

## 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 First Submission .....	12/08/2024 16:40 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	11/08/2024 23:08 (SGT)
Exact Location of Accident .....	Seletar Expw., Singapore
Additional Location Information .....	SLE BEFORE LENTOR EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKV6932A
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHONG ENG HOCK
NRIC No .....	S7026735G
Email Address .....	ENGHOCK9393@YAHOO.COM
Mobile Phone No .....	(Phone) +65-96952863
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	VEZEL 1.5X CVT
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1496
Vehicle Fuel .....	Petrol
First Registration Date .....	29/09/2015
Chassis no .....	RU11102130
Effective Date/Time of Ownership .....	13/04/2021 02:04 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMPPHQ24-003109

#### DRIVER

Name of Driver .....	CHONG ENG HOCK
NRIC No .....	S7026735G
Date Of Birth .....	03/08/1970
Occupation .....	Indoor
Driving Pass Date .....	15/11/1993
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	30 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96952863
Alt. Phone Number .....	-
Email Address .....	ENGHOCK9393@YAHOO.COM
Address .....	BLK 29 TRANSIT ROAD 04-20 SINGAPORE 778905
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
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 .....	CHRISTINE
Gender .....	Female

#### PASSENGER 2

Name .....	CALISTA
Gender .....	Female

#### PASSENGER 3

Name .....	AUGUSTINE
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

## 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 ..... SLU4700J  
 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 ..... SND9792B  
 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 3

Vehicle Registration Number ..... SKB4197Z  
 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 .....	CALISTA
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	HEAD INJURY
Injured person in which vehicle? .....	SKV6932A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## INJURED 2

Name of injured person .....	AUGUSTINE
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	HEAD INJURY
Injured person in which vehicle? .....	SKV6932A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## INJURED 3

Name of injured person .....	CHONG ENG HOCK
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK STRAIN
Injured person in which vehicle? .....	SKV6932A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN**

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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.

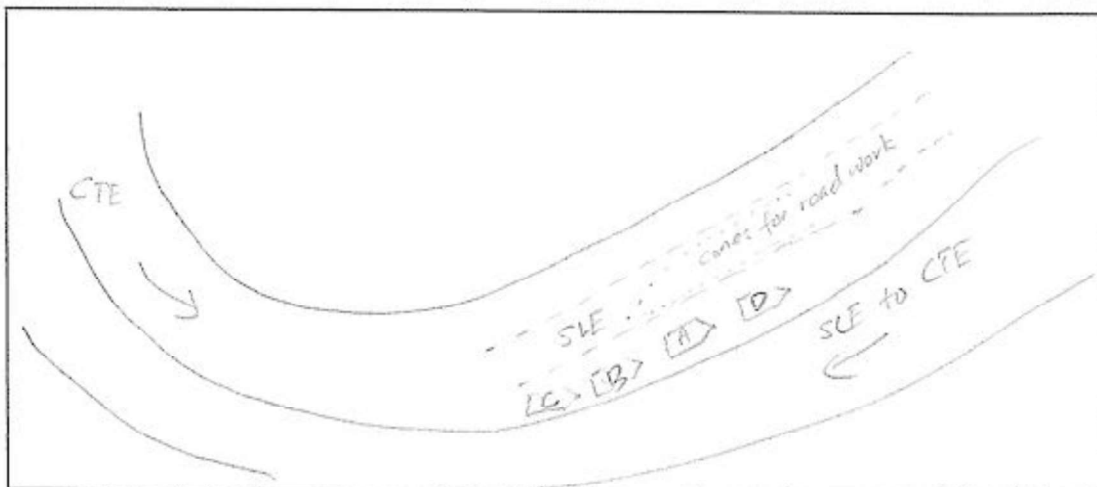
Policyholder's Signature / Date & Time

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



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

Sketch Plan






Describe Circumstance of the Accident		
Date of Accident: 12 August	Time: 11:08 pm	Location: Beginning of SLE towards Woodlands
My Vehicle A: SKV 6932A	Vehicle B: SKB 4197Z	Vehicle C: SLU 4700J
<p>I was driving along CTE towards SLE. Upon entering SLE, I noticed a road work signage showing that the centre lane was blocked. I continued driving on the right most lane. Car B slowed and car A slowed down as we approached the cones. Suddenly, car B stopped completely. I braked and was able to stop in time without hitting car B. Shortly after, car A was hit from behind and the impact pushed car A forward and hit car B. Car C was <del>also</del> hit by car D during this accident.</p> <p>My conversation with car B driver revealed to me that he stopped thinking that right most lane was not passable, despite the signage indicating that road work was on <del>the</del> centre lane. Car C, a blue car, has a front <sup>car</sup> camera. Driver of car C shared with me that he managed to stop in time too but was pushed forward by the impact between car C and car D.</p>		
<input type="checkbox"/> Claim OD/TP at Ah Lim Motor <input checked="" type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only		
Remarks: Please forward a copy of my efile accident Report to:		
My Workshop: _____		
Workshop Email Address: _____		
<input checked="" type="checkbox"/> Note: Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information		

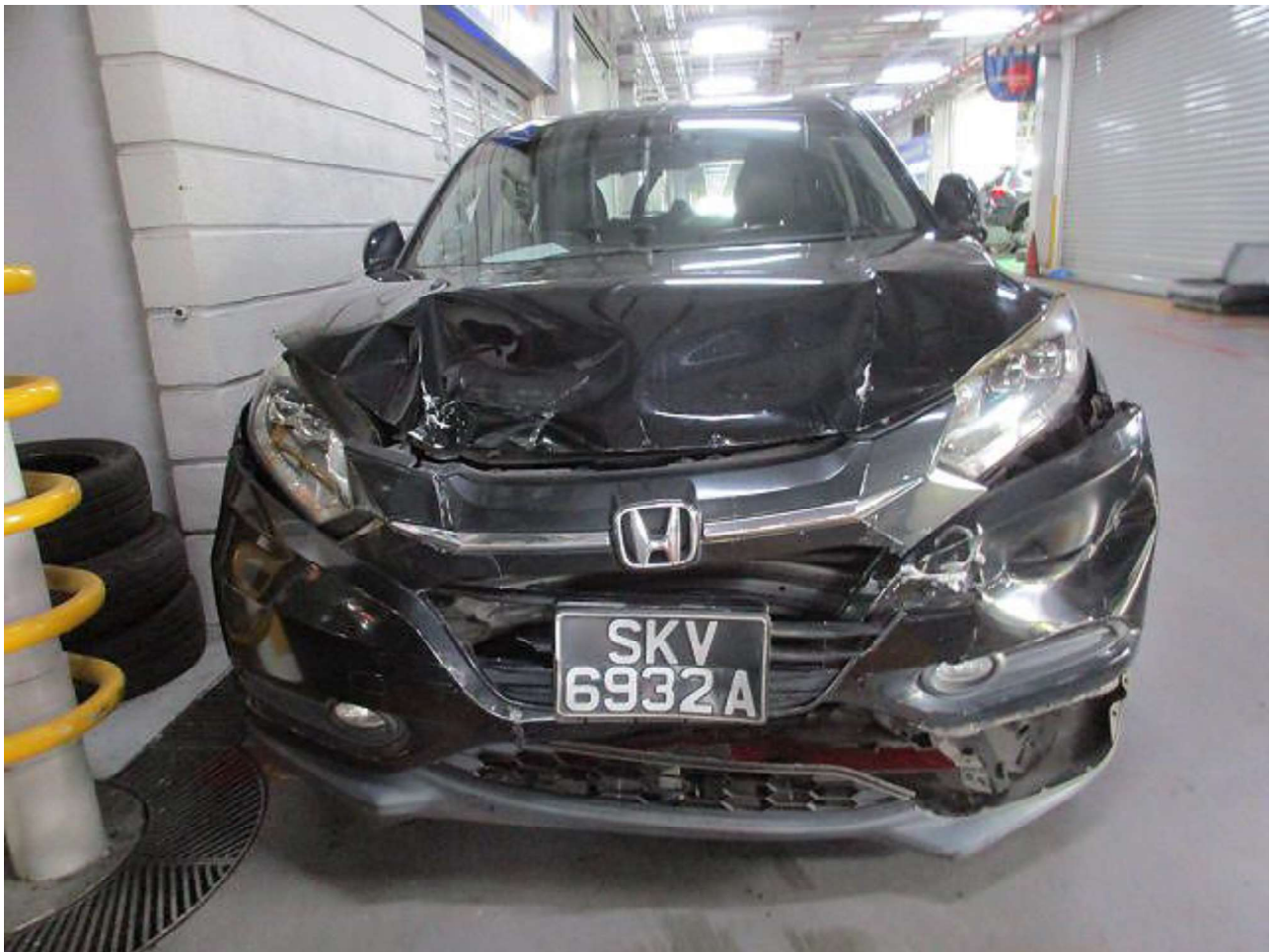
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Veh C  
SND9794E

## Declaration

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

 Policyholder's Signature / Date & Time	 Actual Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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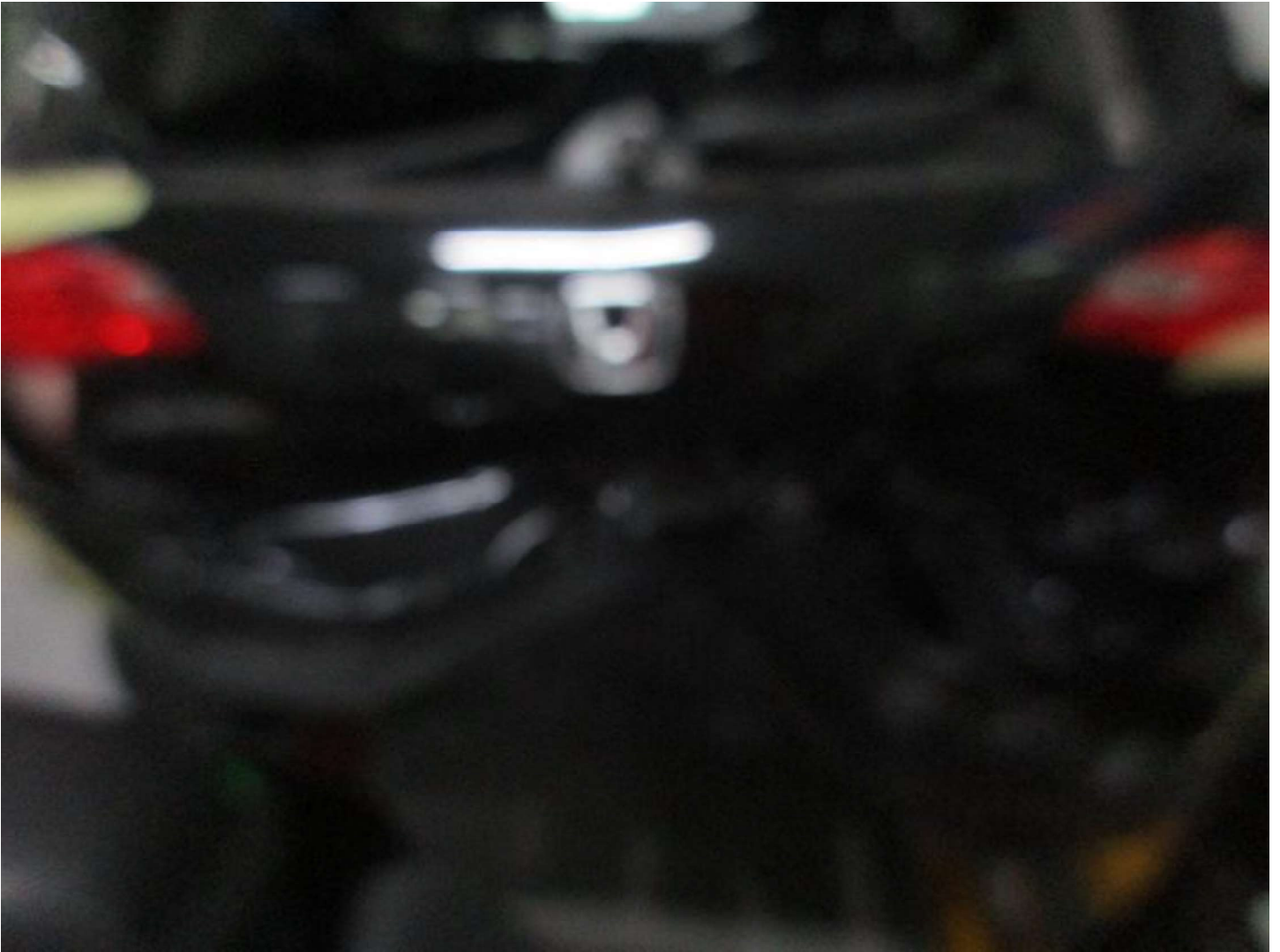




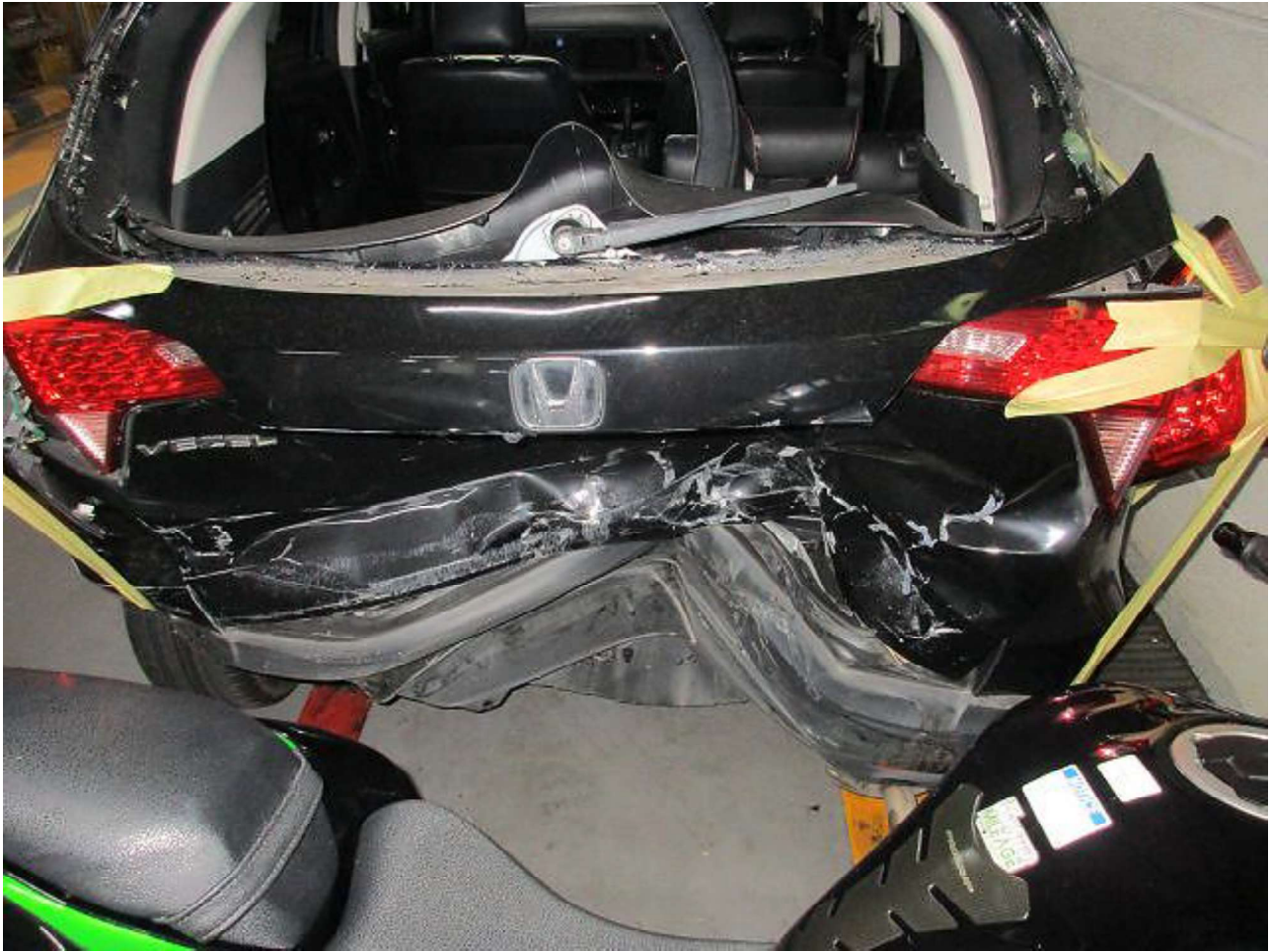


















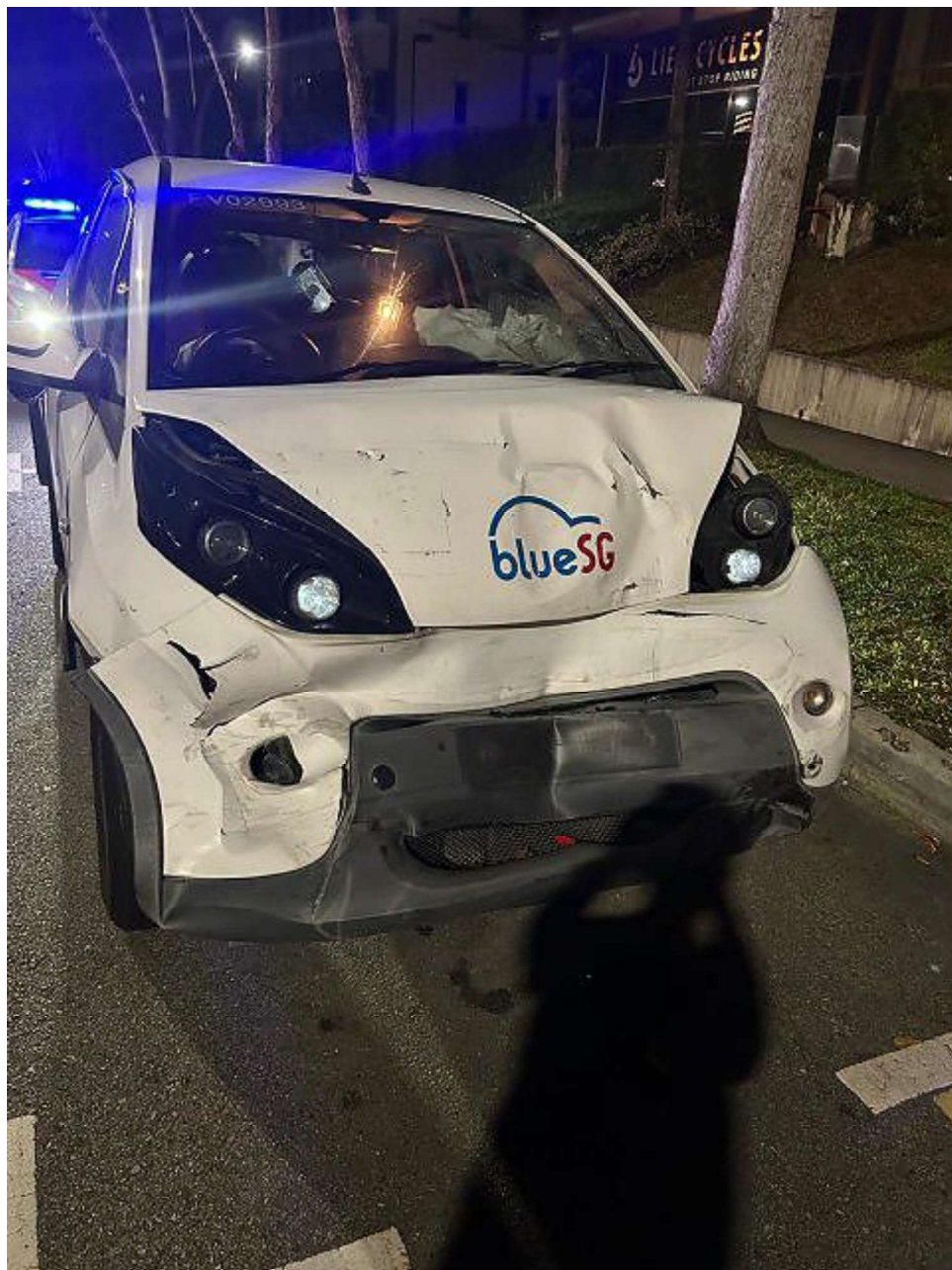


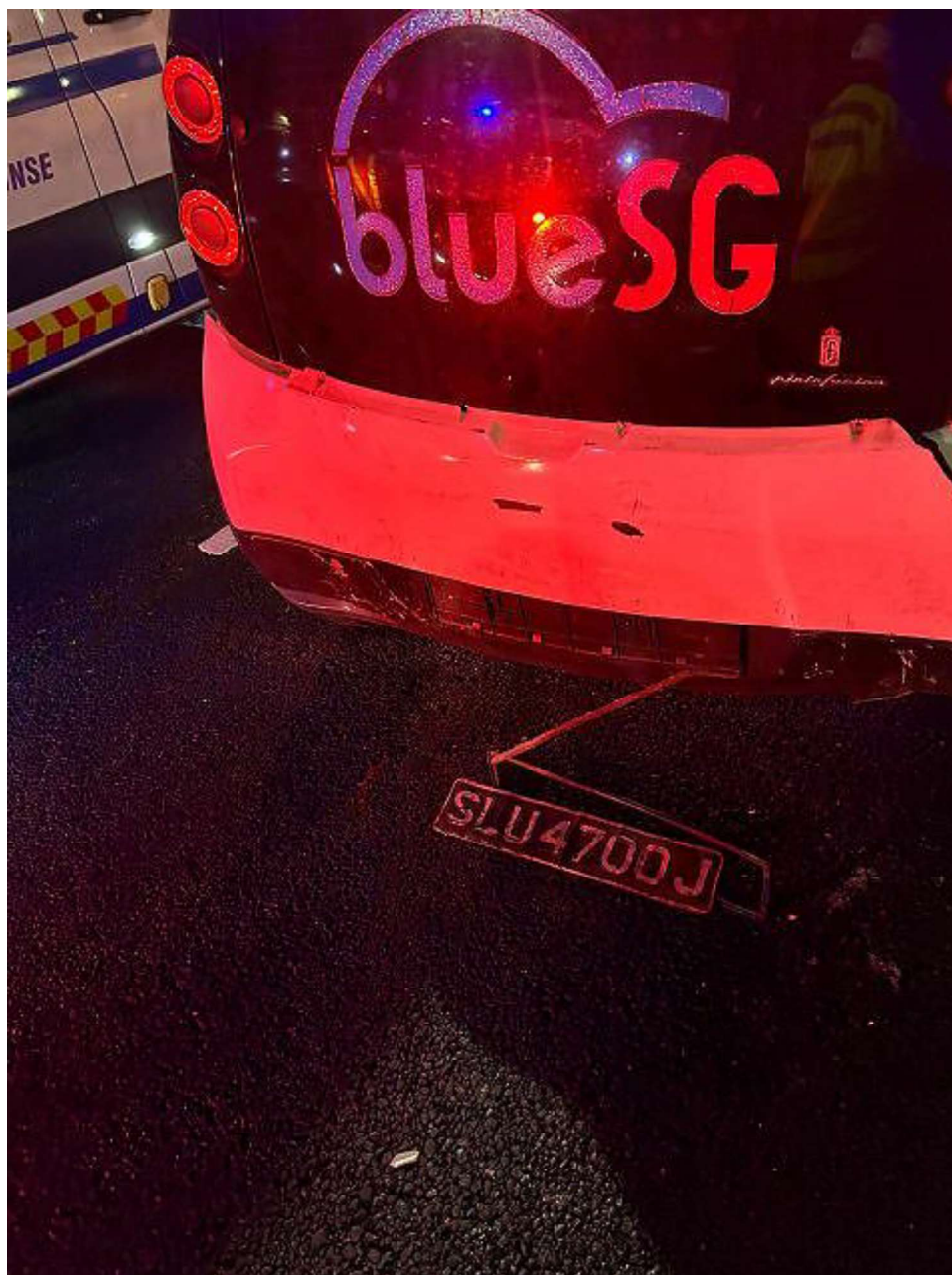




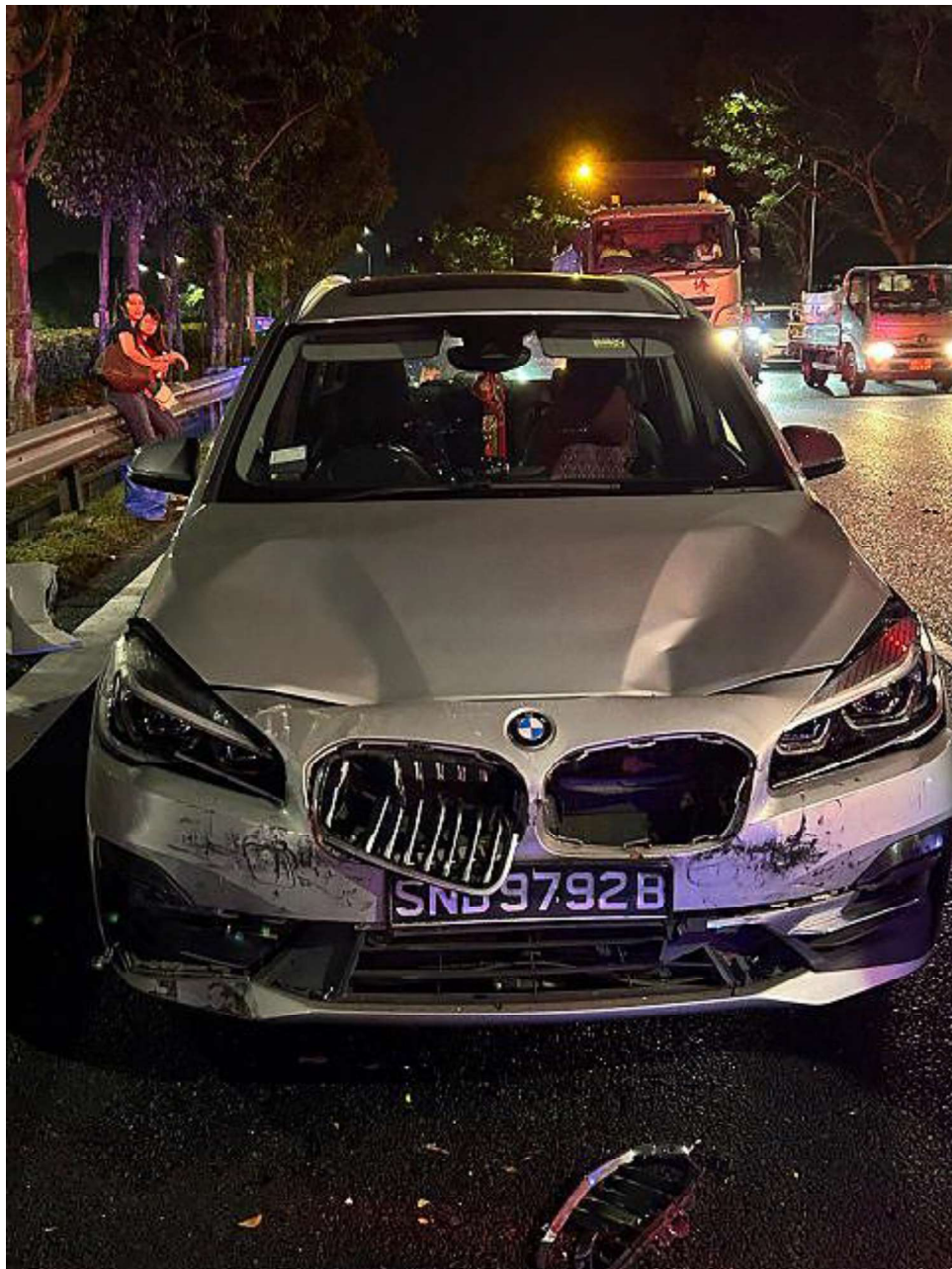













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**EQ Insurance Company Limited**  
 77 Robinson Road #12-01 Robinson 77 Singapore 068896  
 tel (65) 6223 9433 | www.eqinsurance.com.sg  
 reg no. 1978-00490-N



**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

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**PRIVATE CAR**  
Comprehensive Classic

**Certificate No. : DMPPHQ24-003109**

1. Index Mark and Registration Number of Vehicles  
SKV6932A
2. Name of Policyholder  
CHONG ENG HOCK
3. Effective Date of the Commencement of Insurance for the purpose of the Act  
29/03/2024
4. Date of Expiry of Insurance  
28/03/2025
5. Person or Classes of persons entitled to drive\*
  - (a) The Policyholder
  - (b) Any other person who is driving on the Policyholder's order or with his permission permission.
6. Limitation as to use\*  
 Use for social, domestic and pleasure purposes and for the Policyholder's business.  
  
 The policy does not cover :  
 (a) use for hire or reward  
 (b) use for racing, pace-making, reliability trials or speed testing  
 (c) use for the carriage of goods (other than samples) in connection with any trade or business  
 (d) use for any purpose in connection with the Motor Trade

\* 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.

\*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 :


Classic Plan - EO Authorised Workshop Only  
 Form: MX2  
 Excess:  
 Insured/Named Driver: S\$500.00  
 Unnamed Drivers: S\$1,000.00  
 YEID Additional S\$3,000.00

EQI Motor Accident  
Hotline

6311 3211



A000468/Jaleen Lim Li Ting  
 Date of Issue : 08/03/2024 17:43

  
 Authorised Signatory  
 EQ Insurance Company Limited

Exp No. : DMPPHQ23-002850