

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 16/06/2023 12:44 (SGT)
Reported by Actual Driver
Date of Accident 16/06/2023 08:00 (SGT)
Exact Location of Accident Woodlands Ave 2, Singapore
Additional Location Information WOODLANDS AVENUE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ8411J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UK ENGINEERING & CONSTRUCTION PTE. LTD.
Company Reg No 2XXXXX834Z
Email Address ESTRPT66@GMAIL.COM
Mobile Phone No (Phone) +65-81663265
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 Goods vehicle
Transmission Manual
CC 2998

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5131203136

DRIVER

Name of Driver CHAKKARAVARTHY PARTHIBAN
Work Permit No GXXXX201K
Date Of Birth 15/02/1994
Occupation Outdoor

Date Of Driving Pass	10/01/2020
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93576370
Alt. Phone Number	-
Email Address	ESTRPT66@GMAIL.COM
Address	15 YISHUN INDUSTRIAL ST 1 #08-19
Address complement	-
Postcode	768091
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	RENGARAU ANBARASAN
Gender	Male

PASSENGER 2

Name	RAMAIAH PILLAI SRINIVASAN
Gender	Male

PASSENGER 3

Name	TALUKDER SHAHIN
Gender	Male

PASSENGER 4

Name	KARUPPIAH ULAGAN
Gender	Male

PASSENGER 5

Name	SATHAPPAN SWAMIKKANNU
Gender	Male

PASSENGER 6

Name	PATTAPPAN MOOVENDRAN
Gender	Male

PASSENGER 7

Name	UDDIN MD JALAL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

ON 16/06/2023, AT ABOUT 08:00AM, I WAS TRAVELLING ALONG WOODLANDS AVE 2. I WAS DRIVING ON THE LEFT-MOST LANE. I CHECKED THE TRAFFIC WAS CLEARED AND SLOWLY MADE A LANE CHANGE TO THE MIDDLE LANE. HALFWAY OF THE LANE-CHANGING. I FELT AN IMPACT FROM THE REAR. I ALIGHTED AND REALISED VEHICLE B, FROM THE LEFT-MOST LANE HAD COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

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 GBH501E
 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 UDDIN MD JALAL
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? YQ8411J
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

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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/are 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.

C. Pauthisan
 Policyholder's Signature / Date & Time

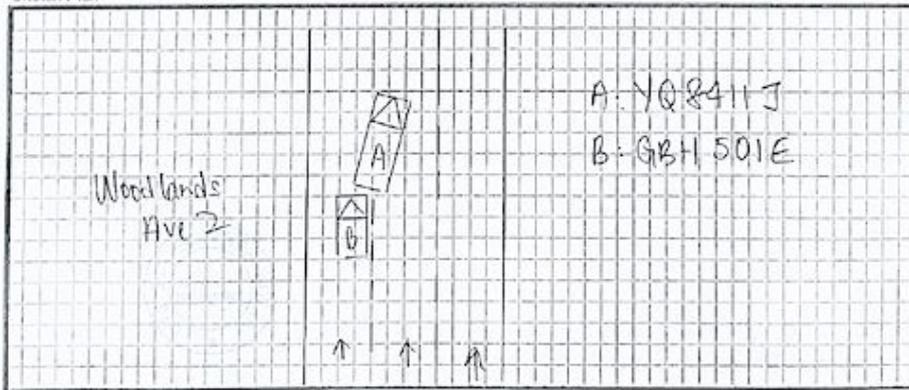


C. Pauthisan
 Driver's Signature (if driver is not the policyholder) / Date & Time



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

Sketch Plan



Describe Circumstance of the Accident

On 16/06/2023 at about 08:00am, I was travelling along Woodlands Ave 2. I was driving on the left-most lane. I checked the traffic was cleared and slowly made a lane change to the middle lane. Halfway of the lane-changing, I felt an impact from the rear. I alighted and realised vehicle B, from the left-most lane had collided onto the rear portion of my vehicle.

Declaration

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

C. Pauthisa
 Policyholder's Signature / Date 20/06/2023

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



Witnessed by Reporting Centre Personnel
 (Name as in NR/CID card)

























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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5131203136	Cover : Comprehensive
1. Index mark and Registration Number of Vehicle	: To Be Advised
Chassis Number	: FEB21EA35904
2. Name of Policyholder	: UK ENGINEERING & CONSTRUCTION PTE. LTD.
3. Effective Date of Insurance	: 25 Oct 2022
4. Expiry Date of Insurance	: 24 Oct 2023
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyholder's order or with his/her 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.	
6. Limitations as to Use#	
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.	
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.	

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.
 This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : ALLINK INSURANCE AGENCY PTE. LTD (00000615435)
 Date of Issue : 20 Oct 2022 14:40 hrs

For INCOME INSURANCE LIMITED

 Chief Executive

0011027730DCAN