





## 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	11/11/2020 16:58
Date Of Accident	10/11/2020 14:15
Exact Location Of Accident	OPEN CARPARK AT 668 CHANDER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4053R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAI PLANET AYURVEDA HERBAL BOUTIQUE SINGAPORE PTE.
Co Reg No	2XXXXX805E
Email Address	VPOONGKODI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81338460
Alternative Phone No	OFFICE-81338460

### Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO CARGO MAXI-1.6 (M)
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
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	DMCPHQ20-003420
Cover Note Number	

### Driver

Name of Driver	POONGKODI VEERAPPAN
NRIC No	SXXXX599E
Date Of Birth	14/12/1960
Occupation	INDOOR
Date Of Driving Pass	01/06/1989
Driving Experience	31 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81338460
Fax Number	
Contact Number	OTHERS_81338460

Address	BLK 509 SERANGOON NORTH AVENUE 4 #01-370
Postcode	550509
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , 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 SKETCH PLAN. PLEASE REFER TO POLICE REPORT NO: T/20201112/2051.

#### 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	GBH1007J
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NAMAKODI GOVINDARRAJU
NRIC/Passport Number	
Contact Number	97743670
Address	
Postcode	

\* Nature Of Damage

\* No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

PLANET AYURVEDA HERBAL  
BOUTIQUE SINGAPORE PTE LTD

SAI PLANET AYURVEDA HERBAL  
BOUTIQUE SINGAPORE PTE LTD

Policyholder's Signature  
Date & Time:

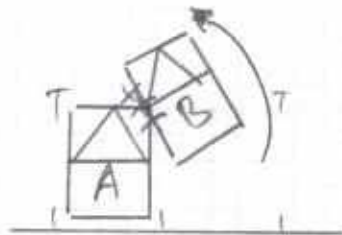
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

11/11/2020

Res. [Signature]

# SKETCH PLAN



A: GBF 4053R

B: GBH 1007J

OPEN CARPARK AT  
668 Chander Road

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I parked my vehicle at the open carpark at 668 Chander Road in front of my shop. Suddenly I heard a bang sound so I go out and take a look. I saw a lorry B (GBH1007J) hit onto my parked vehicle right front portion.

## DECLARATION

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

SAI PLANET AYURVEDA HERBAL BOUTIQUE SINGAPORE 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.:



## ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 11 / 2020) (DD/MM/YYYY), TIME: (14 : 15) (HH:MM)

LOCATION: OPEN CARPARK AT 668 Chander Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 4053R  
 b) INSURANCE COMPANY: EQ insurance  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PARKED VEHICLE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: POONGKODI VEERAPPAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1457599E CONTACT: 81338460  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (14 / 12 / 1960) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1 JAN 1987

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBH 1007J MODEL: NISSAN CABSTAR  
 b) DRIVER'S NAME: NAMAKKODI GOVINDARAJU  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97743670

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = [vpoongkodi@gmail.com](mailto:vpoongkodi@gmail.com)

VIDEO

[SooLeong.Kent@goldbell.com.sg](mailto:SooLeong.Kent@goldbell.com.sg)



**SINGAPORE  
POLICE FORCE**



T/20201112/2051

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20201112/2051

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/11/2020 13:53	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: POONGKODI VEERAPPAN		Address: APT BLK 509 SERANGOON NORTH AVENUE 4 #01-370 SINGAPORE 550509	
ID Type / ID No.: NRIC NO / S1457599E		Contact No.: Home/Office: Mobile: 81338460	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 59	Date of Birth: 14/12/1960	Type of Informant: Vehicle Owner
Race:		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/11/2020 14:15	Type of Location:
Location:  CHANDER ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBF4053R	Van					0
GBH1007J	Lorry					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20201112/2051

2 of 3

Report No. T/20201112/2051

**CONTINUATION OF REPORT**

<b>Vehicle Owner</b>		<b>ID No.</b>		<b>S1457599E</b>	
<b>Name</b>	POONGKODI VEERAPPAN			<b>Contact No.</b>	81338460
<b>Related Vehicle</b>	GBF4053R (Van)			<b>Class of Driving Licence &amp; Expiry Date</b>	Class: NIL Date of Expiry: NIL
<b>Hospital/Clinic</b>	NIL				
<b>Date Treatment</b>	NIL			<b>Date Discharge</b>	NIL
<b>No. of Days granted Medical Leave</b>	NIL			<b>Degree of Injury</b>	NIL
<b>Driver</b>					
<b>Name</b>	NAMAkkODI GOVINDARAJU			<b>ID No.</b>	S2688412H
<b>Related Vehicle</b>	GBH1007J (Lorry)			<b>Contact No.</b>	97743670
<b>Hospital/Clinic</b>	NIL			<b>Class of Driving Licence &amp; Expiry Date</b>	Class: NIL Date of Expiry: NIL
<b>Date Treatment</b>	NIL			<b>Date Discharge</b>	NIL
<b>No. of Days granted Medical Leave</b>	NIL			<b>Degree of Injury</b>	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE AND TIME,

MY VEHICLE WAS PARKED IN THE PARKING LOT 36 DIRECTLY IN FRONT OF MY WORKPLACE, WHEN I SUDDENLY HEARD A LOUD BANG, I NOTICED THAT ANOTHER VEHICLE THAT WAS PREVIOUSLY PARKED IN THE PARKING LOT NEXT TO MY VEHICLE, WAS TRYING TO EXIT THE PARKING LOT WHEN A PORTION OF HIS VEHICLE MADE CONTACT WITH MINE. AS HE TRIED TO LEAVE THE PARKING LOT, HIS VEHICLE CONTINUED TO DAMAGE MY VEHICLE. I MANAGE TO STOP HIM AND MANAGED TO EXCHANGE PARTICULARS WITH THE OTHER PARTY. THE OTHER PARTY SEEMED APOLOGETIC BUT HAS YET TO MAKE AN ACCIDENT REPORT. I ALSO WISH TO INCLUDE THAT THE OTHER DRIVER HAD BLOODSHOT EYES AT THE TIME. I HAVE ALSO MANAGED TO TAKE PHOTOS OF THE DAMAGES TO MY VEHICLE. THERE IS ALSO AN IN CAR CAMERA IN MY VEHICLE BUT IM NOT SURE IF IT WAS WORKING AT THE TIME. THERE IS A CCTV IN THE CAR PARK THAT MAY HAVE CAPTURED WHAT HAD HAPPENED.

THAT IS ALL





SINGAPORE  
POLICE FORCE



T/20201112/2051

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20201112/2051

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:  
TP /  
LEE CHEN EN

Signature Of Interpreter:  
Not applicable

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

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
12/11/2020 13:53

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature: \_\_\_\_\_



**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

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF**COMMERCIAL VEHICLE PRIVATE (SCH I)****Comprehensive Classic****Certificate No. : DMCPHQ20-003420**

Classic Plan - EQ authorized workshop only

Form: LCVP1

Excess:

Section 1:

YEID:

WindScreen:

Additional

S\$500.00

S\$3,000.00 All Claims

S\$100.00

**1. Index Mark and Registration Number of Vehicles**

GBF4053R

**2. Name of Policyholder**

SAI Planet Ayurveda Herbal Boutique Singapore Pte Ltd

**3. Effective Date of the Commencement of Insurance for the purpose of the Act**

13/10/2020

**4. Date of Expiry of Insurance**

12/10/2021

**5. Person or Classes of persons entitled to drive\***

Goods Carrying - (MZ300) Authorised Driver. Any of the following:-

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

**6. Limitation as to use\***

1) Use in connection with the Insured's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER:

1) Use for hire or reward or for racing pace-making reliability trial or speed testing.

2) Use whilst drawing a greater number of trailers in all than is permitted by Law.

3) Use for the carriage of passengers for hire or reward.

4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

\*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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : Mercedes-Benz Financial Services Singapore Ltd

A000007/Astra Assurance Agencies LLP

Date of Issue : 08/09/2020 08:47

Authorised Signatory  
EQ Insurance Company Limited**Note**

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.

**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 : MNA42009981 Vehicle Registration No: GBF 4053R  
Name(as shown in NRIC) : Pongkodi Veerappan NRIC/FIN/Passport No : S1457599E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : B1K-509 Serangoon Nth Ave 4 #01-370 Singapore( 850509)  
Contact (Tel) : - Mobile No. : 81338460  
Email Address : -  
Date of Accident : 10/11/2020 Time of Accident : 14:15  
Place of Accident : Open Carpark at 668 Chandler Rd.  
Insurance Company : EA insurance

**(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:

- Recorrect company Name - UEN.
- Attach driver licence details & police report.

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: