

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 | 19/02/2020 12:20 |
| Date Of Accident | 11/02/2020 18:45 |
| Exact Location Of Accident | THOMSON RD TRAVELLING TOWARDS YIO CHU KANG RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | GBH5946Y |
| Insured/Policyholder | |
| Name Of Registered Owner | TECH-V COOL WORKZ PTE LTD |
| Co Reg No | 201730698M |
| Email Address | TECHVACE@GMAIL.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62866720 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCVSN3019261900 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | SELVAM ANBU |
| Passport No/FIN | G6706130L |
| Date Of Birth | 27/05/1991 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/02/2018 |
| Driving Experience | 1 YEAR AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84523410 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | 85 KALLANG DORMITARY KALLANG AVE #04-02 |
| 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 | RAINING |
| Road Surface | WET |

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? | |
| 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: : DAN KAR HOW GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678 |
| Police Station Address | ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO THE ATTACHED POLICE REPORT.

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 | SLK2825Z |
| Vehicle Make/Model/Colour | HONDA CIVIC |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | RYAN LIM DING XIAN |
| NRIC/Passport Number | S9546440H |
| Contact Number | 97821418 |
| Address | |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

TECHV
TECHV GROUP WORKS PTE. LTD.

Policyholder's Signature

Date & Time: 19/02/2020
11:45am

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre/Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

DOA = 11/02/2020

A = GPM 5946Y

B = SLK 2825Z

Thomson Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the attached police report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Ass with breaks from

TECH-V RQOL WORKZ PTE. LTD.

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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200212/2025

Police Station Of Origin:
Rochor N.P.C
11 Karping Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20200212/2025

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 12/02/2020 09:58 | Vide Report No.: | Station Diary No.: 40 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|---|---|------------------------------|------------------------------|
| Name of Informant: SELVAM ANBU | Address: APT BLK 34 Whampoa West #01-19 SINGAPORE 330034 | | |
| ID Type / ID No.: FIN NO / G6706130L | Contact No.: Home/Office: Mobile: 84523410 | | |
| Nationality: INDIAN | Email: | | |
| Sex: Male | Age: 28 | Date of Birth: 27/05/1991 | Type of Informant: Driver |
| Race: Indian | Language: English | Institution / School Name: | |
| Occupation: CONSTRUCTION | Driving Licence Information: Class: 2B,3 | | Date of Expiry: 23/01/2022 |

General Information of the Accident

| | | | | |
|--|------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 11/02/2020 18:45 | Type of Location: T-Junction |
| Location: Along Road 1 Traveling Toward Road 2 THOMSON ROAD YIO CHU KANG ROAD Thomson Road turning right towards Yio Chu Kang Road | | | | |
| Weather: Heavy rain | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|------------------------------|-------|---------------------|-----------------|
| GBH5946Y | Van | TOYOTA | HIACE VAN TURBO 5DR MT | White | Slightly Damaged | 1 |
| SLK2825Z | Car | HONDA | CIVIC | White | Slightly Damaged | 3 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20200212/2025

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3
Report No. T/20200212/2025

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------|------------------|---|
| Driver | | | |
| Name | SELVAM ANBU | | ID No. G6706130L |
| Related Vehicle | GBH5946Y (Van) | | Contact No. 84523410 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: 23/01/2022 |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | Ryan Lim Ding Xian | | ID No. S9546440HG |
| Related Vehicle | SLK2825Z (Car) | | Contact No. 97821418 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 11/02/2020 at about 1845hrs, while I was driving my company van (GBH5946Y) along Thomson Road towards Yio Chu Kang Road, I was driving on the first lane and I was turning right towards Yio Chu Kang Road and the vehicle (SLK2825Z) in front of me had brake and I could not brake in time and hit onto the rear part of the vehicle.

No one was injured during the accident. The vehicle rear part had slight dented. That is all.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20200212/2025

3 of 3

Report No. T/20200212/2025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
A /
Sgt 3 KENNETH CHEW SZE YIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / G: A /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Signature Of Informant:

Date/Time:
12/02/2020 09:58

Classification Of Case:

| |
|--|
| <p>Authentication Stamp POLICE FORCE</p> |
| SIGNATURE |

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

| | | |
|---|-------------------------------|--|
| CERTIFICATE No. | DMCVSN3019261900 | Engine No :1KD2812096 Chassis No:JTFHT02P000243786 |
| 1. Index Mark and Registration Number of Vehicle | GBH5946Y | |
| 2. Name of Policy Holder | M/S TECH-V COOL WORKS PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 27 MARCH 2019 | EX SECT. I\$500.00 EX ON WINDSCREEN\$100.00 |
| 4. Date of Expiry of Insurance | 26 MARCH 2020 | |
| 5. Persons or Classes of Persons entitled to drive * | | |

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

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 SO 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.

6. Limitations as to use: *

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.

THE POLICY DOES NOT COVER.

- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

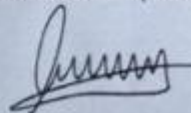
HIRE PURCHASE CO. : HONG LEONG FINANCE LTD AS HP OWNER

* 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). Please see reverse
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By

Authorised Officer


Authorised Signatory



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

Employer
TECH-V COOL WORKZ PTE. LTD.



Name
SELVAM ANBU

Work Permit No.
0 3505183-

Sector:
CONSTRUCTION



K1914003

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **G6706130L**

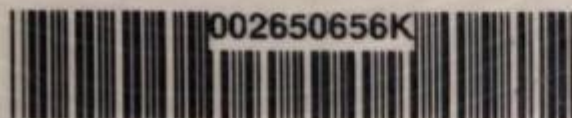
Name:

SELVAM ANBU

Birth Date: **27 May 1991**

Issue Date: **24 Jan 2017**

Valid Till **23/01/2022**



002650656K

Identification Card

VISIT PASS
Immigration Regulations

13-11-2019

Name
SELVAM ANBU



FIN
G6706130L

Date of Birth Sex
27-05-1991 M

Nationality
INDIAN

Download SGWorkPass
App to check status



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.



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

EFFECTIVE DATE

C Class 2B Motorcycles =< 200 CC
C Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the
driver; and motor tractors/vehicles =< 2500 kg

24 Jan 2017
13 Feb 2018

G6706130L

S / No. 9000305392

NP 428A



Licence No: G6706130L

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



SCENE PHOTO



Accident Photo



SCENE PHOTO



Accident Photo

