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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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 aforesaid

	aforesaid.	
		ACCIDENT STATEMENT
	Date Of Report	20/12/2017 14:57
	Date Of Accident	20/12/2017 12:20
	Exact Location Of Accident	BUKIT TIMAH TOWARDS DUNEARN ROAD
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	GBA9631R
	Insured/Policyholder	
	Name Of Registered Owner	HOW HUAI HOON SURVEYORS
	Co Reg No	47177400J
	Email Address	KATHERINE@HHHSURVEYORS.COM.SG
	Mobile Phone No	
	Alternative Phone No	OFFICE-62931566
	Vehicle Particulars	
	Manufacturer	SSANGYONG
	Model	ACTYON SPORTS D/CAB 2.0 MT ABS A/BAG 2WD
	Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
	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	THIRD PARTY
	Fleet Policy	NO
	Policy Number	DMCPHQ17-002334
	Cover Note Number	
	Driver	
	Name of Driver	SALLIM BIN SUNGIP
	NRIC No	S0384786A

NRIC No S0384786A

Date Of Birth 09/07/1946

Occupation OUTDOOR

Date Of Driving Pass 17/11/1981

Driving Experience 36 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-93427413

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 706 BEDOK NORTH ROAD

#04-3424

Postcode 470706

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 Registration Number of Briver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

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Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : ABDUL LINGAT BIN BAKAR

GENDER: : MALE

Passenger 2 NAME: : SENGNGARI

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

On 20/12/2017 at about 1220hrs, the front vehicle (B: SDK8584K) was stopped the junction of Dunrean Road check on coming traffic, I can't stop in time hit onto the front vehicle's rear portion. Nobody was injured in the scene.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDK8589K

Vehicle Make/Model/Colour OPEL

Details Of Properties VEHICLE

Vehicle Category PRIVATE CAR

Name of Driver CHEONG SIAH CHONG

NRIC/Passport Number S2180791E Contact Number 91472999

Address Postcode Insurance Company Name Nature Of Damage

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 Police for investigation.
- 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

NOW MUAL POOP SERVEYORS
Registered Professional Lana Suveyors
155-A Tyrwhitt Road
Qinan Building

Singapore 207568 Tel: 62931566 Fax: 62970779

Policyholder's Signa Date & Time: Driver's Signature

(If driver is not the policyholder)

SALLIM.

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

20 BC 7017

GIARMC SketchPlanForm_V3

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Sketch Plan Pg. 2

SKETCH PLAN Dune DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Dala + Q1 4 Ctr. An had

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REFLY TO VITA STATE MIN
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DECLARATION

JOW HUAL HOON SURVEYORS

JOW HUAL HOON SURVEYORS

We declare the foregoing particulars are true in every respect.

155-A Tyrwhitt Ross

Quan Building
Singapore 297508

Tel: 62931565 Fax: 62979779

Policyholders Signafure

Policyholders Signafure

Driver's Signature

(If driver is not the policyholders)

Date & Time:

GIARMC SketchPlanForm_V3

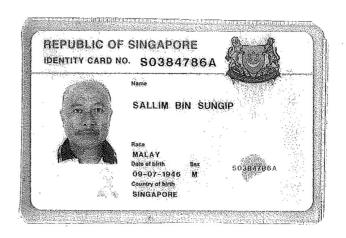
(If driver is not the policyholder) Date & Time:

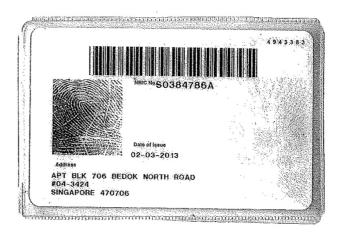
20 (40 2017

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

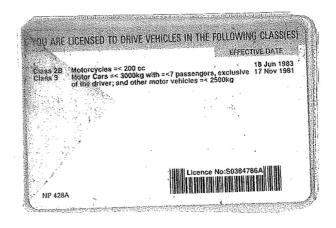
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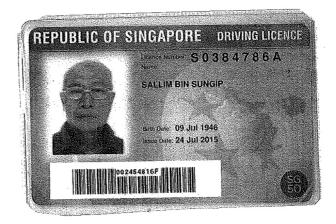






NOW HUAL HOOM SURVEYORS
Registered Professional Land Surveyors
155-A Tyrochitt Road
Qian fluiding
Shingapare 207508
Tel ± 62931566 Pax ± 63970779
email: Innertoknamenous ge





ACCIDENT & BREAKDOWN ASSISTANCE 24 HOURS HOTLINE 9663 7331

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) Third Party Only

Certificate No.: DMCPHQ17-002334

Form: LCVP1

1. Index Mark and Registration Number of Vehicles

Excess: Section 1:

YEID:

Additional S

S\$0.00

S\$3,000.00 All Claims

GBA9631R

HOW HUAI HOON SURVEYORS

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 25/04/2017
- 4. Date of Expiry of Insurance

24/04/2018

5. Person or Classes of persons entitled to drive*

Goods Carrying - (MZ300) Authorised Driver. Any of the following:-

(a) The Policyholder

2. Name of Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

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- * 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*
 - 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:

A000342/Abwin Pte Ltd Date of Issue : 24/04/2017 16:53

Authorised Signatory
EQ Insurance Company Limited



















