

# 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 ..... 18/01/2021 16:41 (SGT)  
Date of Accident ..... 18/10/2020 21:30 (SGT)  
Exact Location of Accident ..... 139 Ubi Ave 4, Singapore 408773  
Additional Location Information ..... Along 139 Ubi Avenue 4  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE960D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Servicebuild Construction & Eletrical Pte Ltd  
Company Reg No ..... 198304054C  
Email Address ..... servicebuild@gmail.com  
Mobile Phone No ..... (Phone) +65-65458484  
Alternative Phone No ..... (Office) +65-65458484

### 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 - Reporting only  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... EQ  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCPHQ20-003038  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Adaikkan Arumugam  
Passport No/FIN ..... G6977221N  
Date Of Birth ..... 07/05/1992  
Occupation ..... Outdoor

Date Of Driving Pass .....	16/09/2015
Driving experience .....	5 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-84313619
Alt. Phone Number .....	-
Email Address .....	servicebuild@gmail.com
Address .....	1 Senang Crescent
Address complement .....	-
Postcode .....	Singapore 416575
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 .....	No 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 .....	2
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to 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 .....	GBB2817M
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

\* unable to provide sketch.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report: T/20201018/2097.

DECLARATION

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

18/01/2021  
1600hrs



Policyholder's Signature  
Date & Time:

18/01/2021  
1600hrs

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

18/01/2021  
1600hrs

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

**SKETCH PLAN****IMPORTANT NOTICE**


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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.

18/01/2021  
1600hrs  


Policyholder's Signature  
Date & Time:

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

18/01/2021  
1600hrs

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

18/01/2021  
1600hrs





















**SINGAPORE  
POLICE FORCE**



T/20201018/2097

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

1 of 3

Report No. T/20201018/2097

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/10/2020 23:56			Vide Report No.: G/20201018/0275		Station Diary No.:	
<b>Informant's Particulars</b>						
Name of Informant: ADAIKKAN ARUMUGAM			Address: 1 SENANG CRESCENT SERVICEBUILD SINGAPORE 416575			
ID Type / ID No.: FIN NO / G6977221N			Contact No.: Home/Office: Mobile: 84313619			
Nationality: INDIAN			Email:			
Sex: Male	Age: 28	Date of Birth: 07/05/1992	Type of Informant: Driver			
Race: Indian			Language:		Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/10/2020 21:30	Type of Location:
Location:  UBI AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2817M		TOYOTA	DYNA 150 MANUAL 3SEATER	White		0
GBE960D	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	White		0





**SINGAPORE  
POLICE FORCE**



T/20201018/2097

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

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Report No. T/20201018/2097

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ADAIKKAN ARUMUGAM	ID No.	G6977221N
Related Vehicle	GBE960D (Lorry)	Contact No.	84313619
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 ABOVE MENTIONED DATE, TIME & LOCATION.

I REVERSE MY VEHICLE. AFTER REVERSING I DID NOT HIT THE VEHICLE BEHIND ME AND I DID NOT FEEL ANY IMPACT ON MY VEHICLE ALSO. I CHECKED AND THERE WERE NO DAMAGES ON MY VEHICLE.

THAT IS ALL.





SINGAPORE  
POLICE FORCE



T/20201018/2097

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

3 of 3

Report No. T/20201018/2097

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 /  
WINSTON KOH WEN ZHONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
18/10/2020 23:56

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:



Your Ref : GBE960D  
Our ref : DM21HO00059/JG  
Date : 18 January 2021

SERVICEBUILD CONSTRUCTION & ELECTRICAL PTE LTD  
No 1, SENANG CRESCENT  
#04-01  
Singapore 416575

Dear Sir

ALLEGED ACCIDENT ON 18/10/2020 AT 2129HRS ALONG 139 UBI AVENUE 4 INVOLVING GBE960D AND GBB2817M

We refer to the above matter and wish to inform that we have received potential claim from the third party.

We note that this accident has not been reported to us, probably because you do not intend to claim under your own policy for damage to your vehicle. However, for the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. Please refer to the back/folder accompanying your Certificate of Insurance for the list of our EQ Authorized Workshops conveniently located throughout Singapore to report the accident. Alternatively, you may wish to call our 24-hour accident hotline at 6333 2222 to file the accident report.

Please note that with the effect of 1<sup>st</sup> Jun 2008, under the Motor Claims Framework (MCF), you are required to report any accident at our EQ Authorized Workshops/Reporting Centres with your accident vehicle (whether damage or not) within 24 hours or by the next working day of the occurrence of the accident. Any non-compliance of this condition will result in a loss of your No Claim Discount upon renewal of your policy and your claim will be prejudiced. The primary purpose of this reporting is to provide your version of the accident and does not automatically render you liable for the accident.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the abovementioned claim.

If you need any clarification, please do not hesitate to contact the undersigned and quoting our above claim reference number and we shall be pleased to assist you.

Yours faithfully

Joel Goh

Claims Department

DID: 6500 6772 / Fax: 6223 4190 / Email: [joel.goh@eqinsurance.com.sg](mailto:joel.goh@eqinsurance.com.sg)

Cc LIEW CHIN SHIN JEFFREY (Email: [JEFFLIEW@AIA.COM.SG](mailto:JEFFLIEW@AIA.COM.SG))

**EQ Insurance Company Limited**

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