

# 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 First Submission .....	27/07/2023 16:09 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	26/07/2023 19:45 (SGT)
Exact Location of Accident .....	Ang Mo Kio Street 54, Singapore
Additional Location Information .....	ANG MO KIO STREET 54
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK5754T
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	XQD DELIVERY TRANSPORT PTE LTD
Company Reg No .....	2XXXXX399M
Email Address .....	YIMIN.1993@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-84119466
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	2754

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2002632726

### DRIVER

Name of Driver .....	PERUMAL VIGNESH
Passport No/FIN .....	GXXXX436R
Date Of Birth .....	20/05/1996
Occupation .....	Outdoor

Date Of Driving Pass .....	20/05/2021
Driving experience .....	2 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84119466
Alt. Phone Number .....	-
Email Address .....	YIMIN.1993@HOTMAIL.COM
Address .....	34 LOR 22 GEYLANG #04-06
Address complement .....	-
Postcode .....	398691
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) .....	1
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? .....	Yes
Police Station Name .....	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004519999
Alt. Police Station Phone No .....	(Fax) +65-65535679
Police Station Address .....	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	YQ2554U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Goods 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 .....	PERUMAL VIGNESH
Gender .....	Male
Phone No .....	(Phone) +65-84119466
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBK5754T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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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 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 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

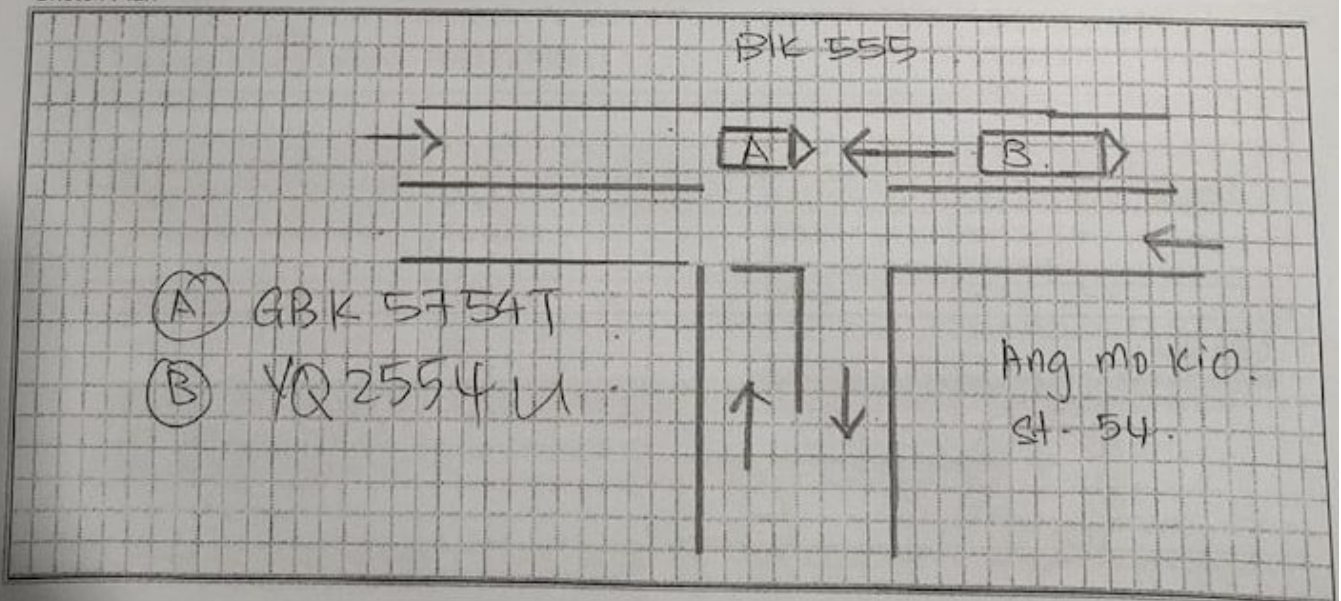
*Signature*

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

Please refer to police report:

T/20230726/2130

Declaration

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



Policyholder's Signature / Date & Time

*Paulini*

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



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


































**SINGAPORE  
POLICE FORCE**


T/20230726/2130

1 of 3

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20230726/2130

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/07/2023 23:07		Vide Report No.:		Station Diary No.: 106	
<b>Informant's Particulars</b>					
Name of Informant: PERUMAL VIGNESH			Address: C/O 34 LOR 22 GEYLANG #04-06 SINGAPORE 398691		
ID Type / ID No.: PASSPORT / N0638429			Contact No.: Home/Office: Mobile: 81247516		
Nationality: INDIAN			Email:		
Sex: Male	Age: 27	Date of Birth: 20/05/1996	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Van driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2023 21:10	Type of Location: Car Park
Location:  ANG MO KIO STREET 54				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBK5754T	Van	TOYOTA		Silver	Seriously Damaged	0
YQ2554U	Lorry	HINO		White	Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230726/2130

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20230726/2130

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	PERUMAL VIGNESH		ID No. N0638429
Related Vehicle	GBK5754T (Van)		Contact No. 81247516
Hospital/Clinic	WELL FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	26/07/2023	Date Discharge	26/07/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	MOHAMED RAFI BIN MOHAMED DAWOOD		ID No. S8130079H
Related Vehicle	YQ2554U (Lorry)		Contact No. 80611833
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 the 26/07/2023 at about 2110hrs, I was driving my van at the carpark of Blk 555 Ang Mo Kio Street 54. I wanted to exit the carpark. My vehicle was stationary and in front of me was another lorry and the lorry was reversing toward me. I sounded my vehicle horn however the lorry still did not stop and kept reversing. The lorry rear then hit onto the front of my vehicle. The lorry driver and me then came out of our vehicle and exchanged our particulars. I also took some photo of the accident. I then seek medical treatment at Blk 555 Ang Mo Kio Street 54 clinic and I was given 3 days of medical leave.



SINGAPORE  
POLICE FORCE



T/20230726/2130

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

3 of 3

Report No. T/20230726/2130

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
F /  
SR STAFF SGT CHUA KOK  
MENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/07/2023 23:07

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Classification Of Case:

NP168



Allianz Insurance Singapore Pte. Ltd.

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2002632726  
 Date of Issue : 17 August 2022  
 Coverage : COMPREHENSIVE- AUTHORISED WORKSHOP  
 Policyholder : XQD DELIVERY TRANSPORT PTE. LTD.  
 Finance Company : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD  
 Period of Insurance : 07 September 2022 To 06 September 2023 (both dates inclusive)  
 Registration Number : GBK5754T  
 Chassis Number of Vehicle : GDH2012012014

**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 regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

**Limitation as to Use\*:**

- (a) Use in connection with the Policyholder's business.  
 (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.  
 (c) Use for social, domestic and pleasure purposes


\* Limitation rendered inoperative by Section 8 of Motor Vehicles (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.

**Policy does not cover:**

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

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).

17 August 2022  
 Issue Date

  
 Hicham Raissi  
 Chief Executive Officer  
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000347 CASA MERAKE PTE LTD  
 Excess  
     Own Damage  
     Windscreen  
     Liabilities to Third Parties

S\$	600.00
S\$	100.00
S\$	0.00

FWPS111Eb\_E2 - IPA Work Permit 0 37302309 / 16 JUN 2023



EMPLOYER'S COPY



PARIS ENGINEERING PTE. LTD.  
7 TEO KIM ENG ROAD  
#05-03 CASCATA  
SINGAPORE 416378

17 Jun 2023

## Your application is approved

Dear Sir/Madam

We are pleased to inform you that PERUMAL VIGNESH's Work Permit application has been approved in-principle. Please bring your new worker to Singapore before this approval expires on 15 Sep 2023.

The next page lists the steps you need to take for your worker to be issued a Work Permit card. Your worker can start work on the second day of the arrival in Singapore while waiting for the steps to be completed.

You must complete the steps within 14 days of the worker's arrival. If you no longer wish to hire the worker, cancel the in-principle approval to stop the levy charges and send the worker home. If you do not take any action, we will eventually withdraw the approval, and levy will be charged till then.

Yours sincerely

Penny Han (Mrs)  
Controller of Work Passes

NAME OF FOREIGN WORKER  
PERUMAL VIGNESH  
WORK PERMIT NO.  
0 37302309  
PASSPORT NO.  
N0638429  
DATE OF APPLICATION  
16 JUN 2023  
CPF SUBMISSION NO  
202143933R - PTE - 01  
MONTHLY LEVY RATE  
S\$600  
SB TRANSMISSION REF NO  
H049583

### ▲ IMPORTANT

- You must comply with the conditions stated on this letter and the Employment of Foreign Manpower Act, including the conditions and regulatory conditions in the Employment of Foreign Manpower (Work Passes) Regulations 2012. MOM will take action on non-compliance. You can read the rules at [www.mom.gov.sg](http://www.mom.gov.sg)
- You must inform and ensure your worker is fully vaccinated, based on the COVID-19 vaccination requirements (<https://www.mom.gov.sg/vac-reqmts>) in accordance with the following where applicable - the prevailing guidelines of the Singapore Ministry of Health and Ministry of Manpower, or the Employment of Foreign Manpower (Work Passes) Regulations 2012. If you fail to do so, we may take action against you, including cancelling this approval.