### 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 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

<ol><li>By the lodgement of this report to the insurers, you hereby con- aforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	13/08/2018 11:39		
Date Of Accident	11/08/2018 10:30		
Exact Location Of Accident	JALAN BESAR JUNCTION TOWARDS KITCHENER ROAD		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBE7088B		
Insured/Policyholder			
Name Of Registered Owner	FIDECS TECHNOLOGIES PTE LTD		
Co Reg No	201508027N		
Email Address	AMPHAI.TANGSUK@FIDECENGINEERING.COM		
Mobile Phone No			
Alternative Phone No	OFFICE-65551286		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	DYNA-3.0 D (M)		
Exact Purpose for which vehicle was being used at time of accident	f		
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 SMCPHQ18-000792

Cover Note Number

#### **Driver**

Name of Driver **DURAISAMY RAJA** Passport No/FIN G8265171W Date Of Birth 05/02/1984 Occupation **OUTDOOR** 

03/05/2018 **Date Of Driving Pass Driving Experience** 0 YEAR AND 3 MONTH

Gender MALE

Mobile Number (LOCAL) +65-84275818

Fax Number

**Contact Number** 

**EMail Address NOEMAIL**  Address 9 SENOKO LOOP

Postcode 758172

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident COLLISION - CROSS JUNCTION

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?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 4

Passenger 1

NAME: : ADAI KHALAM

GENDER: : MALE

Passenger 2 NAME: : ASOHKUMAR

GENDER: : MALE

Passenger 3 NAME: : VADIAL

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** 

REFER TO ATTACHED 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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHC5567M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver CHIN CHEE SENG

NRIC/Passport Number S0240000F Contact Number 86660870 Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **Accident Sketch Plan**

SKETCH PLAN	THE RESIDENCE OF THE RE	±000 -
	I I I SERE	A: GBC 7088 B
		B: SHC 5567 M
	100	
	B	
Jalan Beg Besar Juni	ction Toward & Kitche	ner Rd
ESCRIBE CIRCUMSTANCES OF TH	HE ACCIDENT	
D A - 1 > - P	Boam, at John Beson	west 1 - H
un 11 August 2018 10	- Stram, at John Desor	- Junction, Lago Stright
of the traffice light.	At that time is was ye	llow light a tax; som on on
from left side, we c	rashed at the certie of	f the road. That time the
	yellow to 6 red. F Not	ordy was injured during the
accident.		
We declare Hill Gragoing particulars i	are true in every respect.	
53	D. Dais	
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Name:

GIARMIC SkytchPlanfochs\_V3.

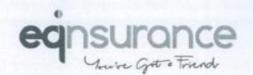
Date & Time:

NRIC/FIN No.:

#### Certificate of Insurance

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 089110 tel 55 5223 9433 | fax 65 5224 3903 | www.eqinsurance.com.ag 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.: DMCPHQ18-000792

 Index Mark and Registration Number of Vehicles GRETOBER Form: LCVP1 Excess:

Section 1 SGD500.00 YEID-AC Additional SGD3,000.00

Name of Policyholder FIDECS TECHNOLOGIES PTE LTD

- Effective Date of the Commencement of Insurance for the purpose of the Act 04/03/2018
- Date of Expiry of Insurance 03/03/2019
- 5. Person or Classes of Persons entitled to drive\*

Goods carrying - (MZ300) Authorised Driver. Any of the following :-

1. The Policyholder

2. Any person on the order or with the permission of the Policyholder

\*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 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. 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. Limitations 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.

UNWSR/HO/TSA0006/Hong Wei Vehicle Pte

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited

#### **Common Statement**

#### SKETCH PLAN

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- 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:

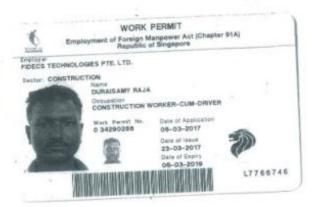
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) 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:
  - 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:
  - 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: D. Pai

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

















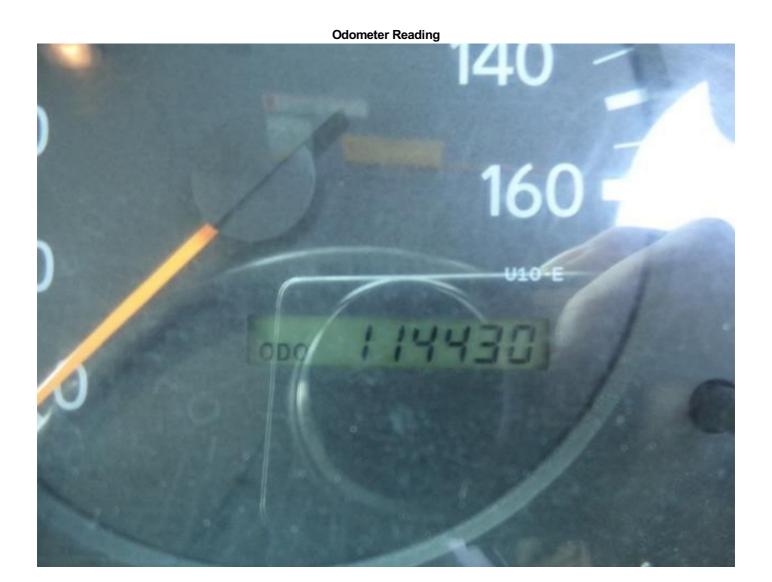




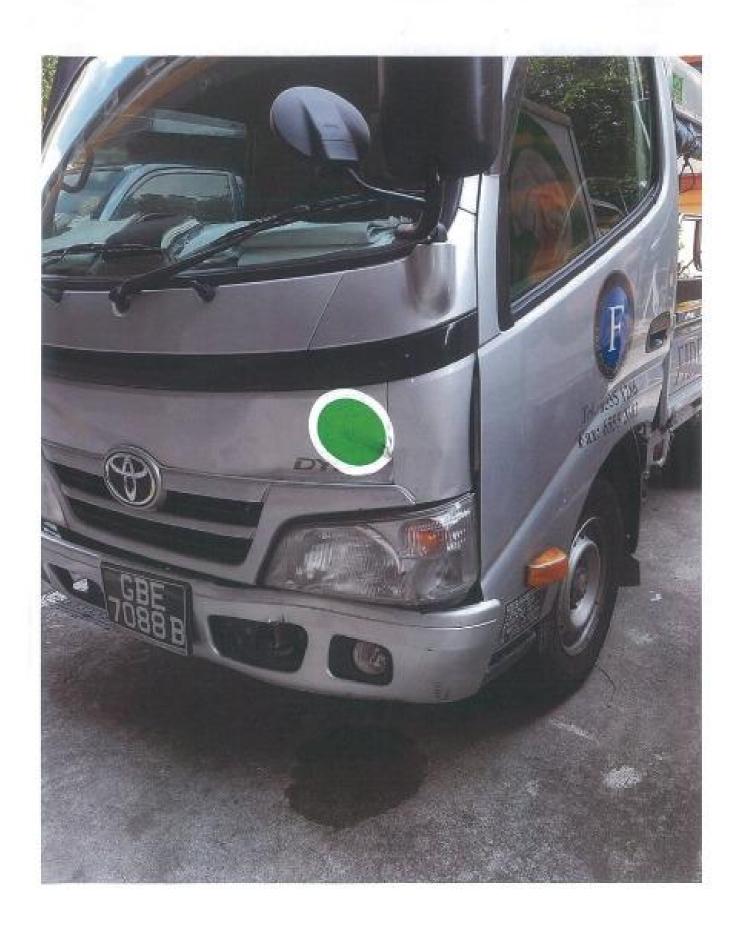


## **Chassis Number**





# **Accident Scene Photo**



# **Accident Scene Photo**

