

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	01/03/2022 14:27 (SGT)
Date of Accident	06/02/2022 15:30 (SGT)
Exact Location of Accident	Bus Stop Bef Jln Chempaka Kuning, Upper Changi Rd, Singapore
Additional Location Information	AFTER STOP ID: 85089
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5922Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OCL BUILDING SERVICES PTE LTD
Company Reg No	200306919H
Email Address	support@ocl.com.sg
Mobile Phone No	(Phone) +65-64455588
Alternative Phone No	+65-64455588

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
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCPHQ21-002581
Cover Note Number	-

DRIVER

Name of Driver	GOVINDARAJ THIYAGARAJAN
Passport No/FIN	G2273049K

Date Of Birth	19/05/1988
Occupation	Indoor
Date Of Driving Pass	03/03/2021
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82002762
Alt. Phone Number	-
Email Address	support@ocf.com.sg
Address	312A BEDOK ROAD
Address complement	-
Postcode	469476
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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 vehicle 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	KADAPPILLAI SUBRAMANIYAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED - VEHICLE ALREADY REPAIR AT TIME OF REPORTING.

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	SMK3217K
Vehicle Manufacturer	Honda

Vehicle Model	Shuttle
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)	-

SKETCH PLAN

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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;
(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.



9:47am
21/02/22

C. THW

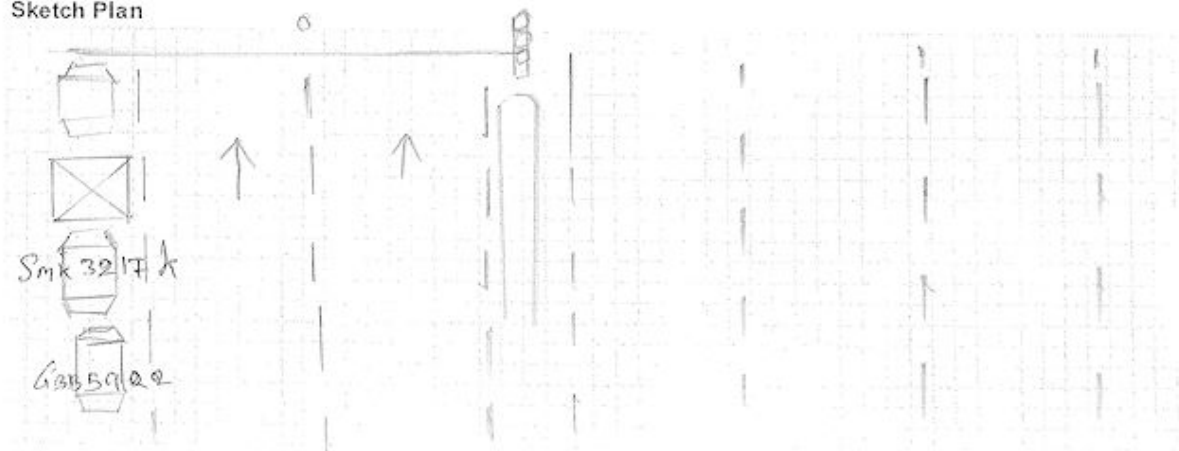
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

* This Traffic light change to Red light

* Cars STOP to yellow Box in front

* That time have Road wet condition

* I STOP Vehicle Can't STOP

Please refer to police report T/20220201/2009 | T/20220301/2028

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel



Your Ref : GBB5922Y
 Our ref : DM22HO00175/JT
 Date : 9 February 2022

OCL BUILDING SERVICES PTE LTD
 NO 3018, BEDOK NORTH STREET 5
 Singapore 486132

Dear Sir

ALLEGED ACCIDENT ON 06/02/2022 AT 1600 HRS ALONG UPPER CHANGI ROAD INVOLVING GBB5922Y AND SMK3217K

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.

Please note that with the effect of 1st 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

Jaime Tay

Claims Department

DID: 6496 9882 / Fax: 6223 4190 / Email: jaime.tay@eqinsurance.com.sg

Cc HUND & HOBBS (Email: KAIWEN@HUNDHOBBS.COM.SG)

EQ Insurance Company Limited

55 Selegie Road #11-01 Selegie Hill, Singapore 118247
 Tel: 6342 2277 / Fax: 6342 2278 Email: enquiries@eqinsurance.com.sg
 Singapore, 0142 6496 9882

A Member of Citystate



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

**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 II)**Third Party Fire & Theft****Certificate No. : DMCPHQ21-002581****1. Index Mark and Registration Number of Vehicles**

GBB5922Y

Form: LCVP1

Excess:

Section 1:

YEID:

Additional

S\$0.00

S\$3,000.00 All Claims

2. Name of Policyholder

OCL BUILDING SERVICES PTE LTD

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

12/08/2021

4. Date of Expiry of Insurance

11/08/2022

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.

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 :

A000180/Hund & Hobbes
Date of Issue : 08/07/2021 12:22

Authorised Signatory
EQ Insurance Company Limited

A Member of Citystate



OCL BUILDING SERVICES PTE LTD

3018 Bedok North Street 5, #01-03 Eastlink Light Industrial Factory, Singapore 486132

Tel: 64455588 / 64422277 Fax: 62441018 Email: admin@ocl.com.sg

Co. Reg No. 200306919H / GST Reg. No. 200306919H

To:

Management

EQ Insurance

205 Braddell Road (HQ)

Singapore 579701

Subject: Letter of Authorisation for Insurance report of vehicle accident

Dear Sir/Madam,

We are authorising Mr Govindaraj Thiagarajan, FIN Number: G2273049K, a representative of our company to do an insurance report for alleged accident on 06/02/2022 at 1600HRS along Upper Changi Road involving GBB5922Y and SMK3217K.

If you need any clarification, please do not hesitate to contact me and we shall be pleased to assist you.

Yours sincerely,

Jordan Ong

General Manager

Tel: 82002762

Email: jordan@ocl.com.sg





















**SINGAPORE
POLICE FORCE**



T/20220207/2009

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20220207/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2022 09:15		Vide Report No.: G/20220206/0161		Station Diary No.: 28
Informant's Particulars				
Name of Informant: GOVINDARAJ THIYAGARAJAN		Address: APT BLK 310A BEDOK ROAD SINGAPORE		
ID Type / ID No.: FIN NO / G2273049K		Contact No.: Home/Office: Mobile: 86532709		
Nationality: INDIAN		Email:		
Sex: Male	Age: 33	Date of Birth: 19/05/1988	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2022 15:30	Type of Location: Straight Road
Location: BEDOK ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB5922Y	Lorry	TOYOTA			Slightly Damaged	0
SMK3217K	Car	HONDA	shuttle	Silver		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220207/2009

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20220207/2009

CONTINUATION OF REPORT

Name	Unknown		ID No.	NIL
Related Vehicle	SMK3217K (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	GOVINDARAJ THIYAGARAJAN		ID No.	G2273049K
Related Vehicle	NIL		Contact No.	86532709
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 6/2/2022 at about 330pm, I was driving a Honda Shuttle along Bedok Road towards the direction of Simpang Bedok. There was a silver Honda shuttle in front of me. The Honda shuttle applied brakes and I was unable to react on time. I applied brakes however I still collided onto the rear of the Honda Shuttle.

Ambulance and police came down and I was informed to lodge a police report. I was not injured however the driver of Honda shuttle was taken away by ambulance. The front portion of my vehicle was damaged due to the accident.



**SINGAPORE
POLICE FORCE**



T/20220207/2009

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20220207/2009

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
G /
SGT 2 TAN LI JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/02/2022 09:15

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20220301/2028

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20220301/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2022 13:01		Vide Report No.: T/20220207/2009		Station Diary No.: 50	
Informant's Particulars					
Name of Informant: GOVINDARAJ THIYAGARAJAN			Address: 310A CHANGI ROAD SINGAPORE 419788		
ID Type / ID No.: FIN NO / G2273049K			Contact No.: Home/Office: Mobile: 86532709		
Nationality: INDIAN			Email:		
Sex: Male	Age: 33	Date of Birth: 19/05/1988	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2022 15:30	Type of Location: Straight Road
Location: UPPER CHANGI ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB5922Y	Lorry					0
SMK3217K	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20220301/2028

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20220301/2028

CONTINUATION OF REPORT

Driver			
Name	GOVINDARAJ THIYAGARAJAN		ID No. G2273049K
Related Vehicle	GBB5922Y (Lorry)		Contact No. 86532709
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

Amendments to T/20220207/2009.

Location of accident is Upper Changi Rd near to Changi Fire Station.

I am driving a Lorry (GBB5922Y) instead of a Honda Shuttle



**SINGAPORE
POLICE FORCE**



T/20220301/2028

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20220301/2028

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:
G / SR STAFF SGT
SHAHARALAMIN BIN ABDUL
RAZAK

Signature Of Informant:

C. T. Tan

Signature Of Interpreter:
Not applicable

Date/Time:
01/03/2022 13:01

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

NP168



SINGAPORE
POLICE FORCE