

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 | 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 your vehicle? | No - Claiming third party |
| 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 | Male |
| 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? | 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 - 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 | 2 |
| 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) | 8 |
| 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 | UNKNOWN |
| 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

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 7

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Male |

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

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 # 09-09
 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

Name of injured person UNKNOWN
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 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 3

| | |
|---|----------------------------|
| Name of injured person | UNKNOWN |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| 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 4

| | |
|---|----------------------------|
| Name of injured person | UNKNOWN |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| 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 5

| | |
|---|----------------------------|
| Name of injured person | UNKNOWN |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| 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 |

IMPORTANT NOTICE

SKETCH PLAN

1. Please ~~fill in~~ provide 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. Inform ~~ation~~ 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 ~~issuance~~ and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any reporting may be referred to the Traffic Police Department for investigation.
6. This ~~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 ~~issuance~~ submission 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~~ under the Personal Data Protection Act (PDPA)
I understand ~~and~~ acknowledge, agree and consent that:

- (a) My insurer ~~workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process~~ any 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); 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) any Personal Information ~~may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents including the Insurers' lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.~~



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

KJE towards Tuas

A - YQ 1642E

B - YQ 5519C



Describe Circumstances of the Accident

Please Refer to the attached Police Report
 — T120230323/2065 —

Declaration

We declare that the following particulars are true in every respect.



Policyholder's Signature / Date & Time

V. munguelens 27/03/23

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

27/03/2023

Witnessed by Reporting Centre Personnel
 (Name as in VIC/ID Card)



**SINGAPORE
POLICE FORCE**

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



T/20230323/2065

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.








































**SINGAPORE
POLICE FORCE**


T/20230323/2085

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

1 of 3

Report No. T/20230323/2085

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|--------------------------|
| Date/Time Report Made: 23/03/2023 15:20 | | Vide Report No.: | | Station Diary No.: 88 |
| Informant's Particulars | | | | |
| Name of Informant: VEERASAMY MURUGAVELU | | Address: APT BLK 32 MANDAI ESTATE #09-09 WESTLITE MANDAI DORMITORY SINGAPORE 729939 | | |
| ID Type / ID No.: FIN NO / G8274085T | | Contact No.: Home/Office: Mobile: 98063901 | | |
| Nationality: INDIAN | | Email: | | |
| Sex: Male | Age: 35 | Date of Birth: 23/10/1987 | Type of Informant: Driver | |
| Race: Indian | | Language: | | |
| Occupation: Lorry driver | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| | | | | |
|---|------------------------------|------------------------------------|---|--|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 23/03/2023 08:00 | Type of Location: Straight Road |
| Location: KRANJI EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|-------|------|-------|-------|---------------------|------------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
| YQ1642E | Lorry | | | | Slightly Damaged | 7 |
| YQ5519C | Lorry | | | | Slightly Damaged | 0 |

**SINGAPORE
POLICE FORCE**

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



T/20230323/2065

2 of 3

Report No. T/20230323/2065

CONTINUATION OF REPORT**Brief Details.**

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I am lodging this report for insurance purpose.

**SINGAPORE
POLICE FORCE**

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



T/20230323/2065


3 of 3

Report No. T/20230323/2065

CONTINUATION OF REPORT

| |
|---|
| Signature of Officer Recording The Report: J / SGT 2 Patrick Ang Juin Hun |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / GIT / STAFF SGT SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202 |

NP168

| |
|--|
| Signature Of Informant:  |
| Date/Time: 23/03/2023 15:20 |
| Classification Of Case: |