

## 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             | 04/06/2019 13:38                  |
| Date Of Accident           | 04/06/2019 10:05                  |
| Exact Location Of Accident | IN FRONT OF NO.52 TUAS BASIN LINK |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | GBD8418G              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | MR TECHNOLOGY PTE LTD |
| Co Reg No                   | 201115010Z            |
| Email Address               | INFO@MRMARINESG.COM   |
| Mobile Phone No             |                       |
| Alternative Phone No        | OFFICE-63393320       |

### Vehicle Particulars

|  |                              |
|--|------------------------------|
| Manufacturer   | TOYOTA                       |
| Model  | DYNA-3.0 D TURBO M/T 2WD (M) |
| 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                                       | THIRD PARTY                  |
| Vehicle Category   | COMMERCIAL VEHICLE           |

### Insurance Company

|                           |                          |
|---------------------------|--------------------------|
| Name of Insurance Company | EQ INSURANCE COMPANY LTD |
| Type Of Coverage          | COMPREHENSIVE            |
| Fleet Policy              | NO                       |
| Policy Number             | DMCPHQ19-002467          |
| Cover Note Number         |                          |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | RAMAMOORTHY ELAVENDHAN |
| Passport No/FIN      | G6956721K              |
| Date Of Birth        | 20/06/1988             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 29/06/2016             |
| Driving Experience   | 2 YEARS AND 11 MONTHS  |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-90536753   |
| Fax Number           |                        |
| Contact Number       |                        |
| EEmail Address       | NOEMAIL                |

|   |     |
|---|-----|
| Address   | NIL |
| 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   | CHAIN COLLISION |
| 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                         | 3   |
| 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)   | 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

ON 04/06/2019 @ ABT 1005HRS. I WAS DRIVING MY COMPANY LORRY ALONG TUAS BASIN LINK, WHEN I SAW THE VEHICLE C (GBE8116Y) WHICH IS IN FRONT OF ME ON HIS PARKING LIGHT, I THEN SLOW DOWN MY LORRY & WAIT THE SAID VEHICLE TO MOVE. WHILE WAITING, SUDDENLY VEHICLE B (XB9396D) CAME FROM BEHIND & KNOCKED ONTO MY VEHICLE AT REAR CAUSING MY VEHICLE MOVE FORWARD & KNOCKED ONTO VEHICLE C AT REAR. NO ONE WAS INJURED. THAT'S ALL.

#### 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         | XB9396D              |
| Vehicle Make/Model/Colour           |                      |
| Details Of Properties               |                      |
| Vehicle Category                    | COMMERCIAL VEHICLE   |
| Name of Driver                      | RAJANGAM SOKKALINGAM |
| NRIC/Passport Number                | 033639465            |
| Contact Number                      | 85080161             |
| Address                             |                      |
| Postcode                            |                      |
| Insurance Company Name              |                      |
| Nature Of Damage                    |                      |
| No. Of Passenger (Including Driver) |                      |

## DETAILS OF OTHER VEHICLE PROPERTY 2

|                                     |                    |
|-------------------------------------|--------------------|
| Vehicle Registration Number         | GBE8116Y           |
| Vehicle Make/Model/Colour           |                    |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      | HUANG XIANGJUN     |
| NRIC/Passport Number                | 076026807          |
| Contact Number                      |                    |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    |                    |
| No. Of Passenger (Including Driver) |                    |

**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:

*[Signature]*

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

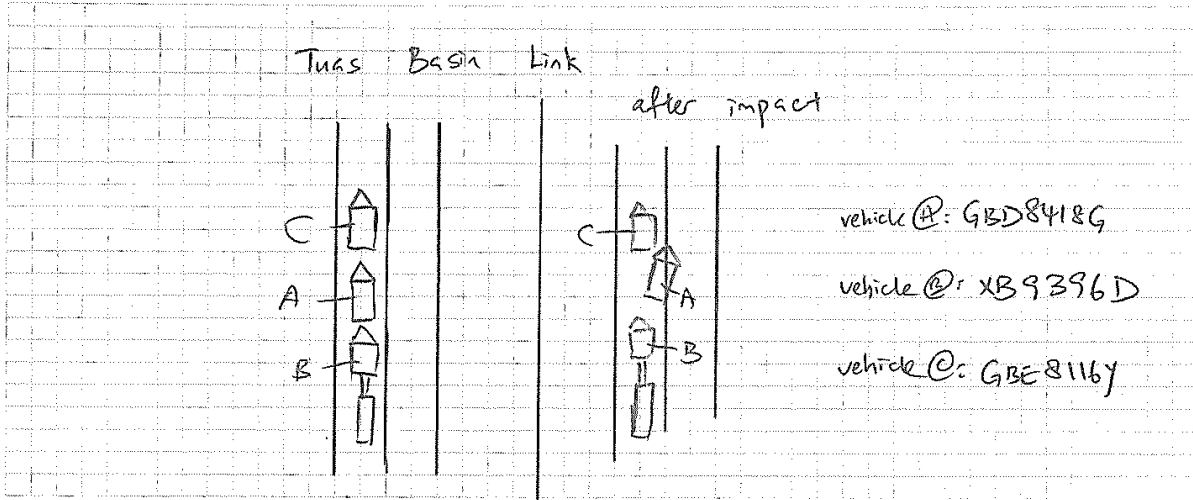
*[Signature]*

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

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

# Sketch Plan Pg. 2

## SKETCH PLAN



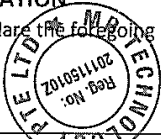
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/06/2019 @ abt 1005hrs.

Refer to circumstances of accident.

## 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:

☐ Claim own policy  
☒ Claim third party  
☐ Claim OD / TP at other works hop  
☐ For record purpose

Policy No. DMCPHQ 19-002467  
 Insurer EQ (C) Veh.No. GBD8418G

*[Signature]*

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  | A000342 | Class of Policy | COMMERCIAL VEHICLE PRIVATE (SCH I ) | Policy Number        | DMCPHQ19-002467 |
| Account | A000342 | Issued on       | 08/05/2019 in Singapore             | Replacing Policy no. | DMCPHQ18-003648 |
| Client  | 0113734 | Acceptance Date | 08/05/2019                          |                      |                 |

Period of Insurance from 18/06/2019 to 17/06/2020 , both dates inclusive

Insured's Name      MR TECHNOLOGY PTE LTD  
Address                BLK/HOUSE NO. 214  
                              TUAS SOUTH AVENUE 2  
                              WEST POINT BIZHUB  
                              SINGAPORE 637212

Business/Occupn    Others  
Financial interest   Abwin Pte Ltd

|         |                      |             |             |             |
|---------|----------------------|-------------|-------------|-------------|
| Premium | Basic Annual Premium | SGD1,762.77 |             |             |
|         | Total Annual Premium | SGD1,762.77 | Premium Due | SGD1,762.77 |
|         |                      |             | Premium GST | SGD123.39   |
|         |                      |             | Total Due   | SGD1,886.16 |

|   |                                     |               |             |                          |
|---|-------------------------------------|---------------|-------------|--------------------------|
| Risk No. 001                                  | COMMERCIAL VEHICLE PRIVATE (SCH I ) |               |             |                          |
| 1. Registration                               | GBD8418G                            | Make/Model    | TOYOTA DYNA | 3.0 DIESEL TURBO M/T 2WD |
| Type of Cover                                 | Comprehensive                       | No. of seats  | 2           | Body Type                |
| Engine No.                                    | 1KD2444115                          | Capacity cc's | 0           | Yr of Manuf/Regn         |
| Chassis No.                                   | KDY2318017201                       |               |             | 2014/2015                |
|   |                                     | Tonnage       | 1.62        | NCB%                     |
|   |                                     |               |             | 20.00                    |
|   |                                     |               |             | Certificate Ref. LCVP1   |
| Sum Insured: Market Value at the time of loss |                                     |               | SGD0.00     |                          |
| Section 1                                     |                                     |               | SGD500.00   |                          |
| 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](http://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.

Continued on page 2



A Member of Citystate



MCV1702-Ver2.0

S PASS, DL, CI Pg. 2

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
MR MARINE ENGINEERING PTE. LTD.



Name:  
RAMAMOORTHY ELAVENDHAN

S Pass No:  
0 35429069

Sector:  
MARINE SHIPYARD



K1365405

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **G6956721K**  
Name: **RAMAMOORTHY ELAVENDHAN**

Birth Date: **20 Jun 1988**  
Issue Date: **02 Oct 2015**  
Valid Till: **01/10/2020**

002479224E

SG 511

**VISIT PASS**  
Immigration Regulations

23-04-2019

Name:  
RAMAMOORTHY ELAVENDHAN

FIN:  
G6956721K

Date of Birth:  
20-06-1988

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

QR Code

Barcode

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES**

EFFECTIVE DATE:  
02 Oct 2015  
29 Jun 2016

Class 2B: MOTORCYCLES NOT EXCEEDING 200 CC  
Class J: MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

G6956721K

S / No. 9000262360

Licence No: G6956721K

NP 428A

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

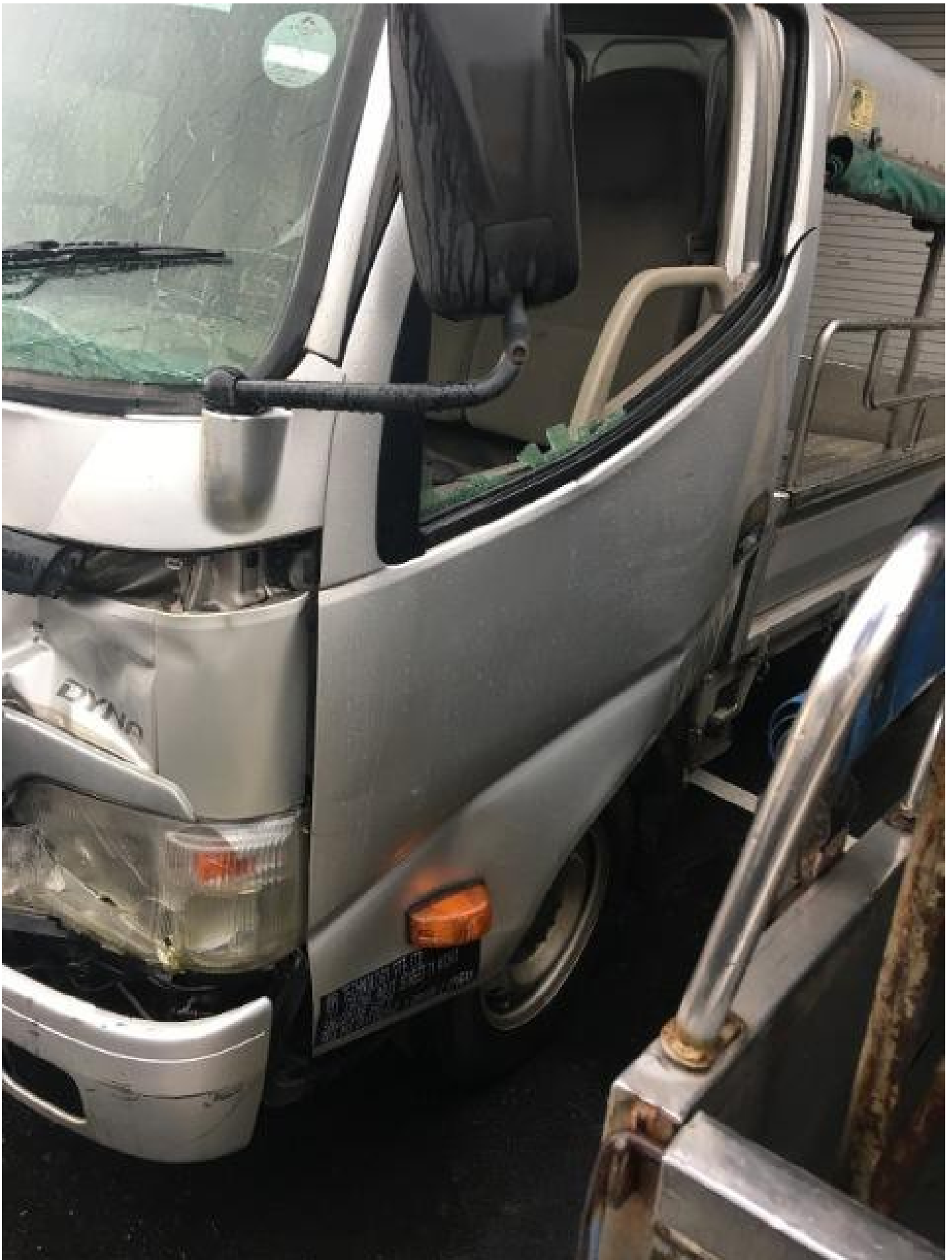




Accident Photo



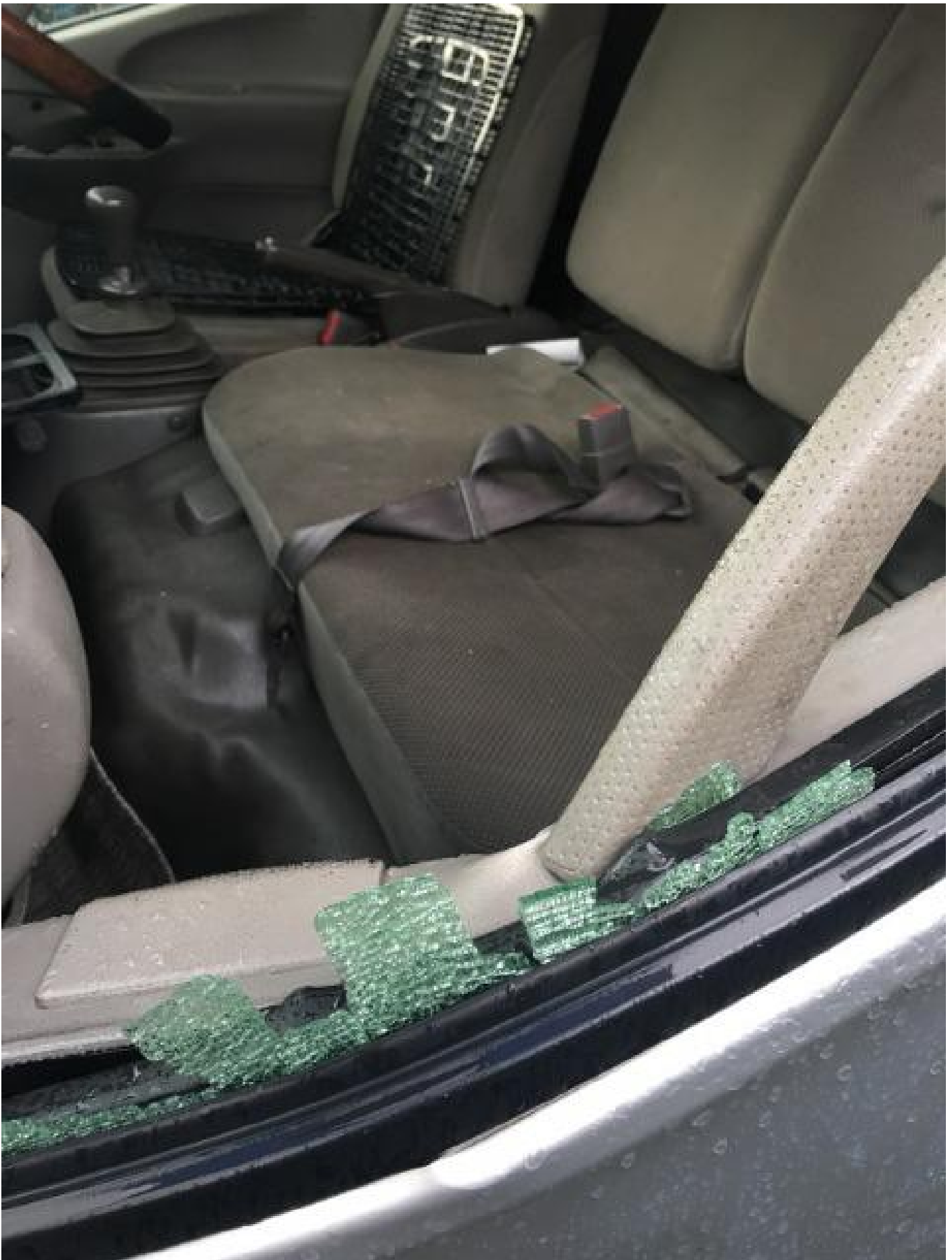
Accident Photo



Accident Photo



Accident Photo



Accident Photo

