

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	30/07/2024 14:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/07/2024 19:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS BUKIT BATOK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1587P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AVTECH ENGINEERING PTE LTD
Company Reg No	2XXXXX378W
Email Address	GUANKOAY26@GMAIL.COM
Mobile Phone No	(Phone) +65-81804684
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Cx-5
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ24-005783

DRIVER

Name of Driver	KOAY TEONG GUAN
NRIC No	SXXXX963E
Date Of Birth	01/02/1984
Occupation	Indoor

Driving Pass Date	12/02/2009
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81804684
Alt. Phone Number	-
Email Address	GUANKOAY26@GMAIL.COM
Address	BLK 176 BUKIT BATOK WEST AVE 8 #06-305
Address complement	-
Postcode	650178
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)	4
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	CHUNG YEE MAN
Gender	Female

PASSENGER 2

Name	MAX KOAY JIA HAO
Gender	Male

PASSENGER 3

Name	KOAY TEONG GHEE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident ACCIDENT VIDEO WITH OWNER WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF5967Y
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver ANTONY AMALADASS ANTHONY ARULDASS
 Passport No/FIN GXXXX560X
 Contact Number (Phone) +65-81804684
 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 KOAY TEONG GUAN
 Gender Male
 Phone No (Phone) +65-81804684
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK PAIN, 3 DAYS MC
 Injured person in which vehicle? SMH1587P
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person CHUNG YEE MAN
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SHOULDER PAIN, 2 DAYS
 Injured person in which vehicle? SMH1587P
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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")

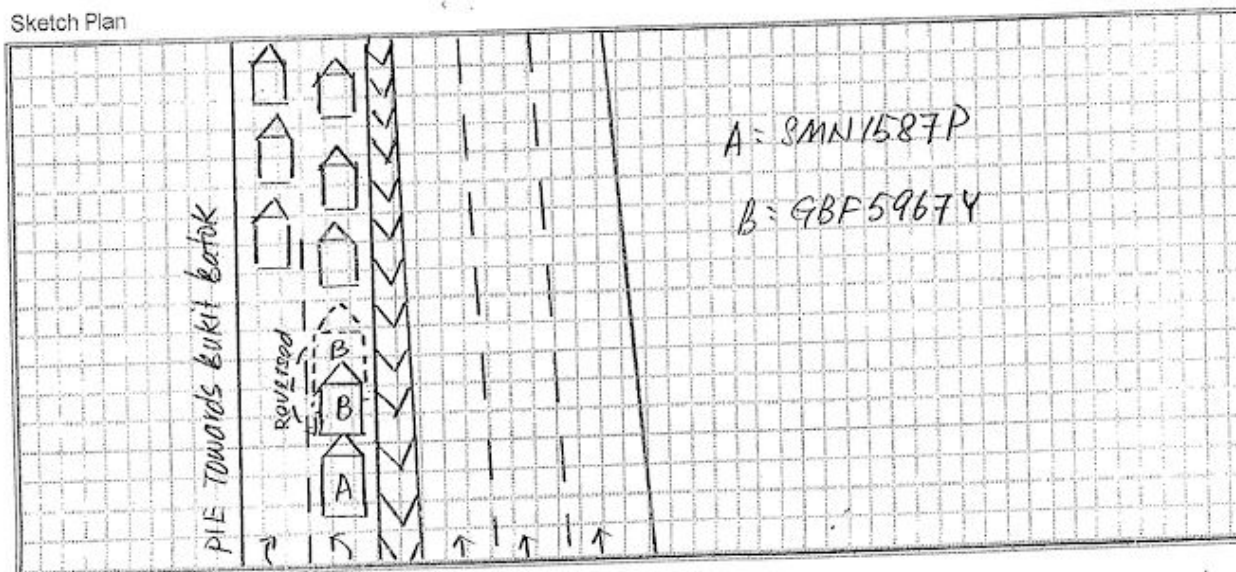
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

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

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

Sketch Plan

Date of accident: 29.7.24 Time: 1940 Location: PIE towards Bukit Batok
 My Vehicle A: SMN1587P Vehicle B: GBF5967Y Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident

On 29-7-2024 at about ~~0940~~ 19:40. I was driving my car SMN1587P along PIE towards Bukit Batok. The traffic was heavy jam at the time. I stopped my car and in stationary behind a van with heavy carplate number GBF5967Y. Suddenly the van reversed his car and hit into front of my car. I alighted from my car to check the damaged but the third party driver refuse alighted from his van. Both of us exchange our particulars and I took some photo before we moved off. The third party driver GBF5967Y also want to drive off but he hit my car once again before he drive off.

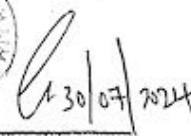
Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own Insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel

APPROVED













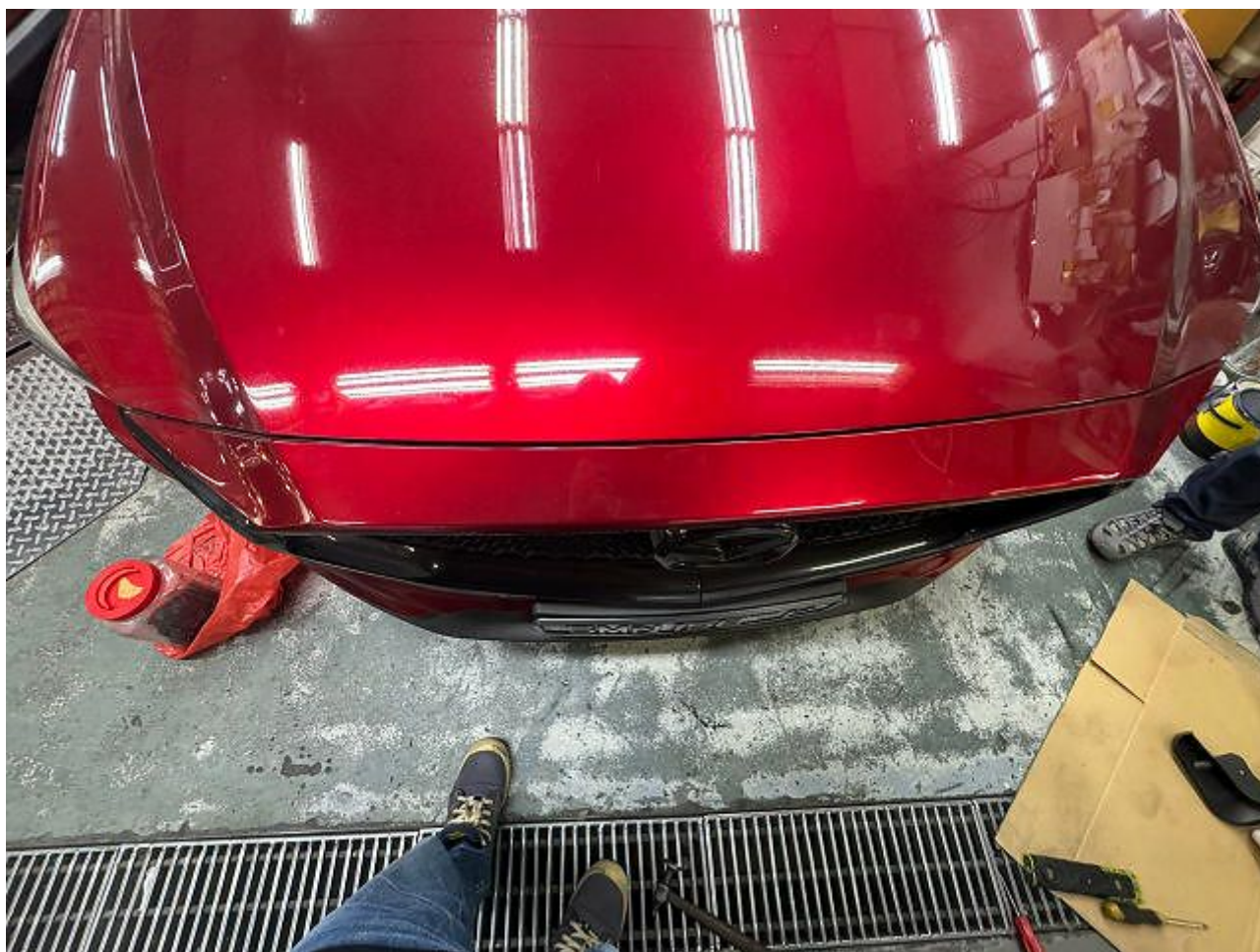






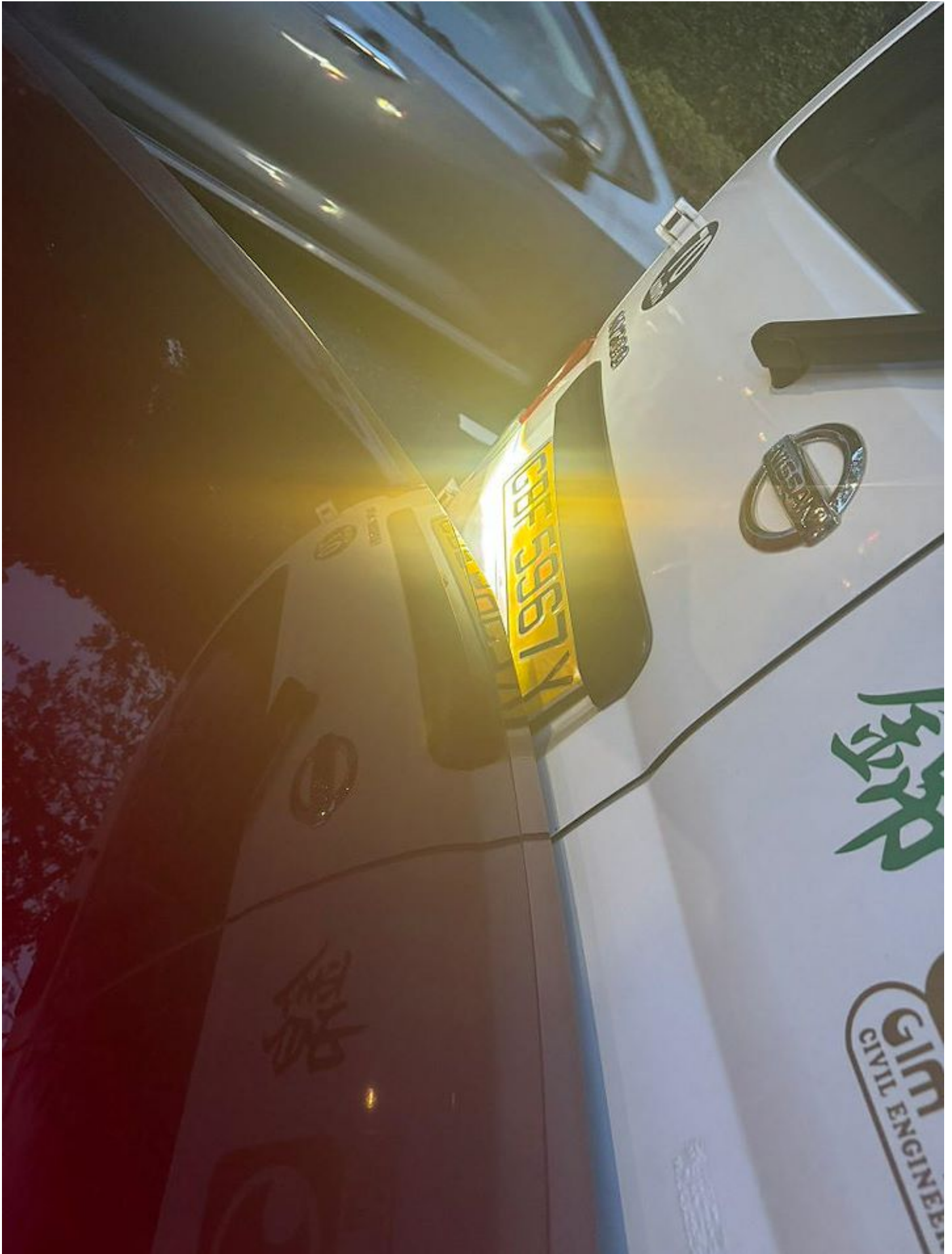
























**SINGAPORE
POLICE FORCE**



T/20240730/2028

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20240730/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2024 11:41		Vide Report No.:	Station Diary No.: 48
Informant's Particulars			
Name of Informant: KOAY TEONG GUAN		Address: APT BLK 176 BUKIT BATOK WEST AVENUE 8 #06-305 SINGAPORE 650176	
ID Type / ID No.: NRIC NO / S8486963E		Contact No.: Home/Office: Mobile: 81804684	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 40	Date of Birth: 01/02/1984	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Other computer technicians		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2024 19:40	Type of Location: Slip Road from Lornie Road
Location: JALAN SEJARAH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBF5967Y	Motor van	NISSAN	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC	White		0



**SINGAPORE
POLICE FORCE**



T/20240730/2028

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20240730/2028

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SMN1587P	Motor car	MAZDA	CX-5 2.0 AT PREMIUM 2WD I2	Red		3

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANTHONY AMALADASS ANTONY ARULDASS		ID No. G8392560X
Related Vehicle	GBF5967Y (Motor van)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	KOAY TEONG GUAN		ID No. S8486963E
Related Vehicle	SMN1587P (Motor car)		Contact No. 81804684
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/07/2024		Date Discharge 30/07/2024
No. of Days granted Medical Leave	03	Degree of	NIL
Passenger			
Name	CHUNG YEE MAN		ID No. S8586916G
Related Vehicle	SMN1587P (Motor car)		Contact No. 90904309
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	30/07/2024		Date Discharge 30/07/2024
No. of Days granted Medical Leave	02	Degree of	NIL



SINGAPORE
POLICE FORCE



T/20240730/2028

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Report No. T/20240730/2028

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Brief Details.

Exact location: From Lornie Road towards PIE at the merging lane (Kindly ignore the exact location as an error map occurred)

V2- GIM TIAN ENGINEERING PTE LTD 6001 BEACH ROAD #02-01

On 29th July 2024 at 7.40pm, I was driving my vehicle registration number: SMN1587P along PIE towards Bukit Batok (From Lornie Road towards PIE) at the merging lane. I had 3 other passengers in my vehicle. It was massive jammed and there was another vehicle registration number: GBF5967Y (V2) ahead of me.

While I was in the stationary position, A2 was seen reversing and collided to my vehicle's front portion. Due to the impact, my wife who was one of my passengers and myself felt pain. I alighted slowly from my vehicle and checked with V2 who claimed that he doesn't know what had happened. I exchanged particulars with V2. I do have inbuilt camera in my vehicle that captured the occurrences.

My wife and I went to seek medical attention and was given MC. I had informed to my insurance company and was advised to lodge a Police report.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20240730/2028

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Report No. T/20240730/2028

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SI MOHAMAD FARID BIN JAMAL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476414

Signature Of Informant:

Date/Time:
30/07/2024 11:41

Classification Of Case:

NP168

EQ Insurance Company Limited
77 Robinson Road #12-01 Robinson 77 Singapore 069896
tel (65) 6223 9433 | www.eqinsurance.com.sg
reg no. 1978-00490-N



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

PRIVATE CAR Comprehensive Supreme

Certificate No. : DMPPHQ24-005783

1. Index Mark and Registration Number of Vehicles

SMN1587P

2. Name of Policyholder

AVTECH ENGINEERING PTE. LTD.

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

26/07/2024

4. Date of Expiry of Insurance

25/07/2025

5. Person 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 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 regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover :

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) use for any purpose in connection with the Motor Trade

*Limitations rendered inoperative by Section 8 of the 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.

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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : Hong Leong Finance Ltd

A000209/Agnes Tan Sock Leng
Date of Issue : 23/05/2024 20:24

Exp No. : DMPPHQ23-005533

Form: MX2
Excess:
Employees: S\$600.00
Non-employee: S\$1,100.00
YEID Additional: S\$3,000.00

EQ Motor Accident
Hotline

6311 3211



Authorised Signatory
EQ Insurance Company Limited

A Member of Citystate