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Owner / Driver: (23 /23 [PI)	- 1 × 1 × 1	Lej: .)
	riod: ()	Cover Type: ()
C. Consulton (Date:	Time:	1)
Insured/Driver Liability: (%)	Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%. P:	30-100%]	<u>_</u>
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SN0920CT000F / National Assessment Centre Services [408933] ENTRY DATE & TIME: 29/12/2020 15:41 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (29/12/2020 15:41 (SGT))



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 witholding of material facts may allow insurance companies to repudiate
- 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.
- Any false reporting may be referred to the Police for investigation.
 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 Submission 29/12/2020 15:41 (SGT) Date of Accident 27/12/2020 15:50 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB6126Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SRR ENGINEERING PTE LTD Company Reg No 2XXXXX534R CHARLES0704@GMAIL.COM Email Address (Phone) +65-98590735 Mobile Phone No Alternative Phone No +65-98590735

VEHICLE PARTICULARS

Toyota Manufacturer Model Dyna Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company EQ Type of Coverage ThirdPartyFireTheft Fleet Policy No DMCPHQ20-000220 Policy Number Cover Note Number

DRIVER

CHARLES JOHN PETER Name of Driver GXXXX243U Work Permit No Date Of Birth 07/04/1987 Outdoor Occupation

	00/00/0012
Date Of Driving Pass	06/08/2012
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85156841
Alt. Phone Number	*
Email Address	CHARLES0704@GMAIL.COM
Email Address	BLK 13 CHANGI VILLAGE RD #02-20
Address	BLK 13 CHANGI VILLAGE NO WOL 20
Address complement	*
Postcode	•
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
If No, Relationship of the Differ War the Industry	No
Does Driver Own Other Vehicles?	NO
Vehicle Registration Number of Other Vehicle Owned by Driver	
	35
Insurance Company of Other Vehicle Owned by Driver	15(A)
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
Road Surface	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	No
was anybody injured in the Accidence	-
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	33/70.70
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	RAJA
	Male
Gender	Wale
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
Was notice of interided Prosecution given:	
If yes, against whom?	ā
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any video captured by Car Carriera?	
Was there any audio recorded?	NO
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SLS7259H
venicle Registration Number	Company Compan
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	•
Vehicle Category	

Vehicle Category Name of Driver Contact Number

Address	-
Address complement	*
Postcode	-
Insurance Company Name	2
Nature Of Damage	-
Details of property damaged in accident	*
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHF512M
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	3₩
Vehicle Colour	1 7
Vehicle Category	Taxi
Name of Driver	
Contact Number	
Address	-
Address complement	
Postcode	*
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	(**)
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBG8716E
Vehicle Manufacturer	-
Vehicle Model	•
Vehicle Variant	2
Vehicle Colour	SEE
Vehicle Category	Commercial vehicle
Name of Driver	
Contact Number	3. 5 3
Address	(1 4)
Address complement	350
Postcode	U.S.
Insurance Company Name	•
Nature Of Damage	
Details of property damaged in accident	2)
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	GW3811C
Vehicle Manufacturer	5
Vehicle Model	7.E
Vehicle Variant	5
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	2
Address	-
Address complement	¥
Postcode	+
Insurance Company Name	*
Nature Of Damage	5
Details of property damaged in accident	5
No. Of Passenger (Including Driver)	ā

SKETCH PLAN

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.
- Information provided must be as truthful and accurate as gossible. 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:
- 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.
- 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 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, involces, 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

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

NRIC/FIN No.:

xit.

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SKETCH PLAN	2 +	<u></u>	<u> </u>	^ II Fil	
	E				17 - GBBC1264
	AT				12- SLS 72591+
	EX3				4- SHF 512M
	B				D- GBG87HE
	CT				E - 6W3811C
DESCRIBE CIRCUMS		ACCIDENT	1		a dendrial also had had he had he
I was	travelling	Straight	along	CTE to	words AYE,
Just bed	fore PII	E (chanji) e	xit th	e car in	viont of me
Came to	a stop	o. I Mane	doet -	to Stop in	time

Came	to o	stop.	I Mang	ged t	stop in	n time	
With oc	f any	Contact	with	the fro	ant van,	Suddenli	3
I	feit a	in huge	impact	from	the rea	ar and	
Canre	1 mg	lorry t	to push	forware	l and 1	nit onto	the
lan. I	Went	down	to see	ard	found ov	t that	
there	were .	5 Vehicl	ei involv	ed in	the acc	iden+,	
		43490 - 100	-				

DECLARATION

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

Policyholder Stanith

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

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

Statut Splittigtogon, at

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES CHIROLPARTY BUCKEN RULES 1954 (FEDERATION OF MALAYSIA) THE AKITOR VEHICLE STHERE PARTY RESESTANT COMPENSATIONS ACT (CAP. 100 OF THE REVISED EDITION) (REMUBLIC OF SINGAPORE)

THE MOTOR VEHICLES, THERD PARTY RISKS AND COMPENSATION FRUIES 1898 EDITION REPUBLIC OF SINGAPORE) OR ANY AND NOMENT, ACTION ACTS PASSED IN SUBSTITUTION THEREOF

COMMERCIAL VEHICLE PRIVATE (SCH I) Third Party Fire & Theft

Certificate No.: DMCPHQ20-000220

Some LOVPS Excess: Section 1 YEID.

1. Index Nark and Registration Number of Vehicles GBB6126Y

Additionat

EQI Motor Accident

Hotline

6311 3211

550.00 \$\$3.000,00 All Claids

SRR ENGINEERING PTE LTD

- 3. Ensure Date of the Commencement of Insurance for the purpose of the Act 07/01/2020
- 4. Date of Expiry of Insurance DE-01/2021
- 5. Person or Classes of persons entitled to drive

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

the Any biner person who is driving on the Policyholder's order or with his permission.

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

extion as to use

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

THE POLICY DOES NOT COVER

- 1) We for new 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) Labely arising from or in connection wint the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

Limitations revidered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 159) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

TWE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Molor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malayous) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase Abwin Ple Ltd

ABWIN PTE LTD 8 Kaki Bukil Road 2 #01-33 Ruby Warehouse Complex

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

Account A000342	Issued on Acceptance Date	07/01/2020 in Sing 07/01/2020		Number DM	ICPHQ20-000220
Period of insurance	from 1123 hours	on 07/01/2020 to	2400 hours on 06/01/2021		
Address	SRR ENGINEERING BLK/HOUSE NO. 21 MADRAS STREET SINGAPORE 208416				
Business/Occupn Hire Purchase	Construction Abwin Pte Ltd	.7			
Premium	Basic Annual Pre Total Annual Pre	emium emium	SGD1,643.59 SGD1,643.59	Premium Due Premium GST Total Due	SGD1,643.59 SGD115.05 SGD1,758.64
Engine No. Chassis No.	G886126Y Third Party, Fi 1KD1941530 JTFAT35Y00K2008 Market Value at	re & Theft No. (of seats 2 city cc 0	Body Type Yr of Manuf/Regr NCB% Certificate Ref.	0.00

COMMERCIAL VEHICLE THIRD PARTY, FIRE & THEFT (Ver. 4)

For information on Motor Claims Framework (MCF), please visit GIA websites (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:-

3Q - THIRD PARTY FIRE & THEFT

It is hereby understood and agreed that notwithstanding anything to the contrary contained in Section 1 of this Policy the Company shall not be liable thereunder except in respect of loss or damage by fire external explosion self-ignition or lighting or burglary housebreaking or theft.

It is further understood and agreed that Section 3 of this Policy is deemed to be cancelled.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
 Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The Issue and acceptance of this form by insurance companies is not an admission of policy flability on the part of the insurance companies.
 Any false reporting may be referred to the traffic police department for investigation.

Accident details

Mostans 150hg.			
Date and time of accident	Date: 27/1:	2 2020 (DD/MM/YY) Time: 3:50 pm (HH:MM)	
Exact location of accident	CTE Howard	d AYE before Pie (chungi) exit	

Details of vehicle

Vehicle registration number	T GBB 6126 Y
Vehicle make and model	Toyota DYNA
Type of vehicle	Saloon
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Vork
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim ☑ Reporting only □

Insurance information

Insurance company	EU		
Policy number	DMCPHW20-	000220	,
Type of policy	Comprehensive	Third party fire & theft p	TP only

Insured / Policy holder

Name	SRR EMGINEERING PTG LTD Maleo Femaleo
NRIC / Fin / Passport number	201923534R
Contact	9859 0735
Address	45 Cuff Read #01-45 S(209754)

Driver

Same as insured above □ (skip to D.O.B)

Name	CHARLES JUHN PETER Male of Female o
NRIC / Fin / Passport number	G7886243U
Contact	8556841
Address	Bik 13 Changi Village Read #02-20
Email address	Charles 0704@gmail.com
Date of birth	07-04-1987
Occupation	Indoor D Outdoor
Driving date pass	06/05/2012

General information of the accident

Police station name

Was driver an employee of	Yes No a	
the insured's company?	If no, relationship of the driver and i	nsurad.
Accident captured by camera?	Yes D No B	issieu.
Weather condition	Clear Raining Others:	
Road surface	Dry Wet a	
No of passenger	2	(Inclusive of driver
Passenger 1		
Name	Raja	
Gender	Male Female	
Passenger 2		
Name	CHARLES JUHN PETE	c
Gender	Male Female 0	
Passenger 3		
Name	Male D Female D	
Gender	Male D Female D	
Passenger 4 Name		
Gender	Male Female	
Passenger 5		
Name	/	
Gender	Male Female	
Passenger 6		
Name		
Gender	Male Female	
Other information	220	
Was anybody Injured?	Yes O No o	
Was other vehicle damaged?	Yes No 🗆	
Details of police action		
Reported to police?	Yes No lif yes, please stat	e which police station.
reported to pointer	it jest presse star	

Third party vehicle 1 (6)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	GW 3811C
Vehicle make model	

Third party vehicle 2 (A)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SL\$ 7259H
Vehicle make model	

Third party vehicle 3 (C)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SHF 512M
Vehicle make model	

Third party vehicle 4 (0)

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	GBG 8716E	
Vehicle make model		

Third party vehicle 5

Name	/	
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number		
Vehicle make model		

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1 Name Witness 2 Name Injured person 1 Name Injuries sustained Which vehicle person in? Were seat belts worn? No a Yes 🗆 No 🗆 Was injured conveyed to Yes o hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No o Was injured conveyed to Xes 🗆 No 🗆 hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes No a Yes a Was injured conveyed to No hospital by ambulance? Injured person 4

Name			
Injuries sustained	/		
Which vehicle person in?			
Were seat belts worn?	yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	