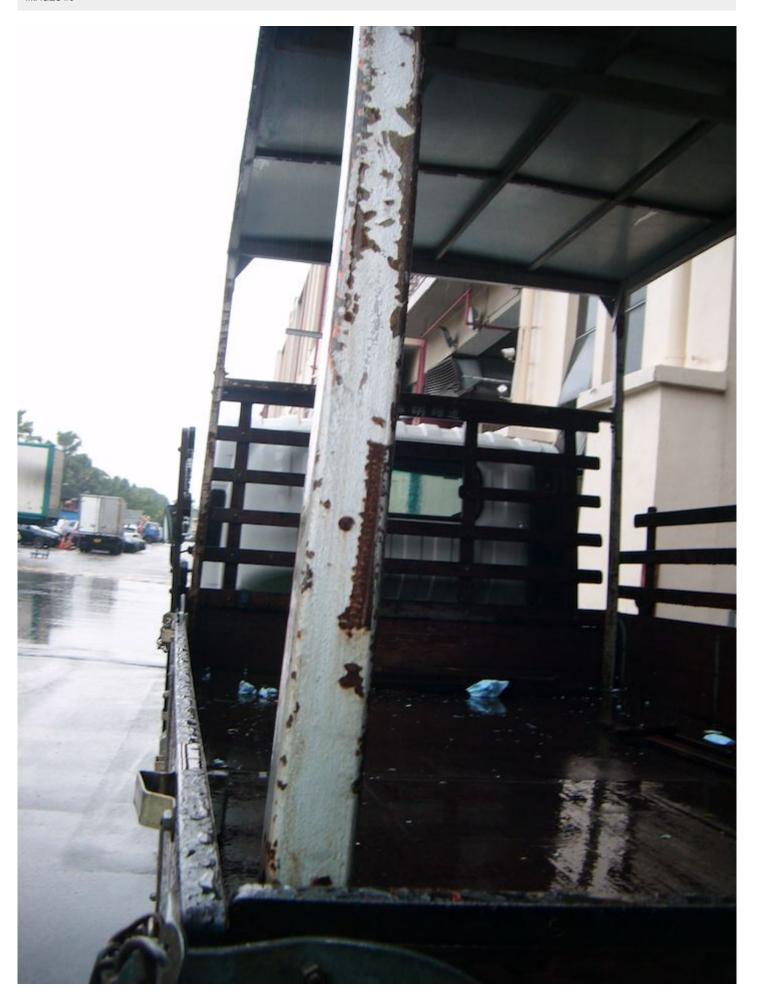


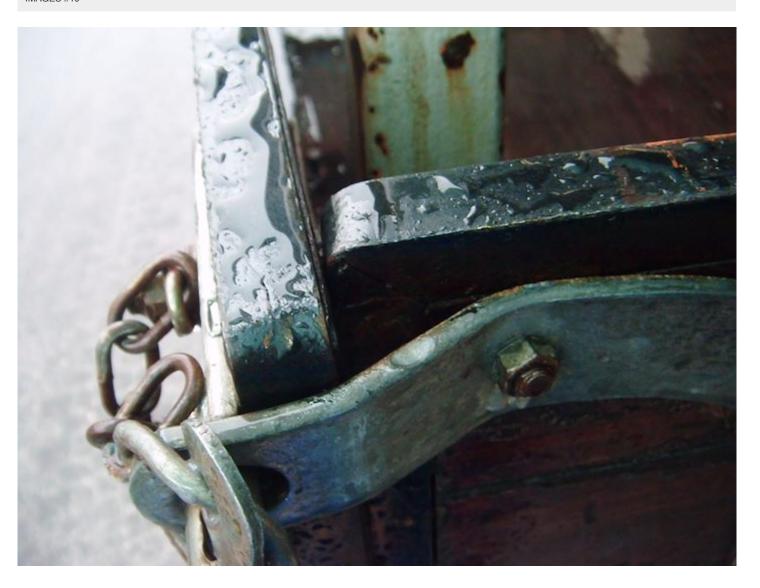














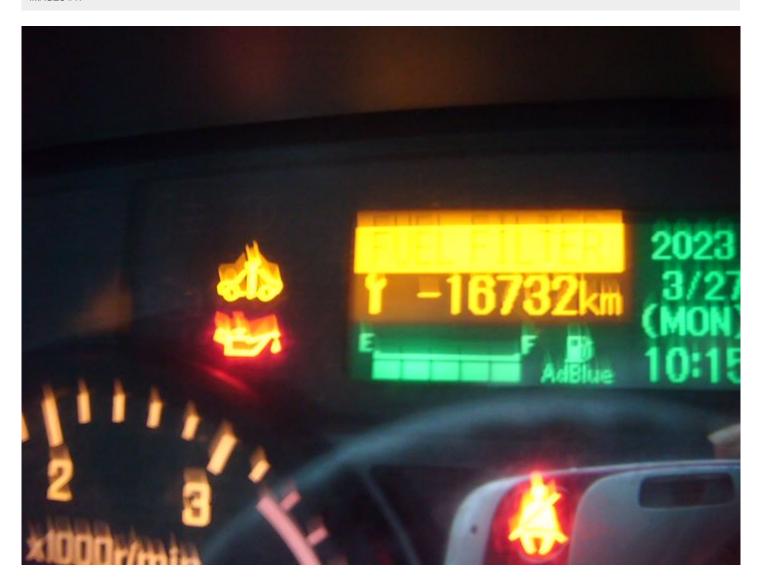




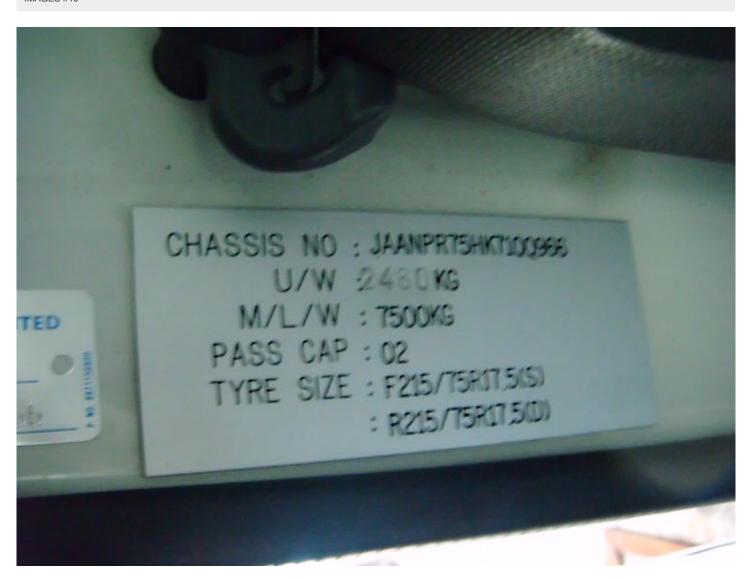
















1 of 3 Report No. T/20230323/2065

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 OF A TRAFFIC ACCIDENT

| Date/Time Report Made:<br>23/03/2023 15:20 |             |  | Vide Report No.:             | Station Diary No.:<br>88                   |  |
|--|-------------|--|------------------------------|--|--|
| Informa                                    | nt's Partic | ulars  | THE PERSON NAMED IN          | THE STATE STATE OF THE PARTY OF THE PARTY. |  |
| Name of Informant:                         |             | Address:   |                              |  |  |
| VEERASAMY MURUGAVELU                       |             | APT BLK 32 MANDAI ESTATE #09-09 WESTLITE MANDA<br>DORMITORY SINGAPORE 729939 |                              |  |  |
| ID Type / ID No.:                          |             |  | Contact No.:                 |  |  |
| FIN NO / G8274065T                         |             |  | Home/Office:                 | Mobile: 98063901                           |  |
| National<br>INDIAN                         | ity:        |  | Email:                       |  |  |
| Sex:                                       | Age:        | Date of Birth:   | Type of Informant:           |  |  |
| Male                                       | 35          | 23/10/1987   | Driver                       |  |  |
| Race:<br>Indian                            |             |  | Language:                    |  |  |
| Occupat                                    | Occupation: |  | Driving Licence Information: |  |  |
| Lorry driver                               |             | Class: 3   | Date of Expiry:              |  |  |

| Type of Attended by Police          |         | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>23/03/2023 08:00 | Type of Location:<br>Straight Road |
|-------------------------------------|---------|------------------------------------|---|------------------------------------|
| Location: KRANJI EXP Weather: Clear | RESSWAY | Road Surface:                      |   |                                    |
| Traffic Flow:<br>One Way            |         | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Heavy           |
|                                     | ion:    |                                    | Anyone conveyed by                            |                                    |

| Vehicle No. | Туре  | Make | Model | Color | Condition           | No of Passenge |
|-------------|-------|------|-------|-------|---------------------|----------------|
| YQ1642E     | Lorry |      |       |       | Slightly<br>Damaged | 7              |
| YQ5519C     | Lorry |      |       |       | Slightly<br>Damaged | 0              |





T/20230323/2065

2 of 3 Report No. T/20230323/2065

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

CONTINUATION OF REPORT

## Brief Details.

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There was traffic police who had attended to the incident but there was no ambulance that attended.

The damage to my lorry is that the metal frame on the rear end had been slanted to the right. The damage to YQ5519C is the right-side mirror had fallen of and is also a hole on the right side of the lorry.

I am lodging this report for insurance purpose.



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/20230323/2065

CONTINUATION OF REPORT

| Signature of Officer Recording The Report:<br>J /<br>SGT 2 Patrick Ang Juin Hun                             | Signature Of Informant:        |
|---|--------------------------------|
| SST 2 Patrick Ang Suin Hun  | V- moneyaling                  |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>23/03/2023 15:20 |
| Officer In Charge Of Case:<br>TP / GIT /<br>STAFF SGT SITI NORHAFIDAH BINTE HANAFI<br>Contact No.: 65476202 | Classification Of Case:        |
| NP168   |                                |