## 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	26/03/2018 16:36	
Date Of Accident	24/03/2018 17:10	
Exact Location Of Accident	KPE TOWARDS TAMPINES EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC554D	
Insured/Policyholder		
Name Of Registered Owner	AVIGHNAA PTE. LTD.	
Co Reg No	201409369D	
Email Address	AVIGHNAA@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-91552161	
Alternative Phone No	OFFICE-91552161	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	CABSTAR	
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	GOODS VEHICLE	
Insurance Company		
Name of Insurance Company	EQ INSURANCE COMPANY LTD	
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	DMCPHQ18-000464	
Cover Note Number		

## Driver

Name of Driver THEVARAJAN S/O MUTHUSAMY

NRIC No S7528278H

Date Of Birth 26/08/1975

Occupation INDOOR

Date Of Driving Pass 13/03/2003

Driving Experience 15 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91552161

Fax Number
Contact Number

EMail Address AVIGHNAA@HOTMAIL.COM

Address BLK 1A CANTONMENT ROAD

#22-05

NO

NO

Postcode 085101

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

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

10 10001404.

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKX2355G
Vehicle Make/Model/Colour MAZDA WHITE

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.

Policyholder's Signature
Date & Time:

2 6 MAR (2013

Driver's Signature
(If driver is not the policyholder)
Date & Time: 268 15

2.6 MAR 2013

16:36 Mrs

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Poh Kwee Choo S6840583A

SKETCH PLAN		
		<i>∧ ∧ ∧ ∧ ∧ ∧ ∧ ∧ ∧ ∧</i>
		A - GBC 554D
KPE TOWA	RDS TAMPINES	A-GBC554D EXIT B-Stx 23550
	. <u>                                    </u>	
	B A A SHOU	LDR
DESCRIBE CIRCUMSTANCES OF T		
THE CAR INF	RONT OF ME JAN	MED HIS BRAK, BECOUR
THERE WAS A U	JODOBN PANEL FL	EW OF FROM A LORRY
INFRONT OF HIM		ı
		19 HIM SWEURING
1 — 1	LLDBR SIDB AND	
	VOT MUCH DAMA	
SATURDAY 24)	3   18 af 1710	
7		
		<del>"</del>
DECLARATION  I/We declare the foregoing particulars	are true in every respect.	
A CIVA	of reduce	. /
MANA	Mr.	<u> </u>
Policyholder's Signature Date & Time	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: Poh Kwee Choo
Z S Pauli Zelij - 6 Jassi Csecto Dlantem - 73	Date & Time: 28 FAR 2013	NRIC/FIN No.: \$6840583A

### **CERTIFICATE OF INSURANCE Pg. 1**

**EQ Insurance Company Limited** 

5 Maxwell Boad #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg reg no. 3978-00490-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) Third Party Fire & Theft

Certificate No.: DMCPHQ18-000464

Form: LCVP1 Excess:

Index Mark and Registration Number of Vehicles

Excess: Section 1: YEID:

S\$0.00 Additional S\$3.00

For Renewal/Extension, Please Contact

COE AUTO TRADING

Tel: 64589833, 64571902

18 Sin Ming Lane #02-03 Midview City Singapore 573960

Fax: 64585729

\$\$3,000.00 All Claims

RAAA-2555

GBC554D

Name of Policyholder AVIGHNAA PTE, LTD.

 Effective Date of the Commencement of Insurance for the purpose of the Act 18/01/2018

4. Date of Expiry of Insurance 17/01/2019

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 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.

IWE 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: Hitachi Capital Asia Pacific Pte Ltd

A000248/LQ Business Pte Ltd Date of Issue: 18/01/2018 17:30

Authorised Signatory
EQ Insurance Company Limited

LQ BUSINESS PTE LTD

UEN NO. 201700648N 180B BENCOOLEN STREET #04-02, THE BENCOOLEN SINGAPORE 189648 Tel: 6333-4136 Fax: 6334-5238

A Member of Citystate

Page 5 of 10

## DRIVER'S NRIC, DRIVING LICENCE & VOCATIONAL LICENCE Pg. 1





# **Accident Photo**



# **Accident Photo**



# **Accident Photo**



# **CHASSIS NUMBER**

