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.

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 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 31/07/2024 16:52 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 31/07/2024 08:17 (SGT) Exact Location of Accident 6D La Salle St, Singapore 456960 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Vehicle Registration Number SKK633K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ANG LI POH NRIC No SXXXX632J Email Address LIPOHANG7@GMAIL.COM Mobile Phone No (Phone) +65-83213630 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mini Model One 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?

Vehicle Category Private car Transmission Auto CC 1499

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Policy Number / Cover Note Number

DRIVER

Name of Driver ANG LI POH NRIC No SXXXX632J Date Of Birth 20/05/1962 Occupation Indoor

| Driving Pass Date | 12/10/1982 |
|--|------------------------------|
| Driving experience | 41 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-83213630 |
| Alt. Phone Number | - |
| Email Address | LIPOHANG7@GMAIL.COM |
| Address | 630 UPP THOMSON RD |
| Address complement | #02-69 |
| Postcode | 787132 |
| 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 | Collided into Parked Vehicle |
| Weather Conditions | Clear |
| Road Surface | Dry |
| | • |
| OTHER INFORMATION | |
| Management for a single control of the second of the secon | |
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? | - Van |
| Number of Passengers (Including Driver) | Yes 0 |
| Has the driver been approached by unknown person(s) | U |
| 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 | - |
| | |
| DETAILS OF POLICE ACTION | |
| We also a self-ant managed at the mall and | |
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |
| OLDOUMOTANOSO OF ACCIDENT | |
| CIRCUMSTANCES OF ACCIDENT | |
| REFER TO ATTACH | |
| 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 | GBE743P |
| Vehicle Manufacturer | |
| Vehicle Model | _ |
| Vehicle Variant | _ |
| Vehicle Colour | <u>-</u> |
| 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) | | _ |



SKETCH PLAN

IMPORTANT NOTICE

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- 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 ladgement 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"

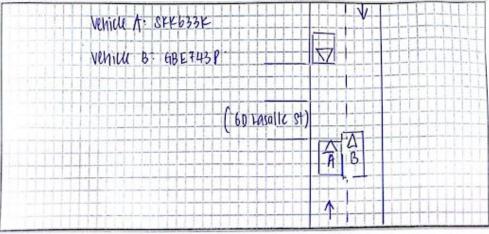
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

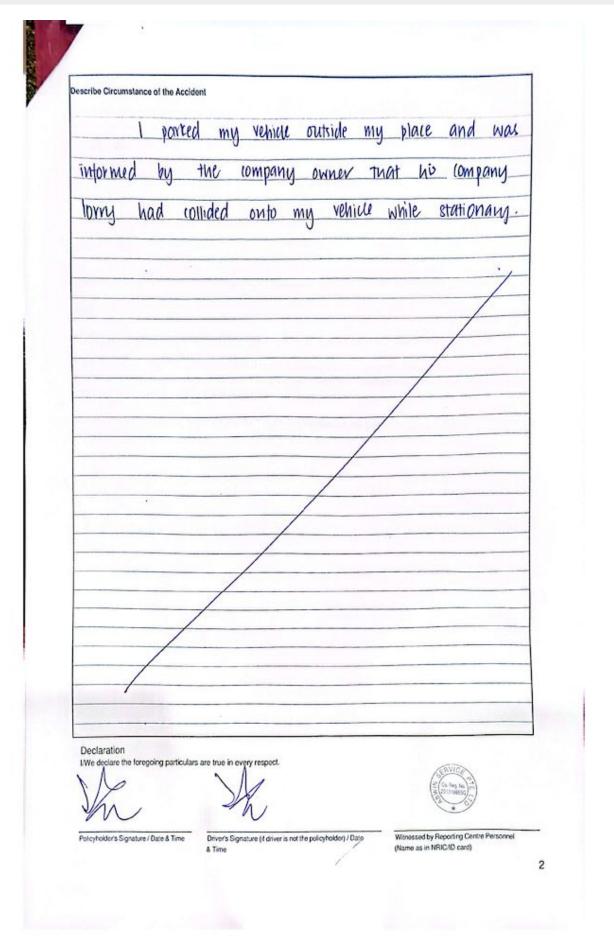
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC1D card)

Sketch Plan



CS CamScanner







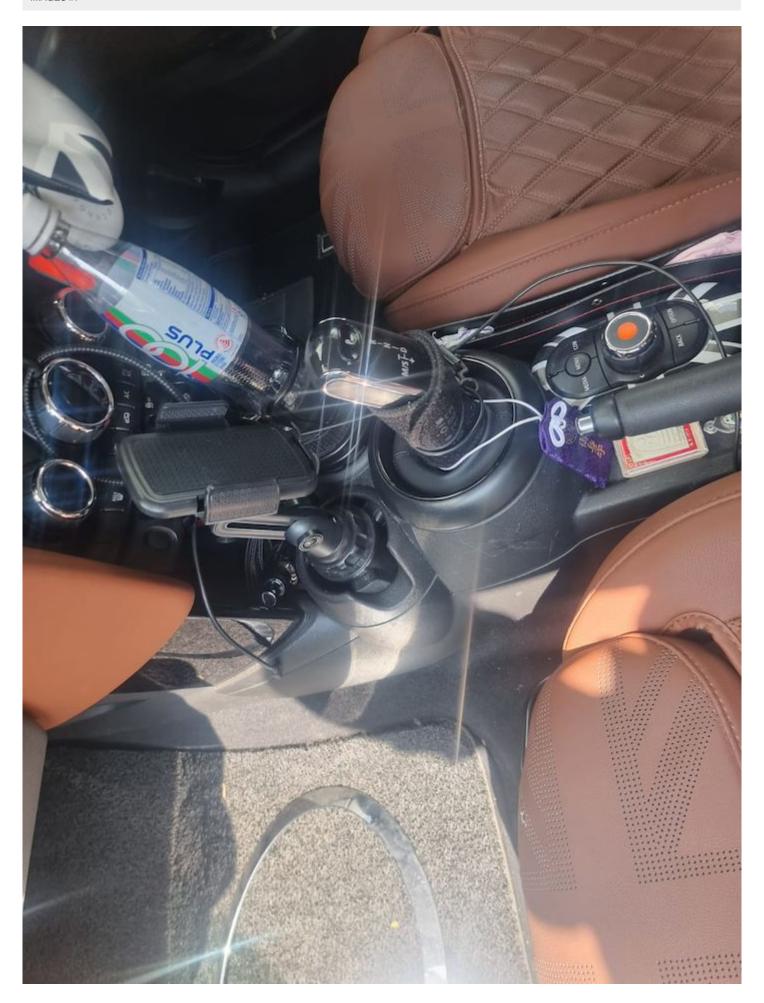
















EQ Insurance Company Limited

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



Comprehensive Plan - Any Workshop

EQI Motor Accident

Hotline

6311 3211

\$\$1,500,00

S\$3,000.00

Form: MX2 Excess:

YEID

Insured/Named Driver: Unnamed Drivers:

Additional:

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 Premier

Certificate No.: DMPPHQ23-010137

1. Index Mark and Registration Number of Vehicles

SKK633K

2. Name of Policyholder

ANG LI POH

 Effective Date of the Commencement of Insurance for the purpose of the Act 26/11/2023

4. Date of Expiry of Insurance

25/11/2024

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.

permission.

* Provided that the person driving is permitted in accordance with the licensing or other l

* 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.

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: Hong Leong Finance Ltd

A000033/RP Insurance Agencies Pte Ltd Date of Issue: 26/10/2023 16:20

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMPPHQ22-009043

A Member of Citystate