

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 | 27/07/2020 13:41 |
| Date Of Accident | 24/07/2020 18:30 |
| Exact Location Of Accident | UPPER THOMSON ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | GBH8772L |
| Insured/Policyholder | |
| Name Of Registered Owner | BY APPARATUS PTE LTD |
| Co Reg No | 201501388K |
| Email Address | HELMI@APPARATUS.TV |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-87520094 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | VOLKSWAGEN |
| Model | T6 VAN TDI LWB MT |
| 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 | DMCPHQ19-005261 |
| Cover Note Number | 23/10/19 - 22/10/20 |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | HELMINDRA BIN AB. KAHLIM |
| NRIC No | S8242896H |
| Date Of Birth | 19/12/1982 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/12/2012 |
| Driving Experience | 7 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87520094 |
| Fax Number | |
| Contact Number | |
| EEmail Address | HELMI@APPARATUS.TV |

| | |
|---|---------------------------------|
| Address | BLK 334 SERANGOON AVE 3 #11-303 |
| Postcode | 550334 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| 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: : DAUGHTER GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TOA PAYOH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2519999 - FAX NO: 63548749 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER 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 | SDW222H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MARK KWEK ZHENG NING |
| NRIC/Passport Number | S8912967B |
| Contact Number | 91111772 |
| Address | |

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: GBH8772L
INSURER: EQ
DATE & TIME: 24/07/20 18:30

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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.

BY APPARATUS PTE LTD
REG NO: 201501388K
WWW.APPARATUS.TV



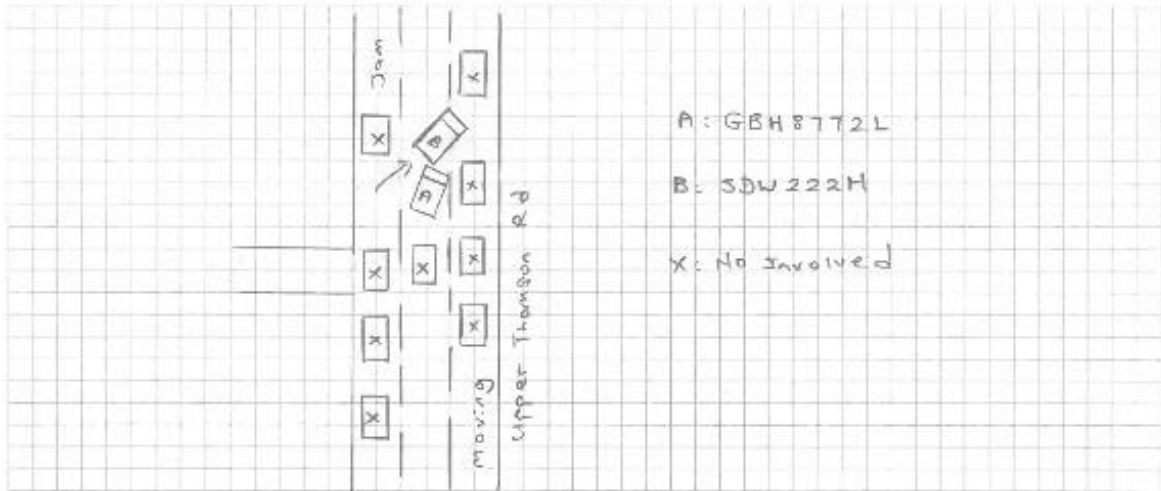
Policyholder's Signature
Date & Time:

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

BY APPARATUS PTE LTD
(YS) 27/07/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



A: GBH8772L

B: SDW222H

X: No Involved

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| | | |
|---|------------------|--------------------|
| Ins: EQ | Veh No: GBH8772L | DoA: 24/7/20 18:30 |
| Refer Police Report. | | |
| <p>X BOTH DRIVERS DECIDED TO PART AFTER GETTING OUR PARTICULARS AS HE WAS RUSHING TO SOMEWHERE AND MY DAUGHTER WAS CRYING BADLY DUE TO THE TRAUMA SHE HAD EXPERIENCED.</p> <p>- IN I DO NOT HAVE WE HAD WE COMMUNICATED THE NEXT DAY BUT TO MY SURPRISE THE DRIVER CLAIMED I WAS SPEEDING WHEN IT WAS IMPOSSIBLE. AT 6.30 PM ^{PEAKING} PEAK HOURS.</p> <p>- THIS IS BECAUSE IT WAS DURING PEAK HOURS AT 6.30 PM WHEN THE ACCIDENT HAPPENED.</p> <p>- I WAS DRIVING AT GEAR 2 ON MY MANUAL VEHICLE WHEN HE CAME INTO MY LANE</p> <p>- I FEEL THAT IF I WAS SPEEDING I WOULD HAVE HIT HIM HARD IN THE MIDDLE OF THE BUMPER.</p> <p>- DAMAGED SHOWED THAT I WAS TRYING TO AVOID HITTING HIS CAR DUE TO HIS INCOMPETENCE AND RECKLESS DRIVING.</p> | | |
| <p>Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.</p> | | |

DECLARATION

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

BY APPARATUS PTY LTD
REG NO: 201501388K
WWW.APPARATUS.TV

hid

Policyholder's Signature
Date & Time:

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

(YS) *og* 27/07/20
Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

GIARMC Sketch Plan Form V3 () Claim Own Policy () Claim Third Party (/) Reporting Only
() Claim OD/TP at other workshop ()



**SINGAPORE
POLICE FORCE**



T/20200725/2104

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20200725/2104

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 25/07/2020 17:55 | Vide Report No.: | Station Diary No.: 109 |
|--|------------------|---------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant: HELMINDRA BIN AB. KHALIM | | | Address: APT BLK 334 SERANGOON AVENUE 3 #11-303 SINGAPORE 550334 | |
| ID Type / ID No.: NRIC NO / S8242896H | | | Contact No.: Home/Office: Mobile: 87520094 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 37 | Date of Birth: 19/12/1982 | Type of Informant: Driver | |
| Race: Malay | | | Language: | Institution / School Name: |
| Occupation: SELF EMPLOYED | | | Driving Licence Information: Class: Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 24/07/2020 18:30 | Type of Location: Straight Road |
| Location: Along Road 1 UPPER THOMSON ROAD near Thomson plaza | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy |
| 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 |
|-------------|------|------|-------|-------|------------------|-----------------|
| GBH8772L | Van | | | | Slightly Damaged | 1 |
| SDW222H | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200725/2104

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20200725/2104

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------------|--|-----------------------------------|
| Driver | | | |
| Name | HELMINDRA BIN AB. KHALIM | ID No. | S8242896H |
| Related Vehicle | GBH8772L (Van) | Contact No. | 87520094 |
| 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 |
| Driver | | | |
| Name | MARK KWEK ZHENG NING | ID No. | S8912967B |
| Related Vehicle | SDW222H (Car) | Contact No. | 91111772 |
| 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 the 24/07/2020 at about 1830hrs. I was driving in my company van (GBH8772L) along upper Thomson road nearby Thomson plaza (after Jasmine Road) on the second lane and the traffic was heavy at that point in time. I was behind another vehicle at that point in time and traffic was congested. The traffic was still and moving very slow. It was at that point in time when another vehicle (SDW222H) had suddenly inched into my lane cutting in from the left and braked abruptly. This caused me to be unable to brake in time and as a result the front left portion of my vehicle had collided onto the rear right bumper of his vehicle. No one was injured during the collision and the other driver had informed me that he was alright. However, my 4 year old daughter who was with me in the vehicle was traumatized. My vehicle sustained damages as well and the other vehicle did not indicate his signal light. My vehicle does not have an in-car camera. I had obtained the particulars of the other driver. I am lodging this report for recording and insurance purposes. This is the first time I am involved in a traffic accident.



**SINGAPORE
POLICE FORCE**



T/20200725/2104

3 of 3

Report No. T/20200725/2104

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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: E / Sgt 2 BRIAN DALSTON MATHEWS | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 25/07/2020 17:55 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 | Classification Of Case: |
| Authentication Stamp NP168 | SN 168 |

SIGNATURE

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8242896H



Name

HELMINDRA BIN AB. KHALIM

Race

MALAY

Date of birth

19-12-1982

Country/Place of birth

SINGAPORE

Sex

M

S8242896H

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8242896H

Name

HELMINDRA BIN AB. KHALIM

Birth Date 19 Dec 1982

Issue Date 26 Nov 2012



0002126300A

5250122



NRIC No S8242896H



Date of issue

24-12-2013

Address

APT BLK 334 SERANGOON AVENUE 3
#11-303
SINGAPORE 550334

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

EFFECTIVE DATE

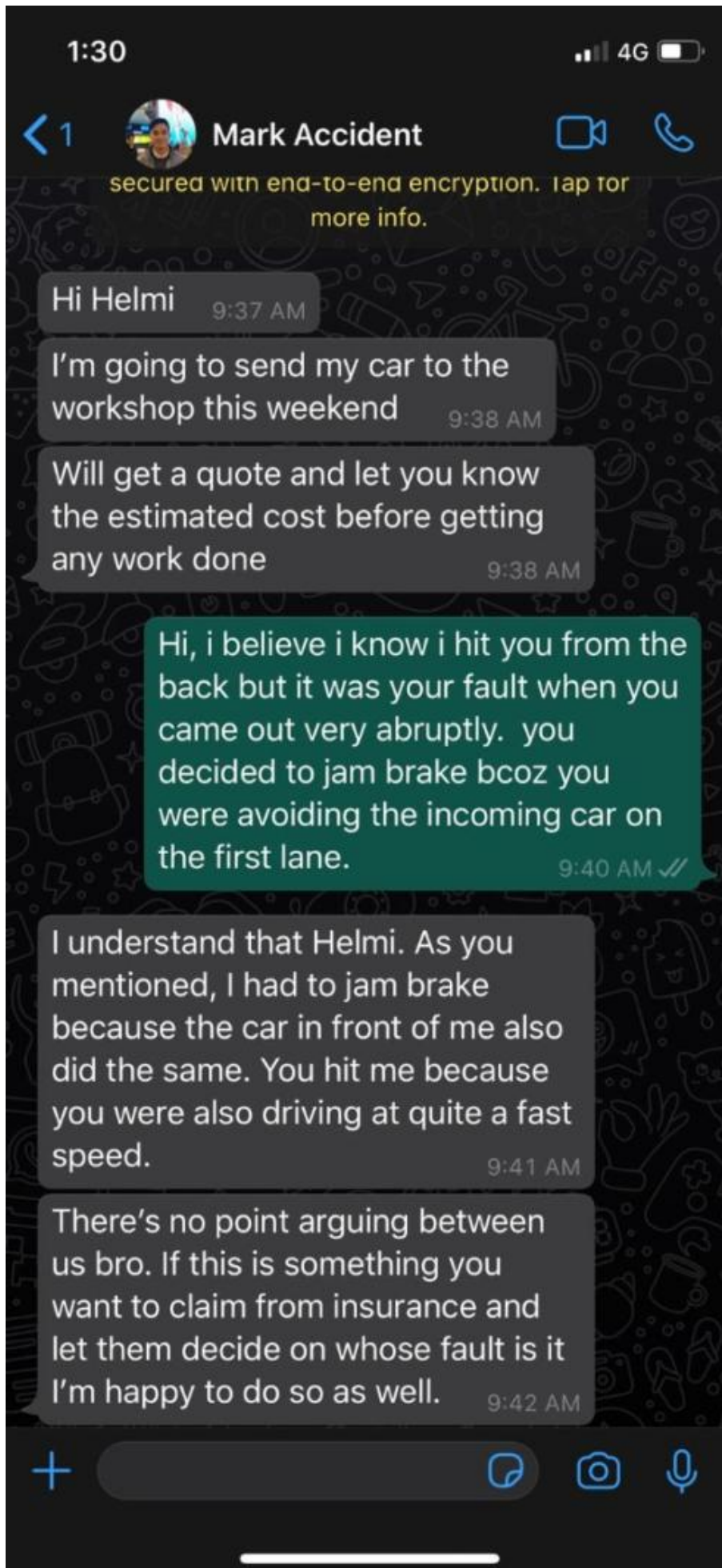
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 26 Nov 2012



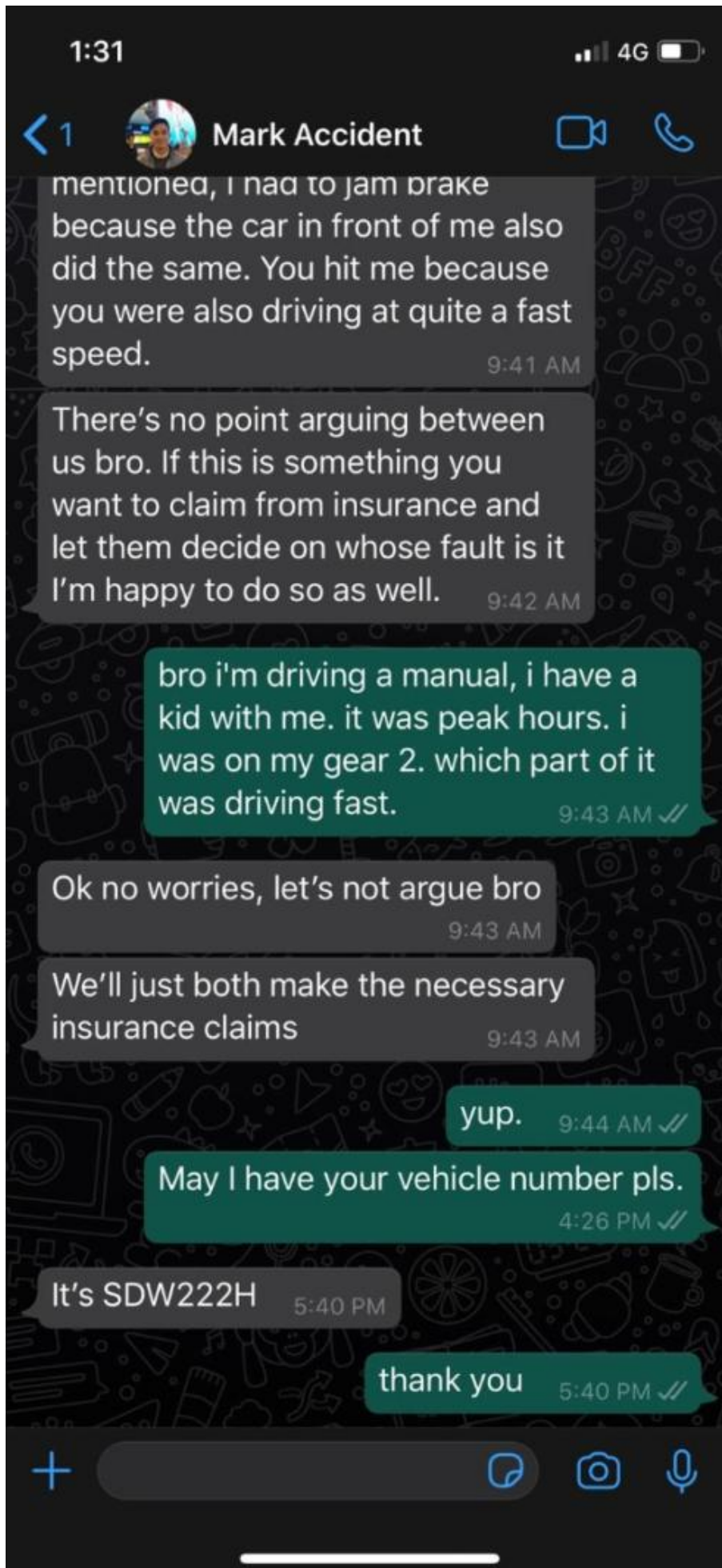
Licence No. S8242896H

NP 425A

CONVERSATION



CONVERSATION



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Scene Photo



Scene Photo

