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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/11/2018 17:35
Date Of Accident	05/11/2018 19:45
Exact Location Of Accident	BUKIT TIMAH ROAD (JURONG)NEAR ADAM ROAD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB4077T
Insured/Policyholder	
Name Of Registered Owner	SHREE AMMAN ENTERPRISES PTE. LTD.
Co Reg No	201500802Z
Email Address	SHREEAMMANEPL@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-69026626
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	DMCPHQ18-004760
Cover Note Number	
Driver	
Name of Driver	MICKEL ARUL VYTUS

Name of Driver MICKEL ARUL VYTUS

Passport No/FIN G7337665W
Date Of Birth 10/05/1982
Occupation OUTDOOR
Date Of Driving Pass 03/11/2015

Driving Experience 3 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94350555

Fax Number

Contact Number

EMail Address NOEMAIL

2 BUKIT BATOKL STREET 24 Address

#02-16

Postcode 659480

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **RAINING** Road Surface WET

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

NO

YES 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) 1

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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SJA9340K Vehicle Registration Number

Vehicle Make/Model/Colour

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

SKETCH PLAN

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- 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.
- 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:
 - 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 invoive 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,

Policy of the Control of the Control

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

ENTERE Co. Reg. No

> Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2

KETCH PLAN		
	13	<u>Vehicle</u> A - GBB 4077 B - SJA 9340k
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Legend Vehicle Motorcycle
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	(Juray)
Ardem Red exit on my vyht I managed	ing Straight along Bright the love. I one cut into my Love to stop but. Still skidd	Sudday vehicle 6 e and stop. 8 ed to hit vohicle B.
DECLARATION //We declere the Bergoing part Please be depled that you have marked the complete that you have marked the complete the co	iculars are true in every respect y have a fourteen (14) days clause when the claim mainst oldo ck your policy for more details Co. Reg. No. (2) Driver's Signature (If driver is not the policyfloider) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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



COMMERCIAL VEHICLE PRIVATE (SCH I) SCHEDULE

Page 1 of 7

Agend Accou Clier	int A000210	Class of Policy Issued on Acceptance Date	OMMERCIAL VEHICLE PRIVATE (SCH I) Polic 3/07/2018 in Singapore 9/07/2018	y Number D	MCPHQ18-004760
Perio	od of Insurance	e from 24/07/2018	o 23/07/2019 , both dates inclusive		
		SHREE AMMAN ENTER BLK/HOUSE NO. 2 BUKIT BATOK STRE SINGAPORE 659480	2-16		
Business/Occupn Hire Purchase		Others Abwin Pte Ltd	A JULIO PARAMETER		
.≥remi	um	Basic Annual Pre Premium after NC	um SGD1,447.84 SGD1,447.84	Premium Due Premium GST Total Due	SGD1,447.84 SGD101.35 SGD1,549.19
	Engine No. Chassis No.	GB84077T Comprehensive 1KD1848556 KDH2015000801	PRIVATE (SCH I) Make/Model TOYOTA No. of seats 2 Capacity cc 0 Tonnage 1.40	Body Type Yr of Manuf/Regn NCB% Certificate Ref.	15.00
	Sum Insured: I Section 1 YEID-All Clair	Market Value at t			

COMMERCIAL VEHICLE COMPREHENSIVE (Ver. 7)

For information on Motor Claims Framework (MCF), please visit GIA websites (www.gia.org.sg /pdfs /Industry /Motor /MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement, Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

1

We will not pay for the Excess specified in the Policy Schedule or the Certificate of Insurance. You will have to pay the Excess for every claim made against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have to refund us the amount of the Excess.

This Excess is in addition to any other excess applicable under this Policy.

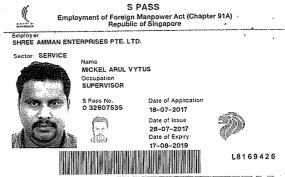
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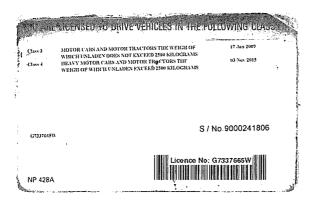
MCV1702-Ver2.0

A Member of Citystate

DRIVER IC/DL Pg. 1







Immigration Regulations Name MICKEL ARUL VYTUS Date of Birth Sex Nationality 10-05-1982 M INDIAN FIN Date of Issue Date of Expiry G7337665W 28-07-2017 17-08-2019 MULTIPLE JOURNEY VISA ISSUED YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

VISIT PASS











