# **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 29/04/2023 13:23 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 28/04/2023 09:30 (SGT) Exact Location of Accident Near Opp Bedok Reform Trg Ctr, Singapore Additional Location Information BEDOK RESERVOIR RD (LAMP POST NO.12/1) Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number XD9240.1

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TOYAH CONSTRUCTION & ENGINEERING PTE. LTD. Company Reg No 201113315E Email Address admin@toyah.com.sg Mobile Phone No (Phone) +65-82654567 Alternative Phone No (Office) +65-67747545

VEHICLE PARTICULARS

Manufacturer Volvo Model Fmx370 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 - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 10800

**INSURANCE COMPANY** 

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05012767

DRIVER

Name of Driver MURUGAIYAN VENKATAJALAPATHI Work Permit No G8365718P Date Of Birth 30/05/1984 Occupation Outdoor

Date Of Driving Pass 12/03/2012 Driving experience 11 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-87394812 Alt. Phone Number Email Address VENKATTHAMIL84@GMAIL.COM Address BLK 502 SUNGEI TENGAH LODGE Address complement #12-12 Postcode 698924 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 - U-Turn 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? No 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN & POLICE REPORT FOR ACCIDENT DETAILS 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 FBF7499T

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	_
Vehicle Category	Motorcycle
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)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 4. The is sue 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Sing@pore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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:

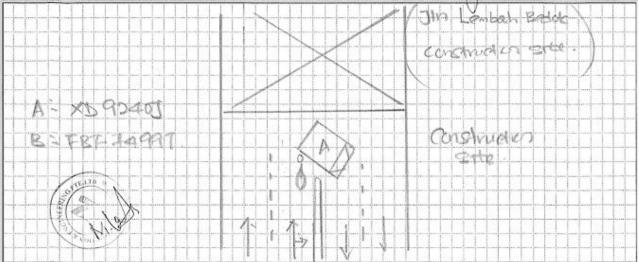
- (a) My instruct, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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

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

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





Describe Circumstance of the Accident
Refer to Traffic Police Report No. 7 (20230428/2045)
dtd 28/4/24/3
PRATUMA QUILL

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature - Date & Filme

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

Witnessed by Reporting Centre Personnel (Name as in NRICITO card)

2



















Police Station Of Origin:

Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE

649482

Tel No: 1800-7929999

1 of 3 Report No. T/20230428/2045

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2023 14:21		Made:	Vide Report No.: G/20230428/0077	Station Diary No.: 72		
Informa	nt's Partic	ulars				
MURUG	informant: AIYAN ΓΑJALAPA		Address: 718 LORONG 3 GEYLANG S	INGAPORE 389060		
ID Type / ID No.: FIN NO / G8365718P		3P	Contact No.: Home/Office:	Mobile: 87394812		
Nationality: INDIAN			Email: venkatthamil84@gmail.com			
Sex: Male	Age: 38	Date of Birth: 30/05/1984	Type of Informant: Driver			
Race: Indian			Language: English			
Occupation: Other heavy truck and lorry drivers		and lorry drivers	Driving Licence Information: Class: 3,4	Date of Expiry: 10/03/2027		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/04/2023 09:3	Type of Location: Straight Road
Lamp Post N	ERVOIR VIEW umber: 12/1			
Weather: Clear		Road Surface: Dry		
Traffic Flow: Traffic Control: Two Way Traffic Light - Working			rking	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side			manufacture	Anyone conveyed by ambulance:

Details of V	ehicle Involved	i i				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBF7499T	Motorcycle	YAMAHA		Red		0
XD9240J	Tipper Truck	VOLVO		Multi-Colored	No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Report No. T/20230428/2045

2 of 3

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

#### CONTINUATION OF REPORT

Rider					5.81	
Name	ONE MALE MALAY SUBJECT			ID No.		NIL
Related Vehicle	FBF7499T (Motorcycle)			Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class; NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dis	charge	NIL		
No. of Days granted Medical Leave NIL			Degree	of Injury	NIL	
Driver						
Name	MURUGAIYAN VENKATAJALAPATHI		ID No		G8365718P	
Related Vehicle	XD9240J (Tipper Truck)			Conta	ct No.	87394812
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3,4 Date of Expiry: 10/03/2027
Date Treatment	NIL Date Dis			scharge	NIL	
No. of Days granted Medical Leave NIL			Degree	of Injury	NIL	

# Brief Details.

On 28/04/2023 at about 0932hrs, I was driving my company's tipper tuck V1) XD9240J along Bedok Reservoir View and was heading towards the direction of Bedok North Road. I was traveling on the extreme left lane of the two lanes road. After the traffic light near to Lamppost 12/1, I wanted to make a Uturn. As there was no kerb on the center divider (after Lampost 12/1), I thus made a check on the right lane, and when the traffic was clear, I proceeded to make an unauthorized U-Turn. As I was negotiating the U-Turn, suddenly I heard a sound coming from the right rear side of V1. I immediately stopped V1 and alighted to make a check when I discovered that a motorbike V2) FBF7499T had collided into the right rear tyre of V1. The impact had caused the rider to fall on to the road. I then went over to attend to the rider (One male Malay). I observed that there were no visible injuries on the rider, however he complaint of pain on his leg. Some other road users also stopped to assist and one of them assisted to call for the ambulance.

Subsequently the ambulance arrived at scene and conveyed the rider to the hospital. The rider was conscious when he was conveyed. Shortly after the rider was conveyed, the traffic police arrived at scene and conducted their preliminary investigation at scene (Reference to G/20230428/0077). I was then instructed to lodge a Traffic Accident report at the police station.

I affirmed that I am not injured in the accident.

V1 is equipped with an in-built vehicle camera, however it is not in a working condition.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 3 of 3 Report No. T/20230428/2045

CONTINUATION OF REPORT

Signature of Officer Recording The Report:  J /  STAFF SGT SARIFFAH  MIRDAWATI BINTE  ZULAKIRUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/04/2023 14:21
Officer In Charge Of Case: TP / GIT / SGT 3 INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415	Classification Of Case:
NP168	



# LONPAC INSURANCE BHD (S98FC5635C)

gapore Office: 300, Seach Road #17-04/06, The Concourse, Singapore 199555. (65) 6250 7388 Fax. (65) 6296 3787 Website: wire/lonpec.com.sg

MZ300

# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE) ROAD TRANSPORT ACT 1987 (MALAYSIA). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z22VC05012767

GST Reg No.: F0-0005635-C

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

VOLVO FMX370 64R DAYCAB

2. Name of Policy Holder

TOYAH CONSTRUCTION & ENGINEERING PTE LTD

Effective Date of the Commencement of Insurance for the purpose of the Act

24/07/2022

4. Date of Expiry of the Insurance

23/07/2023

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/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.

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING.
USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: \$\$1,500.00 (SECTION 1) \$\$2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 200.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: MAYBANK SINGAPORE LIMITED

CHIEF EXECUTIVE

Oucle.

User ID: XLCHEN Date Issued: 12/07/2022

Certificate of Insurance - Page 1 of 1