

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	27/04/2023 16:36 (SGT)
Reported by	Actual Driver
Date of Accident	26/04/2023 15:20 (SGT)
Exact Location of Accident	Nicoll Hwy, Singapore
Additional Location Information	TOWARDS KPE BEFORE STADIUM ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5270M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	C & W PTE. LTD.
Company Reg No	2XXXXX008K
Email Address	jasmine.tan@candwpteltd.com
Mobile Phone No	(Phone) +65-63864117
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	DMCPHQ22-001801

DRIVER

Name of Driver	SHANMUGAM SAMINATHAN
Passport No/FIN	GXXXX118R
Date Of Birth	10/05/1989
Occupation	Outdoor

Date Of Driving Pass 03/12/2018
 Driving experience 4 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-85156254
 Alt. Phone Number -
 Email Address shanmugamsaminathan89@gmail.com
 Address 36 DEFU LANE 9
 Address complement -
 Postcode 539276
 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 Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 4
 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 LIM TING SOON
 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 SNH4200E
 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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD1573L
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBF2742Z
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHANMUGAM SAMINATHAN
Gender	Male
Phone No	(Phone) +65-85156254
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH5270M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person LIM TING SOON
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? GBH5270M
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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5. 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.

C & W PTE LTD

Policyholder's Signature / Date & Time

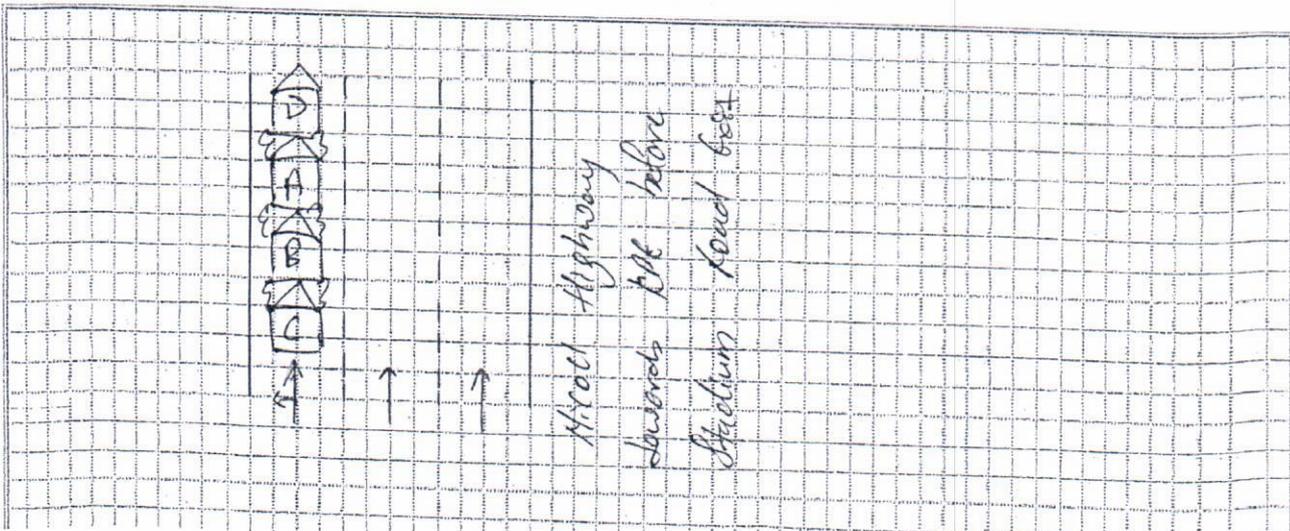
S. Sami Nathan

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

[Signature]
27/04/2023

Sketch Plan



- A: GRH5270M
- B: SNH 4200E
- C: ABD1573L
- D: GRF 27427

Describe Circumstance of the Accident

On the stated time and date of the accident, I'am travelling along Nicole Highway Towards KPE before stadium Road exit when the traffic ahead break and stop in which I followed suit in a safe manner. Suddenly I felt a huge impact from the rear of my vehicle. The impact was so huge that it pushes my vehicle forward and hit the vehicle in front. I aligned my vehicle and got off and realised I was involved in a four car chain collision.

Declaration

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

C & W PTE LTD

Policyholder's Signature / Date & Time

S. Saminathan

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

Witnessed by Reporting Centre Personnel

27/04/2023

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Date of Accident : 26/04/2023 Accident Time: 15:20 (24-HR-FORMAT)
 Accident Place : Nicoll Highway Towards KPE before stadium Road exit
 Vehicle Reg. No (Car plate No.) : GBH5270M CC 3.0 Vehicle Make/Model: Toyota Dyna
 Insurance Company : Eq Insurance Policy No. DMCPHQ22-001801
 Name of Registered Owner : Company / Individual C & W PTE. LTD
 ID of Registered Owner : Co Reg No: 199805375C Owner's NRIC No: 201606008K
 OWNER EMAIL ADDRESS: ysmine.tan@candwpteltd.com : Co Contact No: 6386 4117 Owner's Contact No:
 DRIVER'S Name : Shanmugan Saminathan DRIVER'S NRIC No: E2661118R
 DRIVER'S Date of Birth : 10/05/1989 DRIVER'S License Pass Date: 03/12/2018
 Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others:
 DRIVER'S Address : 36 Defu Lane 9 Singapore 539276
 DRIVER'S Contact No./ Alt No. : 1) 8515 6254 2)
 DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : Shanmugan.saminathan 89@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 Name & Gender: Shanmugan Saminathan M
 Was the accident reported to the police? YES / NO
 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 injuries, if yes (name of the injured person) Both

Other Party Driver's Particulars (if any)

Vehicle Reg No: SNH 4200E (14)	Vehicle Reg No: GBF 2742 2 (0)
Vehicle Make/Model:	Vehicle Make/Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:

GBD 1573L (C)

REPORT FORM EXPLAINED IN: ENGLISH / CHINESE / MALAY / TAMIL OTHERS:
 WHO REPORTED THE ACCIDENT: OWNER / DRIVER / BOTH

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. : **DMCPHQ22-001801**

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

GBH5270M

2. Name of Policyholder

C & W PTE. LTD.

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

27/06/2022

4. Date of Expiry of Insurance

26/06/2023

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 : UNITED OVERSEAS BANK LIMITED

A000298/Tong Hin Insurance Agency Pte Ltd
Date of Issue : 30/05/2022 13:33

Exp No. : DMCPHQ21-002121

A Member of Citystate

EQI Motor Accident
Hotline
6311 3211

Authorised Signatory
EQ Insurance Company Limited