

SM 0920 CT 000 F

Fax:

Fax:

Time

Time:

) Warranty: YES ( ) / NO ( )

[illegible]

( ) Total Loss Case : to e-mail Insurer **URGENTLY**.

Plastic film, 100% polyethylene, 1 mil thick, 100' x 100' by

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

*Injury :*

Invoice/Registration Checklist

NA2100819

23(1)

Invoice Registration Checklist

- |   |          |            |
|---|----------|------------|
| 1) AR : Accident Reporting                          | (\$30);  |            |
| 2) DA : Damage Assessment                           | (\$100); | INC (\$30) |
| 3) TP : Towing Fee                                  |          | \$40/\$45  |
| 4) FT : Follow-Through Survey                       |          | \$120      |
| 5) FT : Follow-Through Survey (Re-survey)           |          | \$30       |
| For claim filing against INC Only (wef 10 Jan 2003) |          |            |
| 6) TR : Re-inspection                               |          | \$75       |
| 7) NI : Idao DA + SMRT Survey                       |          | \$160      |
| 8) NTUC Additional Services:-                       |          |            |
| QD*   |          |            |
| *N5: Courtesy Car / Tpt Allowance                   |          | \$1        |
| *N6: Repair Co-ordination                           |          | \$10       |
| *N7: Post Repair Inspection                         |          | \$2        |
| *N8: DV / Collect Excess Coordination               |          | \$         |
| TE (Nil) : TP (Nil) INC against INC                 |          | \$2        |
| 9) NI2: Idao Mobile                                 |          | \$         |

Invoice dated	
---------------	--

Fee Charged

Fee Charged

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

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

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

#### DRIVER

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

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
Address .....	BLK 13 CHANGI VILLAGE RD #02-20
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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 any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
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
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### 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 audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLS7259H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 2

Vehicle Registration Number .....	SHF512M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
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 .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 4

Vehicle Registration Number .....	GW3811C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

### 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.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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.



Policyholder's Signature  
Date & Time:

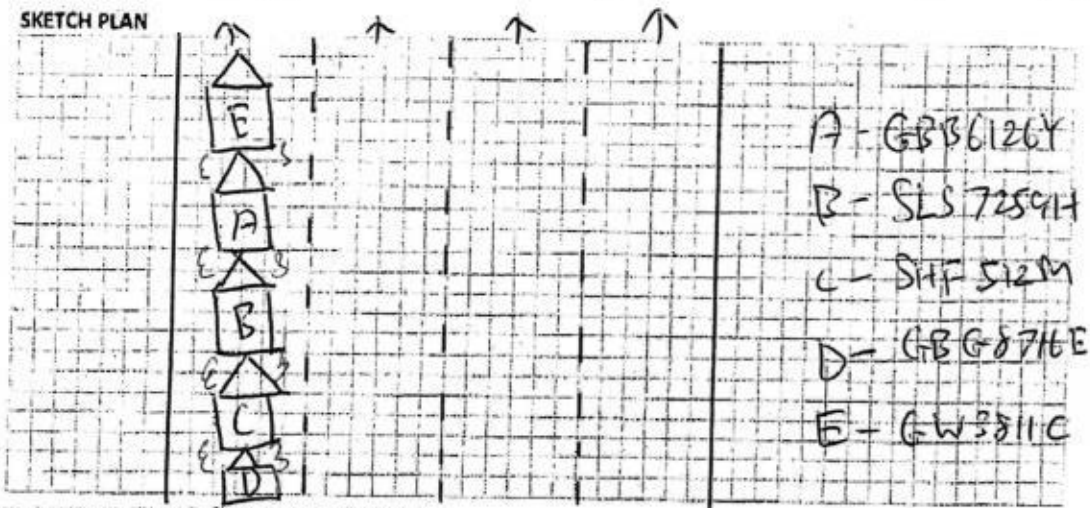
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



CTE towards AYE before PIE(changi) exit.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along CTE towards AYE,  
Just before PIE(changi) exit the car in front of me  
came to a stop. I managed to stop in time  
Without any contact with the front van, Suddenly  
I felt an huge impact from the rear and  
caused my lorry to push forward and hit onto the  
van. I went down to see and found out that  
there were 5 vehicles involved in the accident.

DECLARATION

I/We declare the foregoing 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.:

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1987 (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 1986 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

**COMMERCIAL VEHICLE PRIVATE (SCH 1)**  
**Third Party Fire & Theft**

**Certificate No. : DMCPHQ20-000220**

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

GBB6126Y

**2. Name of Policyholder**

SRR ENGINEERING PTE. LTD.

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

07/01/2020

**4. Date of Expiry of Insurance**

06/01/2021

**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 not insured under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

**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: Abwin Pte Ltd

ABWIN PTE LTD  
8 Kaki Bukit Road 2 #01-33  
Ruby Warehouse Complex  
Singapore 417941

Form: LCVP1  
Excess:  
Section 1:  
YELD

Additional: S\$0.00  
S\$3,000.00 All Claims

EQI Motor Accident  
Hotline

**6311 3211**



**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

Agency	A000342	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I )	Policy Number	DMCPHQ20-000220
Account	A000342	Issued on	07/01/2020	in Singapore	
Client	0176048	Acceptance Date	07/01/2020		

Period of insurance from 1123 hours on 07/01/2020 to 2400 hours on 06/01/2021

Insured's Name SRR ENGINEERING PTE. LTD.  
 Address BLK/HOUSE NO. 21  
 MADRAS STREET  
 SINGAPORE 208416

Business/Occupn Construction  
 Hire Purchase Abwin Pte Ltd

Premium	Basic Annual Premium	SGD1,643.59	Premium Due	SGD1,643.59
	Total Annual Premium	SGD1,643.59	Premium GST	SGD115.05
			Total Due	SGD1,758.64

Risk No. 001	COMMERCIAL VEHICLE PRIVATE (SCH I )	Make/Model	TOYOTA	Body Type	Lorry (no attac
1. Registration	GBB6126Y	No. of seats	2	Yr of Manuf/Regn	2009/2009
Type of Cover	Third Party, Fire & Theft	Capacity cc	0	NCB%	0.00
Engine No.	1KD1941530	Tonnage	1.73	Certificate Ref.	LCVP1
Chassis No.	JTFAT35Y00K200836				
Sum Insured: Market Value at the time of loss			SGD0.00		
YEID-All Claims	Additional		SGD3,000.00		

## 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.

Continued on page 2



# 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 truthful 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 liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## Accident details

Date and time of accident	Date: 27/12/2020 (DD/MM/YY) Time: 3:50pm (HH:MM)
Exact location of accident	CTE towards AYE before Pic (Changi) exit

## Details of vehicle

Vehicle registration number	GBB 6T26Y		
Vehicle make and model	Toyota DYNA		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input checked="" type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Work		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## Insurance information

Insurance company	EW
Policy number	DMCPHW20-000220
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input checked="" type="checkbox"/> TP only <input type="checkbox"/>

## Insured / Policy holder

Name	SRR ENGINEERING (PTE LTD)	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	201923534R	
Contact	9859 0735	
Address	45 Cuff Road #01-45 S (209754)	

## Driver

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

Name	CHARLES JOHN PETER	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	G7886243U	
Contact	8516841	
Address	Blk 13 Changi Village Road #02-20	
Email address	charles0704@gmail.com	
Date of birth	07-04-1987	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	06/08/2012	

### General information of the accident

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

### Passenger 1

Name	Raja
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

### Passenger 2

Name	CHARLES JOHN PETER
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

### Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

Third party vehicle 1 (E)

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

Third party vehicle 2 (B)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SL 5725914
Vehicle make model	

Third party vehicle 3 (C)

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

Third party vehicle 4 (O)

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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Injured person 2**

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Injured person 3**

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Injured person 4**

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>