

## 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 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 Report	15/02/2019 15:44
Date Of Accident	14/02/2019 19:15
Exact Location Of Accident	HAVELOCK ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3113T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIANA CAPITAL PTE LTD
Co Reg No	200911448C
Email Address	ASIANAC88@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67457729

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA
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	DMCPHQ18-004689
Cover Note Number	

### Driver

Name of Driver	RAMAR THANGADURAI
Passport No/FIN	G6848072N
Date Of Birth	04/01/1989
Occupation	OUTDOOR
Date Of Driving Pass	25/11/2014
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91326296
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O 46 LOR 17 GEYLANG #04-01 ENTERPRISE INDUSTRIAL BUILDING
Postcode	
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	7
Passenger 1	NAME: : KARTHIK GENDER: : MALE
Passenger 2	NAME: : RAJAPRABHU GENDER: : MALE
Passenger 3	NAME: : KABIR HUMAIEN GENDER: : MALE
Passenger 4	NAME: : SIDDIKI ASHIK GENDER: : MALE
Passenger 5	NAME: : MIAH RASHED GENDER: : MALE
Passenger 6	NAME: : MAZID ABDUL 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 THE ATTACHED.

#### Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SKZ7209C
Vehicle Make/Model/Colour	MAZDA/ RED
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	KEVIN LEE YU XIAN
NRIC/Passport Number	S9306225F
Contact Number	90013273
Address	NIL
Postcode	NIL
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : UNKNOWN
	GENDER: : FEMALE

## Accident Sketch Plan Pg. 1

### SKETCH PLAN

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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.



Policyholder's Signature  
Date & Time:

*R. Thangar Duran*

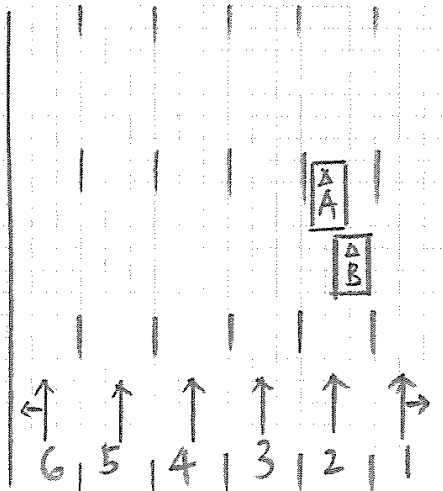
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15-02-2019  
@1605HR



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

# Accident Sketch Plan Pg. 1

## SKETCH PLAN



A: YN3113T  
B: SKZ7209C

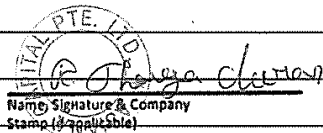
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE MENTIONED DATE & TIME, I WAS DRIVING VEHICLE YN3113T ALONG HAVELOCK ROAD ON THE 3RD LANE OF 6 LANES ROAD. I HAVE CHECKED AND CONFIRMED THAT THE TRAFFIC WAS CLEAR, I THEN PROCEEDED TO FILTER INTO 2ND LANE. WHILE I ALREADY IN THE 2ND LANE, SUDDENLY I FELT AN IMPACT FROM BEHIND AND REALISED MY VEHICLE WAS BEING HIT BY VEHICLE SKZ7209C. NOBODY WAS INJURED. THE DRIVER OF VEHICLE SKZ7209C INSISTED ME TO SIGN ON A PAPER TO ACKNOWLEDGE THE ACCIDENT. HOWEVER, I DO NOT UNDERSTAND THE CONTENT OF THE LETTER. THE DRIVER INSISTED ME TO DO SO IN ORDER TO MOVE ON.

### DECLARATION

I, HEREBY DECLARE that:-

1. The reporting centre personnel has explained the above statement & sketch plan to me.
2. I fully understand and agree with the above statement.
3. The information given is true and correct to best of my/our knowledge and belief.

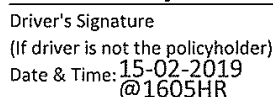
  
Name: Signature & Company  
Stamp: (if applicable)

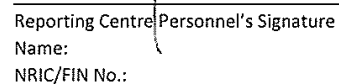
Insurance Co	ER INS
Vehicle No	YN3113T
Date of Accident	14.2.2019
<input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input type="checkbox"/> Third Party Claim <input type="checkbox"/> Other Workshop	

### DECLARATION

I/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: 15-02-2019 @1605HR

  
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

Agency	A000210	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I )	Policy Number	DMCPHQ18-004689
Account	A000210	Issued on	17/07/2018 in Singapore	Replacing Policy no.	DMCPHQ17-004000
Client	0035812	Acceptance Date	17/07/2018		

Period of Insurance from 10/08/2018 to 09/08/2019 , both dates inclusive

Insured's Name      Asiana Capital Pte Ltd  
 Address              149 Geylang Road  
                              #03-01  
                              Singapore 389233

Business/Occupn      Construction  
 Hire Purchase        MALAYAN BANKING BERHAD

Premium	Basic Annual Premium	SGD1,647.93			
	Premium after NCD	SGD1,647.93	Premium Due	SGD1,647.93	
			Premium GST	SGD115.36	
			Total Due	SGD1,763.29	

Risk No. 001	COMMERCIAL VEHICLE PRIVATE (SCH I )				
1. Registration	YN3113T	Make/Model	MITSUBISHI	FE83BEOSRDEA (METAL BODY)	
Type of Cover	Comprehensive	No. of seats	2	Body Type	LORRY + HOOD
Engine No.	4M42A90860	Capacity cc	0	Yr of Manuf/Regn	2012/2012
Chassis No.	FE83BEA20874			NCB%	20.00
		Tonnage	2.54	Certificate Ref.	LCVP1
Sum Insured: Market Value at the time of loss	SGD0.00				
Section 1	SGD750.00				
YEID-All Claims	Additional	SGD3,000.00			

### 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

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.

Continued on page 2



A Member of Citystate



MCV1702-Ver2.0


**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**CAPITAL CONSTRUCTION PTE LTD**

Name  
**RAMAR THANGADURAI**

Work Permit No.  
**0 35263381**

Center  
**CONSTRUCTION**

 **K1038747**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


License Number: **G6848072N**

Name  
**RAMAR THANGADURAI**

Birth Date: **04 Jan 1989**

Issue Date: **25 Nov 2014**

Valid Till: **24 Nov 2019**

 **002369285H**

**VISIT PASS**  
Immigration Regulations

19-12-2018

Name  
**RAMAR THANGADURAI**

FIN  
**G6B48072N**

Date of Birth **04-01-1989** Sex **M**

Nationality  
**INDIAN**

**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.**

Download SGWorkPass App to check status




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

**EFFECTIVE DATE**

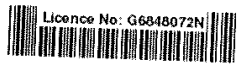
**Class 2B** Motorcycles =< 200 cc

**Class 3** Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

**25 Nov 2014**  
**25 Nov 2014**

**NP 428A**

**Licence No: G6B48072N**





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident scene



Accident scene



Accident scene



**Addendum Sheet Pg. 1**



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MKFS19021363 Vehicle Registration No: YN3113T  
Name (as shown in NRIC) : ASIANA CAPITAL PTE LTD NRIC/FIN/Passport No : 200911448C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 46 LOR 17 GEYLANG #04-01 ENTERPRISE INDUSTRIAL BUILDING Singapore ( )  
Contact (Tel) : 67457729 Mobile No. : \_\_\_\_\_  
Email Address : asianac88@gmail.com  
Date of Accident : 14/02/2019 Time of Accident : 1915hrs  
Place of Accident : HAVELOCK ROAD  
Insurance Company: EQ Insurance Company Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend add in accident video footage.

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ASIANA CAPITAL PTE LTD

Policyholder / Driver's Signature  
Date:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 15/02/2019