

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	02/04/2019 17:22
Date Of Accident	02/04/2019 05:50
Exact Location Of Accident	ALONG JURONG WEST AVE 2 SLIP RD TO CORPORATION RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA1201B
Insured/Policyholder	
Name Of Registered Owner	JAYA AMBIGA TRADING PTE LTD
Co Reg No	200703727R
Email Address	JAYAMBIG221@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-65603841

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL 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	DMCPHQ18-006084
Cover Note Number	

Driver

Name of Driver	JAYARAMAN KALIDOSS
NRIC No	S7475793F
Date Of Birth	24/08/1974
Occupation	OUTDOOR
Date Of Driving Pass	03/05/1997
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90395984
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 254 BUKIT BATOK EAST AVENUE 4 #04-231
Postcode	650254
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)	2
Passenger 1	NAME: : AH PING 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 attached Sketch Plan for the accident details.

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	XD7925E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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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.

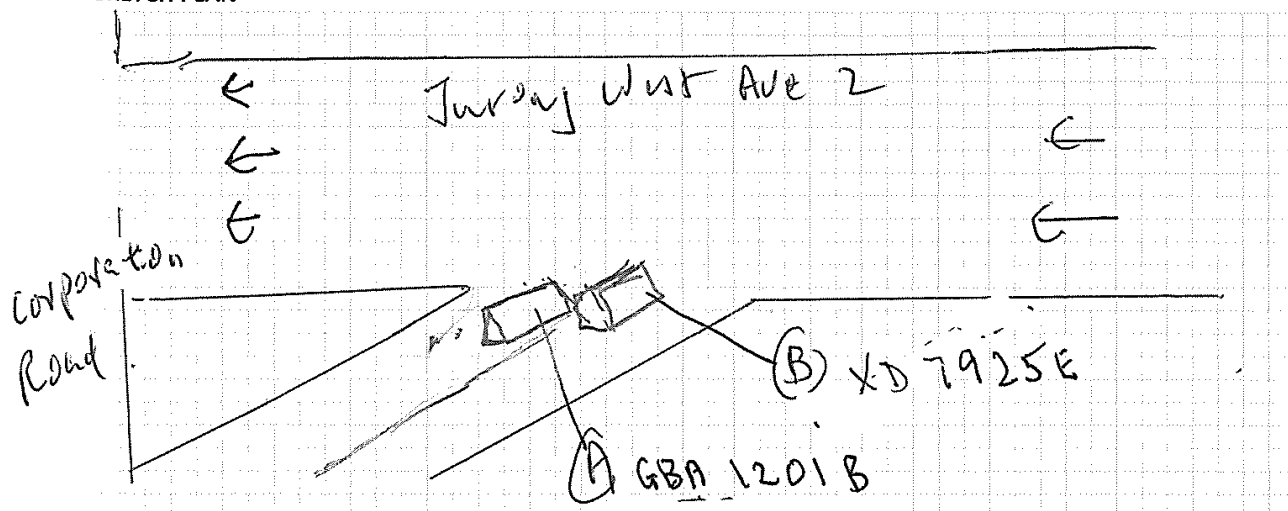


Policyholder's Signature
Date & Time:

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

on 02/04/19 at about 5:50am, I was driving my vehicle GBA 1201 B along PIE towards Boon Lay Place. While I was driving along Jurong West Ave 02 Slip road to Corporation Road, Suddenly a lorry XD 7925 E hit my vehicle rear box body. Due to the impact my vehicle roll on to the road kerb.

DECLARATION

I 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7475793F**
Name: **JAYARAMAN KALIDOSS**

Birth Date: **24 Aug 1974**
Issue Date: **28 Mar 2019**





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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	07 Nov 1994
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	03 May 1997

NP 428A



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	A000342	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I)	Policy Number	DMCPHQ18-006084
Account	A000342	Issued on	06/09/2018 in Singapore	Replacing Policy no.	DMCPHQ17-003425
Client	0128385	Acceptance Date	06/09/2018		

Period of insurance from 1136 hours on 06/09/2018 to 2400 hours on 05/09/2019

Insured's Name JAYA AMBIGA TRADING PTE LTD
 Address BLK/HOUSE NO. 221 #01-208
 BOON LAY PLACE
 SINGAPORE 640221

Business/Occupn Others
 Fire Purchase Abwin Pte Ltd

Premium	Basic Annual Premium	SGD2,008.83		
	Third Party Working Risk @ \$250	SGD250.00		
	Total Annual Premium	SGD2,258.83	Premium Due	SGD2,258.83
			Premium GST	SGD158.12
			Total Due	SGD2,416.95

Risk No. 001	COMMERCIAL VEHICLE PRIVATE (SCH I)			
1. Registration	GBA1201B	Make/Model	TOYOTA DYNA 150 (WITH BOX)	
Type of Cover	Third Party, Fire & Theft	No. of seats	2	Body Type Lorry+Tailgate
Engine No.	1KD1591297	Capacity cc	0	Yr of Manuf/Regn 2007/2007
Chassis No.	JTFAT35Y003000470			NCB% 0.00
		Tonnage	1.44	Certificate Ref. LCVP1
Sum Insured: Market Value at the time of loss			SGD0.00	
Excess under TPWR (All Claims)			SGD1,500.00	
YEID-All Claims	Additional		SGD3,000.00	

COMMERCIAL VEHICLE THIRD PARTY, FIRE & THEFT (Ver. 4)

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:-

3Q - THIRD PARTY FIRE & THEFT

It is hereby understood and agreed that notwithstanding anything to the contrary contained in Section 1 of this Policy the Company shall not be liable thereunder except in respect of loss or damage by fire external explosion self-ignition or lighting or burglary housebreaking or theft.

It is further understood and agreed that Section 3 of this Policy is deemed to be cancelled.

Continued on page 2



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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: S66550020G / 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 : MWHM 19042973 Vehicle Registration No: GBA 1201B
Name(as shown in NRIC) : Jayaraman Kalidoss NRIC/FIN/Passport No : S7475793F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : - Singapore()
Contact (Tel) : - Mobile No. : 90395984
Email Address : -
Date of Accident : 2/04/2019 Time of Accident : 5.50 am
Place of Accident : Along Jurong West Ave 2 Slip Rd to
Insurance Company: EA Insurance Corporation 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 vehicle reg from GBA 1201B
to read as GBA 1201B

Jayaraman Kalidoss
Policyholder / Driver's Signature
Date: 2/4/19

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