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Profurred Wkep / INC Assign Wksp / QW: (	all and a second		Yoli	Fac	11 )
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Owner/Driver: ( ·	+ 117		Tel:	,	)
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2) QC Check / Post Reputr Inspection	( .)				
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# 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 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 07/06/2021 11:07 (SGT) Date of Accident 04/06/2021 14:20 (SGT) **Exact Location of Accident** Clementi Rd, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Nissan

Vehicle Registration Number **GBG7089M** 

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SEN ALUMINIUM Company Reg No BXXXXX984L **Email Address** sen\_aluminium@yahoo.com Mobile Phone No (Phone) +65-91755211 Alternative Phone No +65-91755211

#### VEHICLE PARTICULARS

Manufacturer

Model Cabstar 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 Transmission Manual CC 2953

#### INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Type of Coverage Comprehensive Fleet Policy Policy Number DMCPHQ20-003705 Cover Note Number

#### DRIVER

Name of Driver TAN HONG SEN NRIC No SXXXX659Z

Date Of Birth 25/10/1984 Occupation Outdoor Date Of Driving Pass 06/02/2007 Driving experience 14 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-91755211 Alt. Phone Number Email Address sen\_aluminium@yahoo.com Address BLK 688A CHOA CHU KANG DRIVE #20-346 Address complement Postcode 681688 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other 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 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 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 Choa Chu Kang Neighbourhood Police Centre Police Station Phone No. (Phone) +65-18007659999 Alt. Police Station Phone No. (Fax) +65-67644104 Police Station Address No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND POLICE REPORT T/20210605/2014 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGT9473X Vehicle Manufacturer Toyota Vehicle Model Vios Vehicle Variant

Vehicle Colour

Vehicle Category	Private car
Name of Driver	HO YOK MOI
NRIC No	SXXXX261D
Contact Number	(Phone) +65-98489683
Address	-
Address complement	-
Postcode	₩
Insurance Company Name	-
Nature Of Damage	3 <b>—</b> 3
Details of property damaged in accident	<b>12</b> 1
No. Of Passenger (Including Driver)	<u> </u>

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	GBJ971X Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	n=
Contact Number	(Phone) +65-94577273
Address	-
Address complement	s <del>=</del>
Postcode	2 <b>-</b>
Insurance Company Name	-
Nature Of Damage	, <u>-</u>
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	TAN HONG SEN
Address	: <u>=</u>
Address Complement	192
Post Code	-
Approximate Age Years Old	82
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG7089M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.
- 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;

\SGT 9473X

- (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")

ALUM/

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholders Signature / Date & Time 1984L	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
CHAMEN	71 6000	
	NICH P	
A) C B C	- 7n99m	

Describe Circumstances of the Accident
I was altinha along Clementi Rd Towards Uly Parda:
Infruit of me was GBT 971X now suddenly stonest
Intrust of me was GBJ 971X had suddenly stowed
down to give way to a vehicle infront which
was turning left. As I was a distant away
I had managed to slow down and came to a
build GET 911x.
Stop, Both me and GIBI 911 X was stationary
When I sow the front lorry & brake 1942
going off I was about to move suddenly
I felt a very strong boung from the ready
of my torry it was so strong it threw me
Loward and back, and all my things from
the deephound had fall off
The board had also pudged my torry foward
to barg onto GRT971X which was starting to
to burg onto GBJ971X which was starting to
more off. GBJ9/1X Ceter Stoppel ahead.
7 125 6 - 11 1 1 1
I was seated in a clare in my lorry when
the body driver from the near approached, I
Hon got down
Polick 14/100 1/20210605/2014
100000000000000000000000000000000000000
Declaration
We declare the foregoing particulars are true in every respect.
(5) (53254984L) ≥ (ar (ar)
Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre & Time

# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please raport 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. Addression provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to the unafted. policy liability.

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report being made available after a ... I.

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ACCIDENT STATEMENT
Date of Accident  Date of Accident  Exact Location of Accident Clement Rd-  Additional Location Information  Country/State of Loss
Vehicle Registration Number CBG 7029 M
INSUREDAPOLICYHOLDER
Is company? SEN ALLIMINIUM Name Of Registered Owner NRIC No Email Address Mcbile Phone No Alternative Phone No Alternative Phone No WERICLE PARTICULARS
Manufacturer N (SSAN) Model CCUCHANA
Variant  Exact purpose for which vehicle was being used at time of ,
Are you claiming under your own insurance policy for repair to
your vehicle? Vehicle Category Transmission CC
NSURANCE COMPANY
Name of Insurance Company EQ Type of Coverage Comvercial Compre Classic Fleat Policy Policy Number DMCPHQ 20-003705
Course Note Attracher

DRIVER

Name of Driver NHIC No

Tan Hong Sen. 38479659Z © Accident report SC1P2 (50000)

i	Date Of Birth Occupation Date Of Diving Pass Driving experience Gender Wala Mobile Number Alt. Phone Number Email Address Address Address Address Address Complement Postcode Is the driver the policyholder? If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Divined by Driver \$51,80 IA-B
	Insurance Company of Other Vehicle Owne; by Driver, TUC.
	Type of Accident Choun COLLSTON Weather Conditions Clear. Road Surface Dy
5	Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident?  Was anybody injured in the Accident?  Was any injured conveyed to hospital by arribulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
	PASSENGE: 1 Name
	Gender
	Was the accident reported to the police? Was notice of intended Prosecution given?  If yes, against whom?
	CIRCUMST ANGES OF ACCIDENT
	REFER TO SKETCH
	A ! (ACHMENT(S).
	Are accident photos available for attachment? Weathere any video captured by Car Gerner 1? Was there any audio recorded?
	A CS OF OTHER VEHICLE PROPERTY 1
	Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category  Vehicle Category  Vehicle Category

Name of Dirver
NRIG No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in ancident
No. Of Passenger (Including Driver)

40 YOK MOI 320062610 78489683





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

1 of 3 Report No. T/20210605/2014

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vid 05/06/2021 09:43		Vide Report No.:	Station Diary No.:		
Informant	's Particu	ilars	THE PART PLANT		
Name of Ir			Address: APT BLK 688A CHOA CHU K SINGAPORE 681688	ANG DRIVE #20-346	
ID Type / ID No.: NRIC NO / S8479659Z Nationality:			Contact No.: Home/Office: Mobile: 91755211		
SINGAPO		EN	Email:		
Sex:	Age: 36	Date of Birth: 25/10/1984	Type of Informant: Driver		
Race: Chinese		Ŧ	Language:	Institution / School Name:	
Occupatio			Driving Licence Information: Class:	Date of Expiry:	

General Infor	mation of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive; No	Date/Time of Accident: 04/06/2021 14:2	0	Type of Location: Straight Road
Location:					
CLEMENTI R	ROAD				
Weather:	·	Road Surface:		Pos	d:Speed Limit:
Clear	t.	Dry		Noak	a Speed Limit.
Traffic Flow:		Traffic Control: Traffic Light - Wor	king		īc Volume: erate
Type of Collis	sion:				one conveyed by
Between Mov	ving Vehicles - Head To Re	ar			ulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBG7089M	Lorry				Slightly Damaged	0
GBJ971X	Lorry		*1 2		Slightly	0
SGT9473X	Car				Damaged Seriously Damaged	0





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

2 of 3 Report No. T/20210605/2014

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved						
Any Pedestrian Ir	rvolved: No						
No. of Pedestrian			Use of Peo	destrian	Cross	ing: NA	
Driver							
Name	TAN HONG SEN			ID No.		S8479659Z	
Related Vehicle	GBG7089M (Lorry)			Conta	ct No.	91755211	
Hospital/Clinic NG TENG FONG GENERAL HO		ERAL HOS	SPITAL	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	04/06/2021		Date Discl			/2021	
No. of Days gran	ted Medical Leave (	03	Degree of	-	the latest with the latest window to the latest win	72021	
Driver							
Name	HO YOK MOI		_	ID No.		S2006261D	
Related Vehicle	SGT9473X (Car)			Conta	ct No.	98489683	- 1
Hospital/Clinic	NIL			Class Driving Licent Expiry	g e &	Class: NIL Date of Expi	iry: NIL
Date Treatment	NIL		Date Discl		-		
No. of Days gran	ted Medical Leave	VIL	Degree of				

# Brief Details.

On the above mentioned date, time and location. I was driving my lorry bearing number, GBG7089M when suddenly, the lorry in front of me bearing plate number, GBJ971X made an abrupt stop. I then made manage to break on time but however, the vehicle behind me bearing plate number, SGT9473X could not stop in time and collided against the rear of my lorry. This result in a chain collision. No one was badly injured or require convey by ambulance. Traffic police was at scene. I wish to state that I am unable to exchanged particulars with the lorry driver in front of me.

I am lodging this report for my record and insurance claim purposes.





3 of 3

Report No. T/20210605/2014

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

# **Sketch Plan**

Informant is not able to provide sketch plan

SKINATURE

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:  J /  Sgt 1 ABDUL KHALID BIN ALI	Signature Of Informant:
8	101
Signature Of Interpreter: Not applicable	Date/Time: 05/06/2021 09:43
£	
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
ST Staff Sgt ABDUL RAHIM BIN SALIM	
Authentication Stamp NP168	

EO Insurance Company Limited 5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.orgineurance.com.sg regino, 1978-10490-N



#### CERTIFICATE OF INSURANCE

FOAD 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 VEHICLE SCHEDE 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.: DMCPHQ20-003705

1. Index Mark and Registration Number of Vehicles

Classic Plan - EQ Authorised Workshop Only

Form: LCVP1 Excess:

Section 1: YEID-AC Additional. \$\$500.00 \$\$3,000.00

GBG7080M

2. Name of Policyholder SEN ALUMINIUM

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

4. Date of Expiry of Insurance 11/10/2021

12/10/2020

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

Hotline 6311 3211

EQI Motor Accident



\* 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 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

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.

"Unitations rendered inoperative by Section 3 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.

IWE 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: UNITED OVERSEAS BANK LIMITED

A000298/Tong Hin Insurance Agency Pte Ltd Date of Issue : 23/09/2020 17:47

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMCPHQ19-004820

A Member of Citystate