

## 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 Authorised 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 ability.
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 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 Report             | 29/12/2017 17:13 |
| Date Of Accident           | 29/12/2017 07:45 |
| Exact Location Of Accident | WOODLANDS AVE 12 |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBF1805H |
|-----------------------------|----------|

#### Insured/Policyholder

|                          |   |
|--------------------------|---|
| Name Of Registered Owner | CO-AL ENGINEERING INTEGRATED SERVICES PTE LTD |
| Co Reg No                | 201103683W                                    |
| Email Address            | NOEMAIL                                       |
| Mobile Phone No          |   |
| Alternative Phone No     | OFFICE-98757029                               |

#### Vehicle Particulars

|  |                           |
|--|---------------------------|
| Manufacturer   | MITSUBISHI                |
| Model  | CANTER FEA01BR2SDEB (CBU) |
| Exact Purpose for which vehicle was being used at time of accident           |                           |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                        |
| If No, Please state action to be taken                                       | REPORTING ONLY            |
| Vehicle Category   | COMMERCIAL VEHICLE        |

#### Insurance Company

|                           |                          |
|---------------------------|--------------------------|
| Name of Insurance Company | EQ INSURANCE COMPANY LTD |
| Type Of Coverage          | COMPREHENSIVE            |
| Fleet Policy              | NO                       |
| Policy Number             | DMCPHQ17-004033          |
| Cover Note Number         |                          |

#### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | ISLAM NAZMUL         |
| Passport No/FIN      | G8334255U            |
| Date Of Birth        | 15/12/1985           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 16/03/2017           |
| Driving Experience   | 0 YEAR AND 9 MONTH   |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-90780040 |
| Fax Number           |                      |
| Contact Number       |                      |
| EEmail Address       | NOEMAIL              |

|   |                     |
|---|---------------------|
| Address   | 10 ADMIRALTY STREET |
| Postcode  | 757695              |
| Was driver an employee of the Insured's Company     | NO                  |
| If No, Relationship of the Driver with the Insured  | OTHER - EMPLOYEE    |
| Vehicle Registration Number of Driver's Own Vehicle | -                   |
|   | -                   |
|   | -                   |
| Insurance Company of Driver's Own Vehicle           | -                   |
|   | -                   |
|   | -                   |

#### 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 this accident?  | NO  |
| Number of vehicles involved in the accident   |   |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| Was any other material or property damaged?   | YES   |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 5   |
| Passenger 1   | NAME: : KUPPUSAMY VELMURUGAN<br>GENDER: : MALE        |
| Passenger 2   | NAME: : MONDAL [ARVES<br>GENDER: : MALE               |
| Passenger 3   | NAME: : RAHMAN MOHAYMANUR<br>GENDER: : MALE           |
| Passenger 4   | NAME: : DURAIRAJ SENTHAMARAICKANNAN<br>GENDER: : MALE |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLEASE REFER TO THE ATTACHMENT

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                               |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SGQ6586P                      |
| Vehicle Make/Model/Colour   |                               |
| Details Of Properties       |                               |
| Vehicle Category            | PRIVATE CAR                   |
| Name of Driver              | MAUNG MYA AYE @MUHAMMAD ABBAS |

|                                     |           |
|-------------------------------------|-----------|
| NRIC/Passport Number                | S2572244B |
| Contact Number                      | 81822845  |
| Address                             |           |
| Postcode                            |           |
| Insurance Company Name              |           |
| Nature Of Damage                    |           |
| No. Of Passenger (Including Driver) |           |

## Accident Sketch Plan

### SKETCH PLAN

#### 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 Authorised 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



COMPANY  
STAMP  
& SIGN

*[Signature]*

X Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

COMPANY  
STAMP &  
SIGN

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# CERTIFICATE OF INSURANCE Pg. 1

EQ Insurance Company Limited  
5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | 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

## COMMERCIAL VEHICLE PRIVATE (SCH I) Comprehensive

Certificate No. : DMCPHQ17-004033

- |   |             |            |            |            |
|---|-------------|------------|------------|------------|
| 1. Index Mark and Registration Number of Vehicles | Form: LCVP1 |            |            |            |
| GBF1805H  | Excess:     |            | \$500.00   |            |
|   | Section 1:  |            | \$3,000.00 | All Claims |
|   | YEID:       | Additional | \$100.00   |            |
|   | WindScreen: |            |            |            |
2. Name of Policyholder  
CO-AL ENGINEERING INTEGRATED SERVICES PTE LTD
3. Effective Date of the Commencement of Insurance for the purpose of the Act  
25/07/2017
4. Date of Expiry of Insurance  
24/07/2018
5. Person or Classes of persons entitled to drive\*  
Goods Carrying - (MZ300) Authorised Driver. Any of the following:-  
(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\*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- 3) Use for social domestic and pleasure purposes.

#### THE POLICY DOES NOT COVER:

- 1) Use for hire or reward or for racing pace-making reliability trial or speed testing.
- 2) Use whilst drawing a greater number of trailers in all than is permitted by Law.
- 3) Use for the carriage of passengers for hire or reward.
- 4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

\*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 : Goldbell Financial Services Pte Ltd


A000255/Winner Consultancy Pte Ltd  
Date of Issue : 21/07/2017 17:38



\_\_\_\_\_  
Authorised Signatory  
EQ Insurance Company Limited

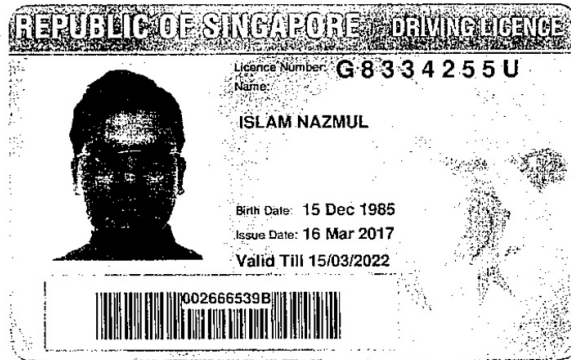
### Note

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70

DRIVER WORK PERMIT (FRONT & BACK) Pg. 1

| WORK PERMIT  |                                   |
|--|-----------------------------------|
| Employment of Foreign Manpower Act (Chapter 91A)                                   |                                   |
| Republic of Singapore  |                                   |
| Employer<br>CO-AL ENGINEERING INTEGRATED SERVICES PTE. LTD.                        |                                   |
| Sector: CONSTRUCTION   | Name<br>ISLAM NAZMUL              |
|  | Occupation<br>CONSTRUCTION WORKER |
| Work Permit No.<br>0 62765623  | Date of Application<br>06-08-2012 |
|  | Date of Issue<br>03-08-2016       |
|  | Date of Expiry<br>09-08-2018      |
|  |                                   |
| L7074871   |                                   |

| VISIT PASS  |                            |               |
|---|----------------------------|---------------|
| Immigration Regulations   |                            |               |
| Name<br>ISLAM NAZMUL  |                            |               |
|                          | Date of Birth              | Sex           |
|   | 15-12-1985                 | M             |
|   | Nationality<br>BANGLADESHI |               |
|   | FIN                        | Date of Issue |
|   | G8334255U                  | 03-08-2016    |
|   |                            | 09-08-2018    |
| MULTIPLE JOURNEY VISA ISSUED  |                            |               |
| YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED<br>OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU. |                            |               |
|                         |                            |               |



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

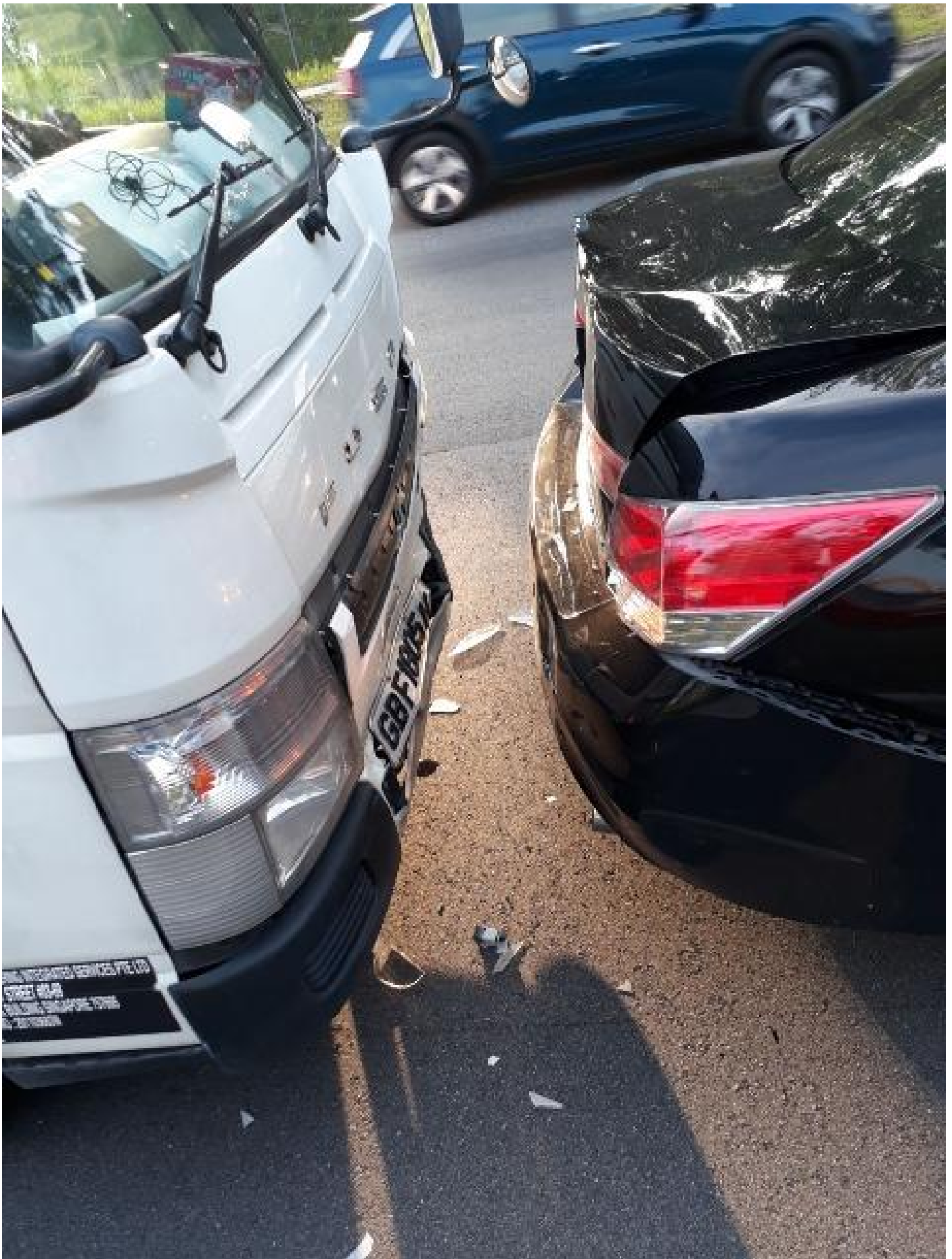
|  | EFFECTIVE DATE |
|--|----------------|
| Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg | 16 Mar 2017    |

NP 428A





ACCIDENT SCENE PHOTO 1



ACCIDENT SCENE PHOTO 2



ACCIDENT SCENE PHOTO 3



ACCIDENT SCENE PHOTO 4





ACCIDENT SCENE PHOTO 5



ACCIDENT PHOTO 1





ACCIDENT PHOTO 2



ACCIDENT PHOTO 3





ACCIDENT PHOTO 4



ACCIDENT PHOTO 5



ACCIDENT PHOTO 6



ACCIDENT PHOTO 7





ACCIDENT PHOTO 8



ACCIDENT PHOTO 9



ACCIDENT PHOTO 10





ACCIDENT PHOTO 11





ACCIDENT PHOTO 12



ACCIDENT PHOTO 13



ACCIDENT PHOTO 14





ACCIDENT PHOTO 15



CHASSIS NUMBER



ODOMETER READING

