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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	19/01/2018 13:26
Date Of Accident	18/01/2018 19:10
Exact Location Of Accident	VERDE VIEW
Country/State of Loss	SINGAPORE
to the same of the same of the same of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB9979H
Insured/Policyholder	
Name Of Registered Owner	SIVANESAN S/O SUBRAMANIAM
NRIC No	S8714620J
Email Address	SIVANESAN.SUBRA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81335747
Alternative Phone No	OTHERS-81335747
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	ZX1400J
Exact Purpose for which vehicle was being used time of accident	at PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMMPHQ17-000400
Cover Note Number	
Driver	
Name of Driver	SIVANESAN S/O SUBRAMANIAM
NRIC No	S8714620J
Date Of Birth	21/05/1987
Occupation	INDOOR

INDOOR Occupation 14/09/2007 Date Of Driving Pass

10 YEARS AND 4 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-81335747 Mobile Number

Fax Number

OTHERS-81335747 Contact Number

SIVANESAN.SUBRA@GMAIL.COM EMail Address

BLK 809 WOODLANDS ST 81 Address

#08-177

1

NO

730809 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

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 NO

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SGX3055M Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

KENNY GOH WEIXIANG Name of Driver

S9123248J NRIC/Passport Number 92204499 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

ACCIO	DENT DATE: 1 18/01/20	18 1(DD/WWYYYY),	TIME:((MM:MM)	* 9 a
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¥7	b)INSURANCE COMPANY:				3
	DIPOLICY TYPE: (COMPRE				•
	e)MAKE & MODEL! ()TYPE: (SALOON / COUPE g) VEHICLE CATEGORY: (PI h) PURPOSE OF USING AT A	SIAVIE / COWWERCIV	/ MOTORCYCLE L / MOTORCYC	(/ OTHERS)	ě
	I) ARE YOU CLAIMING UND IF NO, PLEASE STATE (THI	DER YOUR OWN INSUR	ANCE (YES/NO)	14	
2.	INSURED / POLICY HOLDE	R CHANTI COMMINITION		/ FEMALE(
73	A)NAME:		_CONTACT:		
	c)ADDRESS:				
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(Including driver)	a)NAME:	•	(MALE	FEMALE)	147
(7)	b) NRIC/FIN/PASSPORT!_ c) ADDRESS:				¥ (8
(1.41) (1.41)	d) DATE OF BIRTH: (/	MM/YYYY)	: ,	10
10	POCCUPATION: INDOC	ASS	ENIC COMPANY	2 (YES / (NO))	OWNER
4.	WAS DRIVER AN EMPLO	OF THE DRIVER WIT	H INSURED:	170	<u>.</u>
	p) WEATHER CONDITION b) ROAD SURFACE: (DRY	/ WEI / OTHERS	Olueks		٠
. 7	WAS ANYBODY INJURED	(YES /NO)		10 EQ	_*
, 8	IF YES, PLEASE STATE W. THIRD PARTY VEHICLE	HICH POLICE STATION		P. C.	90
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email = sivanesan. subra @ gmail. conj fax = VIDEO Soumotor @ hotmail-com

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - 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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

KETCH PLAN					
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was parked startione	y & thereader u	uter he moo	ed out de	ally to	chac
ECLARATION We declare the foregoing particul	lars are true in every respect.				19/1/20

GIARME Skershillshifterin VS

Date & Time:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8714620J





SIVANESAN S/O SUBRAMANIAM

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INDIAN

21-05-1987

Country/Place of birth SINGAPORE



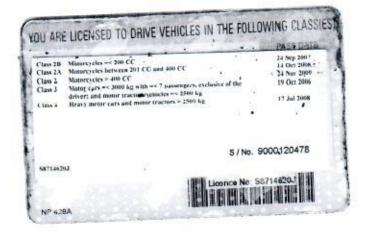


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Date of Issue 25-05-2017

APT BLK 809 WOODLANDS STREET 81 #08-177 SINGAPORE 730809



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

MOTORCYCLE Comprehensive

Certificate No.: DMMPHQ17-000400

Form: MY1 Excess: S\$1000.00

1. Index Mark and Registration Number of Vehicles

FBB9979H

2. Name of Policyholder SIVANESAN S/O SUBRAMANIAM

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 29/06/2017
- 4. Date of Expiry of Insurance 28/06/2018
- 5. Person or Classes of persons entitled to drive*

Restricted to Named Drivers Only

- The Policyholder / Insured
- * 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 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*

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

THE POLICY DOES NOT COVER:

- (1) Use for hire or reward
- (2) Use for racing pace-making reliability trial or speed-testing
- (3) Use for the carriage of goods (other than samples) in connection with any trade or business
- (4) 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: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD

A000298/Tong Hin Insurance Agency Pte Ltd Date of Issue: 28/06/2017 17:53

Authorised Signatory EQ Insurance Company Limited

