

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	16/11/2020 10:33
Date Of Accident	05/11/2020 02:30
Exact Location Of Accident	PAN-ISLAND EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7460U
Insured/Policyholder	
Name Of Registered Owner	SYNERGY AVL PTE LTD
Co Reg No	2XXXXX252E
Email Address	SAATHISH@SYNERGYARL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62970477

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER-3.0 D (M)
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	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	DMCPHQ20-000924
Cover Note Number	25/03/2020-10/03/2021

Driver

Name of Driver	RAJENDRAN RAVICHANDRAN
Passport No/FIN	GXXXX568U
Date Of Birth	08/09/1986
Occupation	OUTDOOR
Date Of Driving Pass	09/01/2018
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87862339
Fax Number	
Contact Number	
Email Address	HENRY@SYNERGYARL.COM

Address	17 MAYO STREET
Postcode	208313
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 ON 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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : GOPALAKVISHNAN MUTHUSAMY GENDER: : MALE
Passenger 2	NAME: : MATHIVANAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	POLICE STATION OF ORIGIN-QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSTOWN N.P.C , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO TO POLICE REPORTS T/20201110/2126

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	YQ1894U
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)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

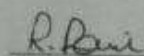
1. Please report correctly the details of the accident to speed up the claims process.
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8. Consent under the Personal Data Protection Act (PDPA)

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.

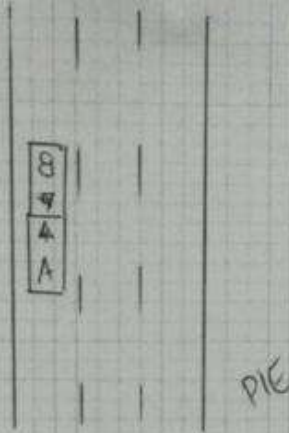

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



V-A) GBC74604

V-B) Y018944

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

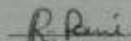
refer to police report


no. T/2020/110/2126

DECLARATION

I/We declare the following 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.:

POLICE REPORT



SINGAPORE
POLICE FORCE



T202011100125

Police Station Of Origin
Queenstown N.P.C
3 Queenstown #01-03 SINGAPORE 148073
Tel No: 1800-4719885

3 of 3

Report No: T202011100125

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

D /
Sgt 3 MUHAMMAD FIKRAUS BIN ABDEL
WAHAB

Signature Of Informant

[Signature]

Signature Of Interpreter
Not applicable

Date/Time
10/11/2020 15:18

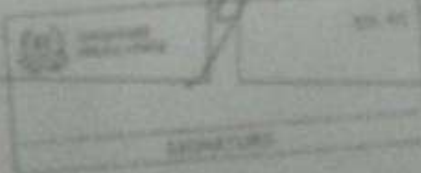
Officer In Charge Of Case
TP / OCT / N-3 / 1st / 2nd

Classification Of Case

1st / 2nd

Contact No: 65474885

Authentication Stamp
void



POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201110/2126

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20201110/2126

CONTINUATION OF REPORT

Driver			
Name	RAJENDRAN RAVICHANDRAN	ID No.	G6699568U
Related Vehicle	GBC7460U (Lorry)	Contact No.	87862339
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

On 5th November 2020 at about 0245hrs, I was driving a 10 feet Toyota Lorry bearing plate number GBC7460U with two other passengers in front with me along PIE towards TUAS to go back to our dormitories. It happened somewhere near Upper Jurong Flyover. Suddenly, there is one 14 feet lorry appear to be coming from the wrong direction and was coming towards my vehicle at a fast speed. I immediately applied a jam brake to my lorry. However, as the oncoming lorry was going at a fast speed, there was a hard collision and my lorry toppled on the left side.

Me and my passenger did not managed to get the other parties details as all three of us were conveyed by an ambulance to NUH. I suffred a crack to my left hand and a broken left leg. I am not too sure the injuries of my other two passenger had suffered. I was given 47 days Hospitalization Leave dated from 05/11/2020 to 21/12/2020. I was only discharged from NUH today at about 1630hrs. Traffic police were also at scene and I only know my case number which is TP/IP/48505/2020.

I am lodging this report as my company had asked me to do so.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201110/2125

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20201110/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2020 18:18	Video Report No.:	Station Diary No.: 89
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Informant's Particulars

Name of Informant: RAJENDRAN RAVICHANDRAN			Address: 6 TUAS SOUTH STREET 15 CDPL (TUAS) DORMITORY SINGAPORE 636906		
ID Type / ID No.: FIN NO / G6699568U			Contact No.: Home/Office: 87862339 Mobile:		
Nationality: INDIAN			Email:		
Sex: Male	Age: 34	Date of Birth: 08/09/1986	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION DRIVER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/11/2020 02:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC7460U	Lorry	TOYOTA		Silver	Seriously Damaged	2

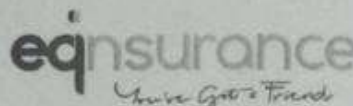
Details of Person Involved

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

INSURANCE CERT

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. 3878-00480-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. : DMCPHQ20-000924

Classic Plan - EQ Authorised Workshop Only

Form: LCVP1

Excess:

Section 1:

S\$500.00

VEID-AC Additional:

S\$3,000.00

1. Index Mark and Registration Number of Vehicles

GBC7460U

2. Name of Policyholder

SYNERGY AVL PTE LTD

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

25/03/2020

4. Date of Expiry of Insurance

10/03/2021

5. Person or Classes of persons entitled to drive*

Goods carrying - (MZ300) Authorised Driver.

Any of the following >:

1. The Policyholder

2. Any person on the order or with the permission of the Policyholder

EQ Motor Accident
Hotline

6311 3211



* 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

A000137/1 Insurance
Date of Issue : 05/03/2020 17:50

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMCPHQ19-001678

A Member of Citystate

Common Statement

Email: sm@idac.com.sg

Tel no: 6355 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 05/11/2020 (dd/mm/yy) Time of Accident: 02:30 (24-HR-FORMAT)
 Vehicle No.: GBC 7460 U Vehicle Make & Model: TOYOTA DYNA 150 MANUAL
 Exact location of Accident: PAN-ISLAND EXPRESSWAY
 Policyholder's Name / IC No.: Synergy Avl Pte Ltd 200713252E
 Driver's Name / IC No.: RAJENDRAN RAVICHANDRAN G6699568U (As Above) ☐
 Driver's Contact No.: 8786 2339 Company Contact No: 62970477 / 8786 2339 Sathish "Manager"
 Driver's Address: 17 MAYO STREET SINGAPORE 208313 "UBT"
 Insurance Company: EQ Email address (if any): Henry@Synergyavl.com
 Relationship between Owner & Driver: Employee Sathish@Synergyavl.com
 or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 03

Passenger Name: Gopalakrishnan Muthusamy
 Passenger Name: Prathibha

Gender: Male
 Gender: Male

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Rajendran Ravi & 2 passenger

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: queenstown NPC

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: 1Q1894U

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

