# 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 First Submission 27/09/2024 15:48 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 26/09/2024 16:55 (SGT) Exact Location of Accident Singapore Additional Location Information Bedok North Drive Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Mitsubishi

Vehicle Registration Number SMJ2057S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Cai Wanling NRIC No. SXXXX375F Email Address caiwanling@live.com Mobile Phone No (Phone) +65-90489325 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model ATTRAGE 1.2 CVT Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1193 Vehicle Fuel First Regisration Date Chassis no MMBSTA13AKH001198

Effective Date/Time of Ownership

Name of Insurance Company EQ Insurance Company Ltd Policy Number / Cover Note Number DMPPHQ24-002355

DRIVER

INSURANCE COMPANY

| Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver  | Cai Wanling SXXXX375F 06/05/1985 Indoor 13/09/2004 3 Valid 20 YEARS Female (Phone) +65-90489325 - caiwanling@live.com 62 Upper Changi Road #11-1194 S461062 - Yes - No |
|--|--|
|  |  |
| GENERAL INFORMATION OF THE ACCIDENT  |  |
| Type of Accident<br>Weather Conditions<br>Road Surface   | Collision - Head to Rear<br>Clear<br>Dry   |
| OTHER INFORMATION  |  |
| Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement | No 2 Yes Yes Yes 2 No  |
| Name<br>Gender   | Unknown<br>Female  |
| DETAILS OF POLICE ACTION   |  |
| Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?   | Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No   |
| CIRCUMSTANCES OF ACCIDENT  |  |
|  |  |

# Refer to attached

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

File with TP

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

| Vehicle Registration Number             | FBR2372U   |
|---|------------|
| Vehicle Manufacturer                    | -          |
| Vehicle Model                           | -          |
| Vehicle Variant                         | -          |
| Vehicle Colour                          | -          |
| Vehicle Category                        | Motorcycle |
| Name of Driver                          | <u>-</u>   |
| 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                              | Unknown  |
|---|----------|
| Gender  | _        |
| Phone No  | _        |
| Address   | -        |
| Address Complement                                  | -        |
| Post Code   | _        |
| Approximate Age Years Old                           | _        |
| Injuries Sustained                                  | _        |
| Injured person in which vehicle?                    | FBR2372U |
| Were seat belts worn?                               | No       |
| Was this injured conveyed to hospital by ambulance? | Yes      |



# SKETCH PLAN

## IMPORTANT NOTICE

- 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.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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 (Name as in NRIC/ID card)

Sketch Plan

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vJun2022

| Refer to place report. |         |  |        |  |        |
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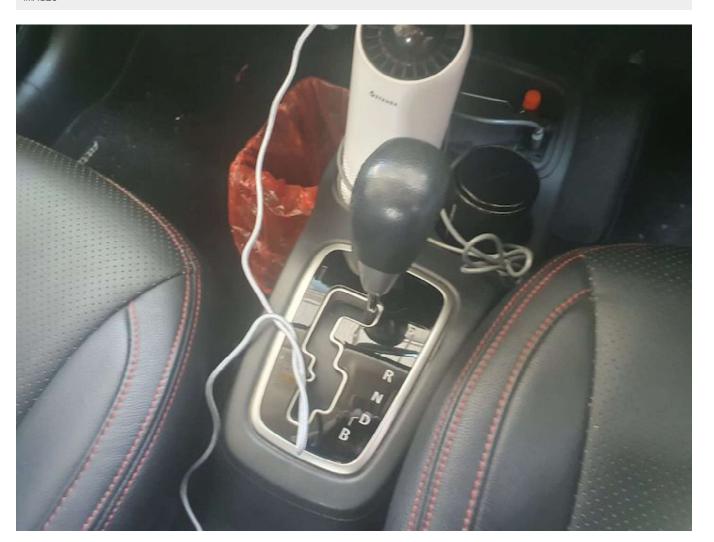
Declaration

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

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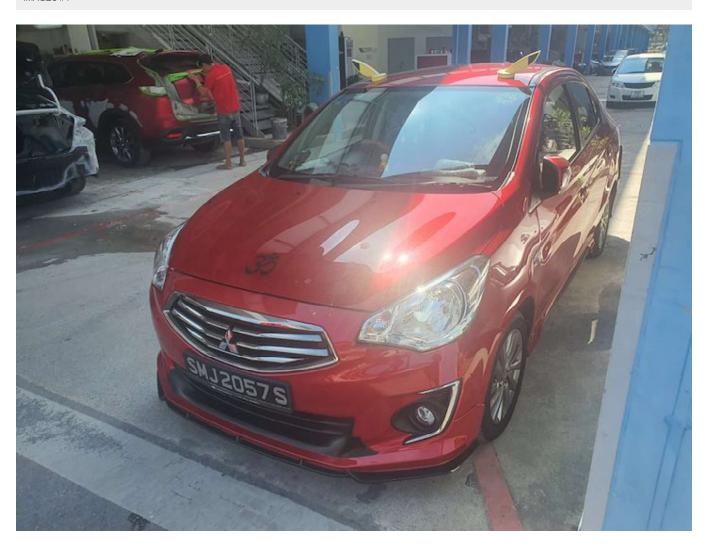
Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022



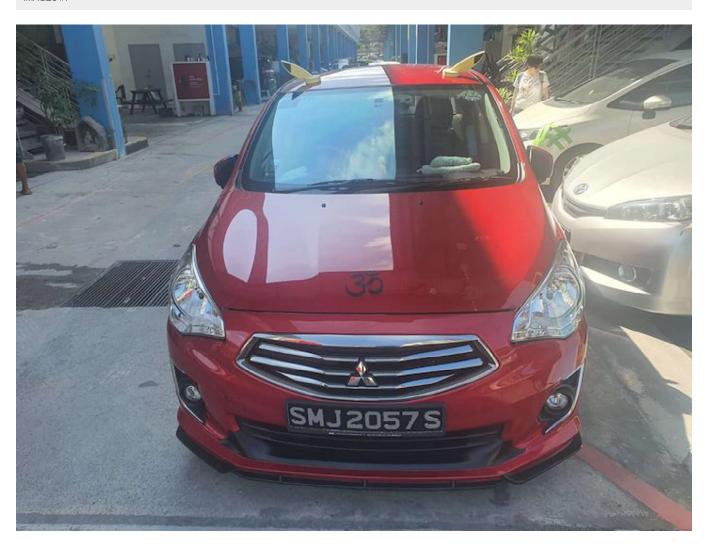


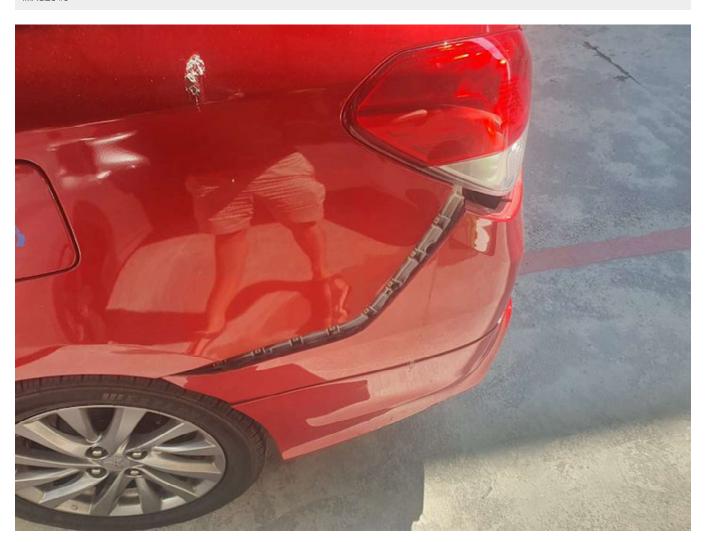






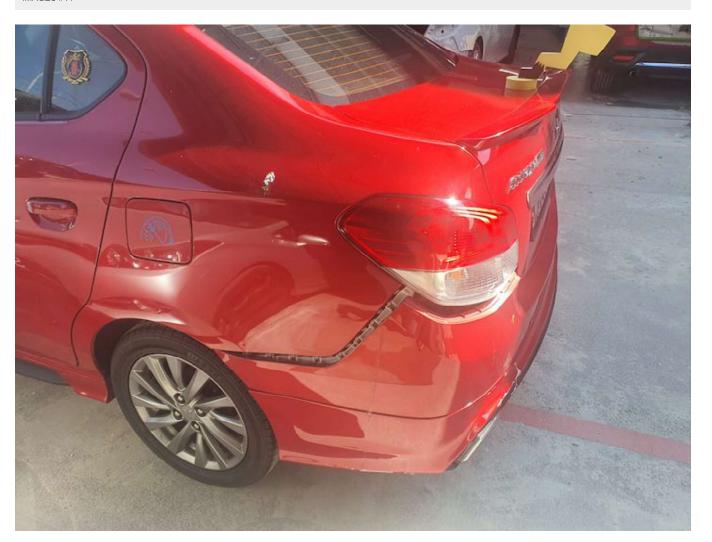




















1 of 3

Report No. T/20240926/7114

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made:<br>26/09/2024 19:40    |                      | de:          | Vide Report No.:<br>G/20240926/0097           | Station Diary No.:            |
|---|----------------------|--------------|---|-------------------------------|
| Informant's                                   | s Particular         | S            |   | € Allering                    |
| Name of Ir<br>wanling ca                      |                      |              | Address:<br>62 NEW UPPER CHANGI F             | OAD #11-1194 SINGAPORE 460090 |
| ID Type / I<br>NRIC NO                        | D No.:<br>/ S8513375 | 5F           | Contact No.:<br>Home/Office: Mobile: 90489325 |                               |
| Nationality<br>SINGAPO                        | :<br>RE CITIZE       | N            | Email:<br>caiwanling@live.com                 |                               |
| Sex:<br>Female                                |                      |              | Type of informant:<br>Driver                  | 103 - A-5 (04905)             |
| Race:<br>Chinese                              |                      |              | Language:<br>English                          |                               |
| Occupation:<br>Business development executive |                      | nt executive | Driving Licence Information:<br>Class;        | Date of Expiry:               |

|  |                              |                                    | MICE - 100 March - | Territoria con Carro de Islam colonia SVA |
|--|------------------------------|------------------------------------|--|---|
| eneral Information                     | of the Accident              |                                    |  |   |
| Type of Accident:                      | Injury<br>Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>26/09/2024 16:55   | Type of Location:<br>Bend                 |
| ocation:                               |                              |                                    |  |   |
| BEDOK NORTH D Weather: Clear           | RIVE                         | Road Surface:                      |  |   |
|  |                              | Dry                                | 1000   | ffic Volume:                              |
| 1.771117.77117.111                     |                              | Traffic Control:<br>Not Controlled | 1900   |   |
| Type of Collision:<br>Between Moving V | 'ehicles - Head To Rea       | r                                  |  | one conveyed by bulance:                  |

| Vehicle No. | Туре       | Make       | Model       | Color  | Condition | No of Passenger |
|-------------|------------|------------|-------------|--------|-----------|-----------------|
| FBR2372U    | Motorcycle |            |             | Yellow |           | 0               |
| SMJ2057S    | Motor car  | MITSUBISHI | ATTRAGE 1.2 | Red    |           | 0               |

| Vehicle No. | Insurance Company         | Insurance No    | Effective Date | Expiry Date |
|-------------|---------------------------|-----------------|----------------|-------------|
| SMJ2057S    | EQ INSURANCE COMPANY LTD. | DMPPHQ24-002355 | 26/02/2024     | 25/02/2025  |







Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20240926/7114

Report No. T/20240926/7114

#### CONTINUATION OF REPORT

| Any Pedestrian Inv | Johnson No.                             |             | The of the same of the con-         | Service Comments   | Director only a system and the personnel of the |  |
|--------------------|---|-------------|-------------------------------------|--|---|--|
| No. of Pedestrians |   | Use of Pede | estrian (                           | Crossin  | n: NA   |  |
| Rider              | s injured. Nic                          | OSE OFF EUR | econoli v                           | esteros (  |   |  |
| Name               | Unknown Rider                           |             | ID No.                              |  | NIL   |  |
| riamo              | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) |             |                                     |  | 100   |  |
| Related Vehicle    | FBR2372U (Motorcycle)                   |             | Contact No.                         |  | NIL   |  |
| Hospital/Clinic    | NIL                                     |             | Class<br>Drivin<br>Licent<br>Expiry | g  | Class: NIL<br>Date of Expiry: NIL               |  |
| Date Treatment     | NIL Date Disc                           |             | charge NIL                          |  |   |  |
| No. of Days grante | ted Medical Leave (MC) NIL Degree of    |             |                                     | AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM |   |  |
| Driver             |   |             |                                     |  |   |  |
| Name               | WANLING CAI                             |             | ID No                               |  | S8513375F                                       |  |
| Related Vehicle    | SMJ2057S (Motor car)                    |             | Contact No.                         |  | 90489325  |  |
| Hospital/Clinic    | NIL                                     |             | Class<br>Drivin<br>Licen<br>Expin   | g  | Class: NIL<br>Date of Expiry: NIL               |  |
| Date Treatment     | NIL                                     | Date Disch  | narge                               | NIL  |   |  |
| No. of Days grant  | ed Medical Leave (MC) NIL               | Degree of   | Injury                              | NIL  |   |  |

#### Brief Details

On 26/09/2024 at about 1655hrs, I was driving my vehicle bearing registration number: SMJ2057S along Bedok North Ave 1 slip road towards New Upper Changi Road. I was driving on the left most lane of a 2 lane road and moving forward slowly and suddenly, I heard a loud bang at the rear of my vehicle. I immediately stopped my vehicle and saw that one motorbike bearing registration plate number: FBR2372U had collided into the rear of my vehicle. Thus, I immediately called for police and ambulance. I observed that the rider sustained pain on her left shoulder. No further injuries was observed on the rider and I was not injured. I also observed that my vehicle sustained a crack on the left and bottom rear bumper. The rider was then conveyed by ambulance to hospital for further medical treatment. I wish to state that my vehicle has in-car camera and the SD card was handed over to Traffic police and they advised me to lodge this traffic accident report under TP IO Khairie





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20240926/7114

CONTINUATION OF REPORT

| Signature Of Officer Recording The Report:<br>Not applicable   | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
|--|---|
| Signature Of Interpreter:<br>Not applicable  | Date/Time: 26/09/2024 19:40   |
| Officer In Charge Of Case:<br>TP / TPIB /<br>MUHAMMAD KHAIRI SUFRIE BIN SUHAIMI<br>Contact No.: 96207105 | Classification Of Case:   |
| NP168  |   |

EQ Insurance Company Limited 77 Robinson Road #12-01 Robinson 77 Singapore 068896 tel (65) 6223 9433 | www.eqinsurance.com.sg

# 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

## PRIVATE CAR Comprehensive Classic

Certificate No.: DMPPHQ24-002355

Classic Plan - EQ authorized workshop only Form: MX2 Excess:

1. Index Mark and Registration Number of Vehicles SMJ2057S

EQI Motor Accident

Hotline

6311 3211

2. Name of Policyholder

CAI WANLING

reg no. 1978-00490-N

3. Effective Date of the Commencement of Insurance for the purpose of the Act 26/02/2024

4. Date of Expiry of Insurance

25/02/2025

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.

\* 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\*

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

\*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.

IWE 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: Maybank

A000501/ACIA Insurance Agency Date of Issue: 20/02/2024 12:01

Authorised Signatory EQ Insurance Company Limited

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.