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SN08232K0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 20/02/2023 09:41 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (20/02/2023 09:41 (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 Actual 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 20/02/2023 09:41 (SGT) Reported by Date of Accident 17/02/2023 18:00 (SGT) **Exact Location of Accident** AYE, Singapore Additional Location Information TOWARDS TUAS (BEFORE PORTSDOWN EXIT) Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number GBD4145U

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SAI HUAT METAL FABRICATION PTE LTD Company Reg No 2XXXXX048N **Email Address** kelly.saihuatmetal@gmail.com Mobile Phone No (Phone) +65-93590324 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

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 No - Claiming third party

your vehicle? Vehicle Category

Commercial vehicle Transmission Manual CC 2982

### INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Policy Number / Cover Note Number DMCPHQ22-001129

#### DRIVER

Name of Driver MOLLIK KAWSAR Passport No/FIN GXXXX094G Date Of Birth 01/09/1990 Occupation Outdoor

Date Of Driving Pass	25/02/2021
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-93590324
Alt. Phone Number	-
Email Address	kelly.saihuatmetal@gmail.com
Address	3 ADMIRALTY BLK 3 ROOM 3
Address complement	3 ADMIRALT F BER 3 ROOM 3
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	
	<u>v</u>
Insurance Company of Other Vehicle Owned by Driver	_
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL IN ORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet
	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	No
	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	
Translator's ID	
Translator's phone number	
Translator's email	
Original language used in the statement	-
PASSENGER 1	
THOUSEN T	
Name	SEGAL
Gender	Male
	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No.
Was the accident reported to the police? Was notice of intended Prosecution given?	No
	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
515.05.55.55.55.55.55.55.55.55.55.55.55.55	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF ATUE	P VEHICLE PROPERTY 4
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	GBJ7832T
Vehicle Manufacturer	•
Vehicle Model	_
Vehicle Variant	

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	•
Contact Number	-
Address	-
Address complement	=
Postcode	•
Insurance Company Name	Sompo Insurance Singapore Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	·-
No. Of Passenger (Including Driver)	-

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage	SNB8282Z Private car
Details of property damaged in accident  No. Of Passenger (Including Driver)	

### INJURED PERSONS DETAILS

### INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	MOLLIK KAWSAR Male (Phone) +65-93590324 SLIGHT INJURY GBD4145U Yes No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SEGAL Male SLIGHT INJURY GBD4145U Yes 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 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. 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' law yers/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' 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.

REG NO: PARICATION TO THE PROPERTY OF THE PARICATION OF THE PARICA

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

& Time

Sketch Plan

		TELLIFERENCE
		H = GBD 4145 4
4	2 2	3 = 6 B 5 7832 T
B		C Z 8
		SNB8282 Z
	A III	

Describe Circumstances of the Accident

I was traveling along HYE towards 7	
While Im coming to Portsdown Etit, the	Spent
vehicle stopped stationary due to front trassi	۷,
I sollowed and stop stationary, then a m	cmpn+
Later, Vehicle B collided onto my Lorry	/
the impact caused my lorry to surge	Forward
and collided onto the Sport Car.	

### Declaration

 $\ensuremath{\mathsf{IWe}}$  declare the foregoing particulars are true in every respect.

REG NO: 201612048N

Policyholder's Signature / Date & Time

Veon

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

Witnessed by Reporting Centre
Personnel

Date of Accident	: 17/2/23 Accident Time: 1800 (24-HR-Format)
Accident Place	: ATE towards Thas (Before Portsdan Zxit
Vehicle. No. (Car Plate No.)	:CBD 41454 Make/Model: Twotalyna 3.0M
Insurace Company	: EQ INS Policy No: DMCP # 22 - 001/29
Owner or Company Name /IC No.	: Sai Huat Metal Fabrication Plu Utd (2016/20484)
Owner or Company Contact No.	:Owner's Hp Company Tel
DRIVER'S Name / IC No.	: MOLLIK KAWSAR (669860946)
DRIVER'S Date Of Birth	: 01-09.1990 DRIVER'S License Pass Date 25.02.2021
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling (Employee\ Others:
DRIVER'S Address	: 3 ADMIRALTY SLKS RM3
DRIVER'S Contact No./ Alt No.	:1) 9359 0524 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: lelly-saihvatoretal @ gnail-com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party) Claim Own Insurance
Number of Passengers (Including Di	river):
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident: Private use \ Work number
	arty Driver's Particular (if any)
Vehicle. No: GBJ 7832T	(B) (SUMPO) Vehicle. No: SNB 82822 (C)
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	
IC No. Driver/Contact:	
* MENN P	
* NEW - Passenger's name &	gender:
(i) Sefal (m)	

**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 I ) Comprehensive Classic

Certificate No.: DMCPHQ22-001129

Classic Plan - EQ Authorised Workshop Only

Form: LCVP1 Excess: Section 1:

YEID-AC Additional:

S\$500.00 S\$3.000.00

1. Index Mark and Registration Number of Vehicles

GBD4145U

2. Name of Policyholder

SAI HUAT METAL FABRICATION PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act 16/04/2022

4. Date of Expiry of Insurance 15/04/2023

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

EQI 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 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: Abwin Pte Ltd

A000342/Abwin Pte Ltd Date of Issue: 31/03/2022 15:51

Authorised Signatory
EQ Insurance Company Limited

Exp No.: DMCPHQ21-001133

A Member of Citystate

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	C	
Owner ID Type:	Company	
Owner ID: Vehicle Details	048N	
Vehicle No.:	GBD4145U	
Vehicle to be Exported:	No	
Intended Deregistration Date:	08 Apr 2023	
Vehicle Make:	TOYOTA	
Vehicle Model:	DYNA 3.0 M	
Primary Colour:	Blue	
Manufacturing Year:	2014	
Engine No.:	1KD2425222	
Chassis No.:	KDY2318016529	
Maximum Power Output:	-	
Open Market Value:	\$31,745.00	
Original Registration Date:	16 Oct 2014	
First Registration Date:	16 Oct 2014	
Transfer Count:	2	
Actual ARF Paid: Intended PARF Rebate Details	\$1,588.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	15 Oct 2024	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
PQP Paid:	\$29,035.00	
COE Rebate Amount:	\$4,409.00	
Total Rebate Amount:	\$4,409.00	

The information contained herein is correct as at 20 Feb 2023