

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	20/04/2023 18:20 (SGT)
Reported by	Actual Driver
Date of Accident	17/04/2023 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along AYE towards Tuas (before Exit 22)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1114M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	POH TIONG CHOON LOGISTICS LIMITED
Company Reg No	1XXXXX049H
Email Address	jinming.hu@ptclogistics.com.sg
Mobile Phone No	(Phone) +65-66628822
Alternative Phone No	(Office) +65-66628822

VEHICLE PARTICULARS

Manufacturer	Hino
Model	FG8JR1A 16 TON MT
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	7685

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099586MFCV/24

DRIVER

Name of Driver	Chen Hao
Passport No/FIN	GXXXX919W
Date Of Birth	28/06/1989
Occupation	Outdoor

Date Of Driving Pass	05/11/2018
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85913827
Alt. Phone Number	-
Email Address	jinming.hu@ptclogistics.com.sg
Address	666A Jurong West Street 65
Address complement	-
Postcode	641606
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)	2
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	Vairappan Kasinathan Saran
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan, police report T/20230418/2030 & T/20230418/2027

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL246Z
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Vairappan Kasinathan Saran
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YQ1114M
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/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

chen HAO

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

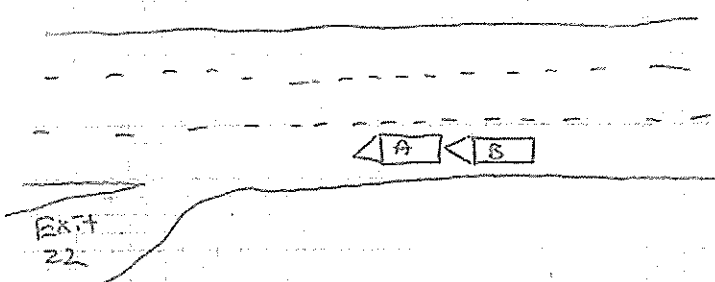


Witnessed by Reporting Centre Personnel

Sketch Plan

AYE towards TUES

A: YQ1114M
B: YL246Z





**SINGAPORE
POLICE FORCE**



T/20230418/2030

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3
Report No. T/20230418/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2023 11:42		Vide Report No.:		Station Diary No.: 54	
Informant's Particulars					
Name of Informant: CHEN HAO			Address: 668A JURONG WEST STREET 64 #09-191 SINGAPORE 641668		
ID Type / ID No.: FIN NO / G2257919W			Contact No.: Home/Office: Mobile: 85913827		
Nationality: CHINESE			Email:		
Sex: Male	Age: 33	Date of Birth: 28/06/1989	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/04/2023 15:50	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
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
YL246Z	Lorry					0
YQ1114M	Lorry					1

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



**SINGAPORE
POLICE FORCE**



T/20230418/2030

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20230418/2030

CONTINUATION OF REPORT

Driver			
Name	CHEN HAO	ID No.	G2257919W
Related Vehicle	YQ1114M (Lorry)	Contact No.	85913827
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/04/2023 at about 1550hrs, I was driving my company Lorry YQ1114M along AYE Tuas with 1 passenger with me when suddenly there was another vehicle YL246Z collided into the rear end of my Lorry. My Lorry suffered some damages in the rear end where else the other vehicle suffered some damages on the front side. The other driver did not want to provide his particulars to me. My passenger was injured hence I drove him to Ng Teng Fong Hospital and was given 3 days MC. No ambulance or Traffic Police attended.



**SINGAPORE
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T/20230418/2030

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Jurong West N.P.C
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Report No. T/20230418/2030

CONTINUATION OF REPORT

Signature of Officer Recording The Report: J/ SGT 2 MUHAMMAD NUR HAQIM BIN ABU MANSOR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2023 11:42
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T120230418/2027

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T120230418/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2023 11:30		Vide Report No.:		Station Diary No.: 44
Informant's Particulars				
Name of Informant: VAIRAPPAN KASINATHAN SARAN		Address: APT BLK 324 JURONG EAST STREET 31 #12-124 SINGAPORE 600324		
ID Type / ID No.: FIN NO / G3122444L		Contact No.: Home/Office: Mobile: 81422295.		
Nationality: INDIAN		Email:		
Sex: Male	Age: 33	Date of Birth: 09/11/1989	Type of Informant: Passenger	
Race: Indian		Language: English		
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:		

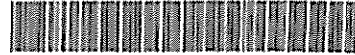
General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/04/2023 15:50	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: 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
YL246Z					Seriously Damaged	0
YQ1114M	Lorry				Slightly Damaged	1

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



**SINGAPORE
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2 of 3
Report No. T/20230418/2027

CONTINUATION OF REPORT

Name	Unknown		ID No.	NIL
Related Vehicle	YL246Z		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Passenger				
Name	VAIRAPPAN KASINATHAN SARAN		ID No.	G3122444L
Related Vehicle	YQ1114M (Lorry)		Contact No.	81422295
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

On 17/04/2023 at about 1550hrs, I was in vehicle YQ1114M as a passenger in AYE towards Tuas when suddenly there was a vehicle YL246Z came from behind and collided into the rear end of the vehicle I was inside. I suffered some pain in my neck and back area hence I went to Ng Teng Fong Hospital myself and was given 3 days MC from 17/04/2023 to 19/04/2023. No ambulance or police attended..



SINGAPORE
POLICE FORCE



T/20230418/2027

Police Station Of Origin:
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700 Corporation Road SINGAPORE 649518
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3 of 3
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NP158