



## 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 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	20/02/2023 09:41 (SGT)
Reported by	Driver
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

Vehicle Registration Number	GBD4145U
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#### INSURED/POLICYHOLDER

Is company?	Yes
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	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
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 .....	-
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 .....	AFTER RAIN
Road Surface .....	Wet

#### 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? .....	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

Name .....	SEGAL
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

#### 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 OTHER 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 .....	SNB8282Z
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

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

##### INJURED 2

Name of injured person .....	SEGAL
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBD4145U
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.
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#### 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

		<p>A = GBD 4145 Y</p> <p>B = GB5 7832 T</p> <p>C = B</p> <p>SNB 8282 Z</p>
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Describe Circumstances of the Accident

I was traveling along HYE towards T44S,  
While Im coming to Portsdown Exit, the front  
vehicle stopped stationary due to front traffic,  
I followed and stop stationary, then a moment  
later, Vehicle B collided onto my lorry,  
the impact caused my lorry to surge forward  
and collided onto the front car.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*Ver*

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

Witnessed by Reporting Centre Personnel

*20/02/2023*

Date of Accident : 17/12/23 Accident Time: 1800 (24-HR-Format)  
 Accident Place : AYE towards Tuas (Before portside exit)  
 Vehicle. No. (Car Plate No.) : GBD 41454 Make/Model: Toyota Proace 3.0m  
 Insurance Company : EQ Ins Policy No: DMCPH 22-001129  
 Owner or Company Name /IC No. : Sai Huat Metal Fabrication Pte Ltd (201620484)  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : MOLLIK KAWSAK (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 SIKS 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 : kelly.saihuatmetal@gmail.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 Driver): 2  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): Yes

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>GBS 7832T(B) (Sumpo)</u>	Vehicle. No: <u>SUB 8282 Z (C)</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

(1) SeGal (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: S\$500.00

YEID-AC Additional: 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

\* 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 : 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**



> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	048N
Vehicle Details	
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:	\$1,588.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
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
<b>Total Rebate Amount:</b>	<b>\$4,409.00</b>

The information contained herein is correct as at 20 Feb 2023

OK