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SINGAPORE ACCIDENT STATEMENT

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 Authorised 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 ability.
- 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.
- Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of 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

4.46年,1917年,	ACCIDENT STATEMENT
Date Of Report	26/12/2017 16:04
Date Of Accident	22/12/2017 14:00
Exact Location Of Accident	PASIR RIS DRIVE 3 TOWARDS PASIR RIS RISE
Country/State of Loss	SINGAPORE
TO SELECT AND ASSESSMENT OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC6834G
Insured/Policyholder	
Name Of Registered Owner	PRIMA SEAL WATERROOFING PTE LTD
Co Reg No	201531909C
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96796910
Alternative Phone No	OFFICE-96796910
Vehicle Particulars	
Manufacturer	NISSAN
Model	VAN
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCHQ17-006450
Cover Note Number	
Driver	

Name of Driver ANG TONG YONG NRIC No S2553765C Date Of Birth 16/06/1958 Occupation OUTDOOR Date Of Driving Pass 06/11/1978

Driving Experience 39 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96796910

Fax Number

Contact Number OTHERS-96796910

EMail Address HANCARREPAIRS@GMAIL.COM Address

BLK 14B LORONG 7 TOA PAYOH

#10-245

Postcode

312014

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

NO

NO

2

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO NO

NO

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20171222/2112

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

SKETCH PLAN

VEHICLE NO: GBC 6834G

INTPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process:
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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.
- Any false reporting may be referred to the Police for investigation.
- 8. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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) w ho 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 discussure 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.

PLEASE NOTE YOUR INSURER MAY HAVE A 14DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's egnature Date &

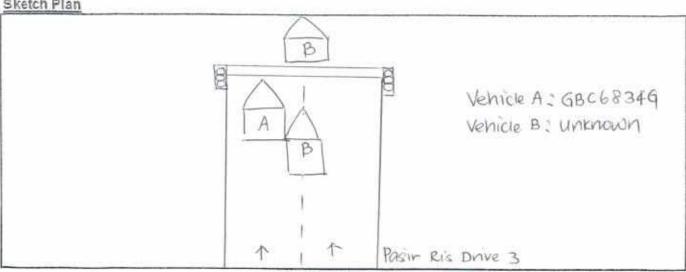
2015319090

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

Witnessed by Reporting Centre

Personnel

Sketch Plan



Describe Circumstances of the Accident stapping. On the scene there is a police report and the police officer given me a No. J/20171222/00+4 GRC 6834G Hehide B: Unkawan POLICE REGOR

Declaration

VVVe declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &

F 1 MIRE PARTE

£

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

n 26/12/2017

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 3 Report No. T/20171222/2112

REPORT OF A TRA	AFFIC	ACCIDENT
-----------------	-------	----------

Date/Time Report Made: 22/12/2017 17:12		Made:	Vide Report No.:	Station Diary No.:	
Informant's Particulars			VIIII CONTRACTOR OF THE PARTY O		
Name o	of Informant ONG YONG		Address: APT BLK 14B LORONG 7 TO 312014	DA PAYOH #10-245 SINGAPORE	
	/ ID No.: O / S25537	65C	Contact No.:		
National SINGAR	lity: PORE CITIZ	EN	Email: Mobile: 96796910		
Sex: Male	Age: 59	Date of Birth: 16/06/1958	Type of Informant:		
Race: Chinese Occupation: Electrician			Language:	Institution / School Name:	
		125	Driving Licence Information: Class: 3C	Date of Expiry:	

General Inform	nation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/12/2017 00:00	Type of Location Straight Road
Location: Along Road 1 PASIR RIS DI Towards Pasir Lamp Post Nu Weather: Clear	Ris rise nearby dowr	Road Surface:	30.00	Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
		Traffic Light - Wo	rking	Moderate
Type of Collisi Between Movi	on: ng Vehicles - Head To	Rear		Anyone conveyed by ambulance:

Vehicle No.		and the second second	ROS NO		TO THE RESIDENCE OF THE PARTY O	
	7.7	Make	Model	Color	Condition	No of Passenger
GBC6834G	Van				Slightly Damaged	0





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

2 of 3 Report No. T/20171222/2112

CONTINUATION OF REPORT

Brief Details.

On the 22/12/2017 at about 1400hrs, while I was travelling along Pasir Ris Drive 3 towards Pasir Ris Rise in my vehicle (GBC6834G), and I had stopped at the traffic light as it was green. I had stopped on the left lane and the road was a two lane two way.

While I was waiting at the traffic light as it was red, suddenly, a white colored vehicle and hit my car from the right lane and had beaten the red traffic light and did not stop. I was not injured and Police had attended to me, but however, I did not managed to get a correct report number. I then was advised to lodge this report and also for my vehicle's insurance claim.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. T/20171222/2112

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 MOHAMAD FARHAN BIN MOHAMED	78
Signature Of Interpreter:	Data Ti
Not applicable	Date/Time: 22/12/2017 17:12
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt LIM WOON TIONG Contact No.: 654764185	Classification Of Case:
uthentication Stamp	
Authentication Stamp	(1€)

Personal Particulars

Date of Accident: 22 /12 /2017 (dd/mm/yy)	Time of Accident: 14	· OL MADE	
Vehicle No.: GBC 68346 Vehicle Make / Mi	odel: Niesos	(24 1118)	22
Exact location of Accident: Pasir Ris Drive	3 toward Bair Ris Ris	e neinthu alair	anteron and
Owner's Name / ICNo.: Prima Scal wat	terprosting Ple Ital : /	2-15-0	ALIGORI COST.
- DILVER I Name / ICNO: : Ang Tong Young	I/c No 53553 #13/	201531409C	u ž
Driver's Contact No.: 96796910 - Insurance	cs Company & Policy No. :	7 -	
Driver's B-mail address: Mancarrepa	113 agmail com		* §
Relationship between Owner & Driver, Spouse/ Children	ren / Friend/ Perents / Others medito	53	(35)
What do you wish to claim? (Please circle one only)			2
(1)Own Insurance/(2)Other Vehicle (The one you war	it to claim against//3) Reporting (Re	- Dancad D	
Erzet purpose for which the vehicle was being used	lat time of accidents on	r Receita Furpose)	
Private use/ Work purpose	· · · · · · · · · · · · · · · · · · ·	ns only)	
Weather condition & Road conditions?		# 3	58.
Clear & Dry/Raining & Wet / After-Rain & Wet	(Data)	# ₁ = 2	12
Occupation	/ Dizzing & Wet	. · · · · · · · · · · · · · · · · · · ·	
Indoor (Outdoor			×
	N 5 2		×
Any Injuries? (MC of 3 days or more, police report i		* 9 * 2	
Yes No If Yes, which police station? Queen	stown N.P.C.		
The Other Party (Vehicle B) Details:	G (88)	* 9	1
Driver's Name / IC No. :	Vehicle No.: Unknow	n	୍ରଣ୍ଡି
Insurance Company:	Driver's Contact No:	114	9
(If more than 2 vehicles involved, please indicate the			
Other (Vehicle C) Involved:	orner berra actions named a pelom)	k	* 6
Independent Witness (If Any):	Contact No:		
Preferred workshop Name (If Any):	3 1		
*If no proper documents are produced, IDAC should not file the report. Inform	sation will be discarded after one week		

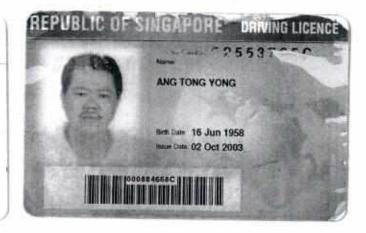
REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2553765C



ANG TONG YONG

洪 忠 荣

Haasi
CHINESE
Date of birth Sex
16-06-1958 M
Country of birth
MALAYSIA







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

Certificate No.: DMCPHQ17-006450

Form: LCVP1

Index Mark and Registration Number of Vehicles

Excess: Section 1

SGD500.00

GBC68346

YEID-AC Additional SGD3,000.00

 Name of Policyholder PRIMA SEAL WATERPROOFING PTE LTD

- Effective Date of the Commencement of Insurance for the purpose of the Act 08/11/2017
- Date of Expiry of Insurance 07/11/2018
- 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 regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a 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. Limitations 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.

HP: Hitachi Capital Asia Pacific Pte Ltd unwsbh/HO/A000390/Carville Insurance A

A Mombor of Citystate

Authorised Signatory EQ Insurance Company Limited