

## 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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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 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 Report	30/01/2018 14:49
Date Of Accident	29/01/2018 17:40
Exact Location Of Accident	YISHUN AVE 7
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ6189H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH HAN CHIN
NRIC No	S7521264Z
Email Address	LOHDESMOND@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96907913
Alternative Phone No	OTHERS-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10030713R00
Cover Note Number	

### Driver

Name of Driver	LOH HAN CHIN
NRIC No	S7521264Z
Date Of Birth	24/07/1975
Occupation	INDOOR
Date Of Driving Pass	22/05/1993
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96907913
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	LOHDESMOND@HOTMAIL.COM

Address	33 KAMPONG EUNOS #04-05
Postcode	417786
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

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?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### 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?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED

#### 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	GW5596K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG HONG LENG
NRIC/Passport Number	S1135467Z
Contact Number	82239475
Address	
Postcode	
Insurance Company Name	EQ INSURANCE COMPANY LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

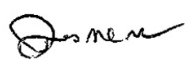
**SKETCH PLAN**

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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.

 30/11/18

Policyholder's Signature  
Date & Time:

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

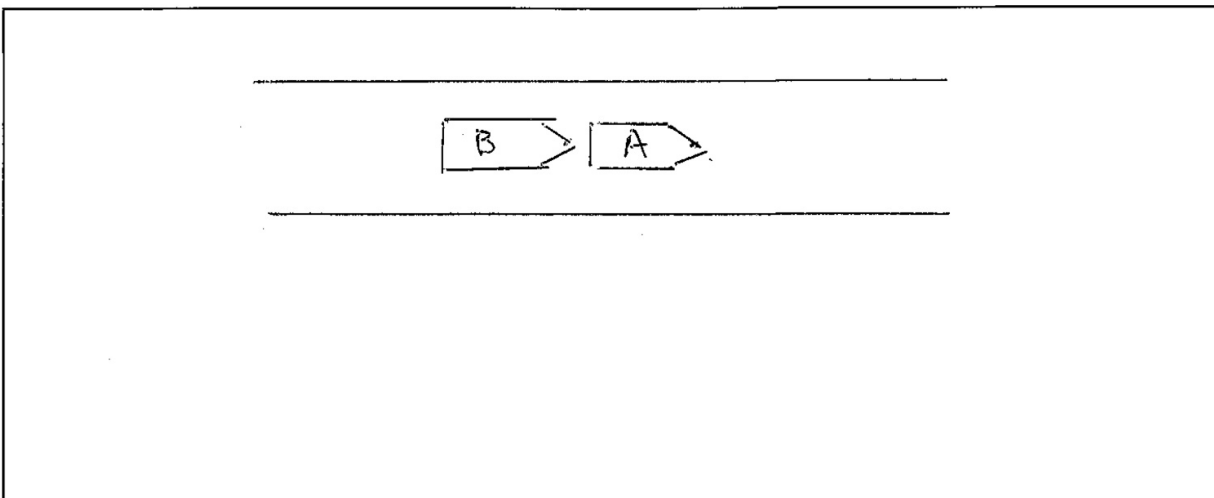


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 2

## SKETCH PLAN

Accident Date: 29/1/18 Time: 1740 Location: Yishun Ave 7  
 My Vehicle A: SK26189M Vehicle B: GW5596K Vehicle C/Others: \_\_\_\_\_



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Car was stationary at the traffic light waiting for it to turn green. However the vehicle B did not stop and bang onto the rear of my car.

( ) Claim OD / TP at Ah Lim Motor ( ) Claim ~~OD~~ / TP at other workshop ( ) Reporting Only

Remarks : Please forward a copy of my efile accident report to

My workshop : LIM TAN MOTOR  
 Email Address : richard@ltm.sg  
 & Myself : lohdesmond@hotmail.com  
 Email Address : \_\_\_\_\_

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## DECLARATION

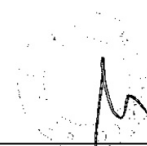
I/We declare the foregoing particulars are true in every respect.

10:11 hrs.  
Demian 30/1/18

Policyholder's Signature  
 Date & Time:

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

Witnessed by Reporting Centre  
 Personnel



# Budget Direct insurance

## Policy Schedule

Comprehensive Car Policy  
Policy Number: P10030713R00

Your Policy Summary, Certificate of Insurance, Policy Schedule and Product Disclosure Document will form an insurance contract with us for your policy. Do let us know straightaway if any of the details shown here need to be amended.

### Period of Insurance

Policy Number : P10030713R00 Policy Issued On : 29/12/2017  
Policy Start Date : 28/01/2018 (00:00) Policy End Date : 27/01/2019 (23:59)

### Cover

Type of Cover : Comprehensive / Named Driver Plan  
Optional Cover(s) : Please refer to Policy Summary for any optional cover(s) selected.

### Excess (All excess amounts are subject to GST, if applicable)

Policy : S\$ 1,500.00

### Additional Excess (All excess amounts are subject to GST, if applicable)

Windscreen : S\$ 100.00  
Named Driver below 25 years old : S\$ 500.00  
Named Driver with less than 2 years' valid driving licence : S\$ 500.00

### Premiums

Gross Premium : S\$ 477.90  
7% GST : S\$ 33.45  
Total Premium Payable : S\$ 511.35

### Policyholder

Name : Loh Han Chin  
Address : 33 Kampong Eunon #04-05 Le Reve Singapore 417786  
Email Address : lohdesmond@hotmail.com  
Mobile Number : 96907913

### Main Driver

Name : Loh Han Chin  
Date of Birth : 24/07/1975  
Gender / Marital Status : Male / Married  
Occupation : Professional  
Certificate of Merit : Yes  
Licence Held For : More than 5 years  
No. of Claims/Accidents (Last 3 Yrs) : 0 At-Fault and 0 Not At-Fault

### Vehicle Insured

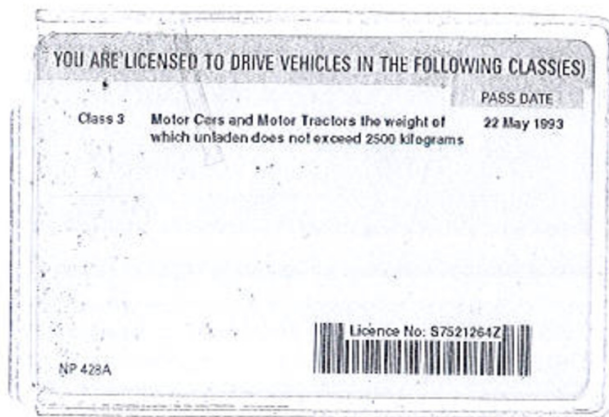
Vehicle Registration Number : SKZ6189H  
Chassis Number : ZSU600068347  
Make & Model : Toyota Harrier 2.0  
Vehicle Colour : Silver  
Year of First Registration : 2016  
Sum Insured : Market Value  
Off-Peak Car : No  
NCD : 50%  
Vehicle Usage : Private and Commuting  
Modifications Declared : None

### Driver Plan

Named Driver Plan. Only drivers named as a Main / Named Driver in the policy will be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

### Named Driver(s)

None



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





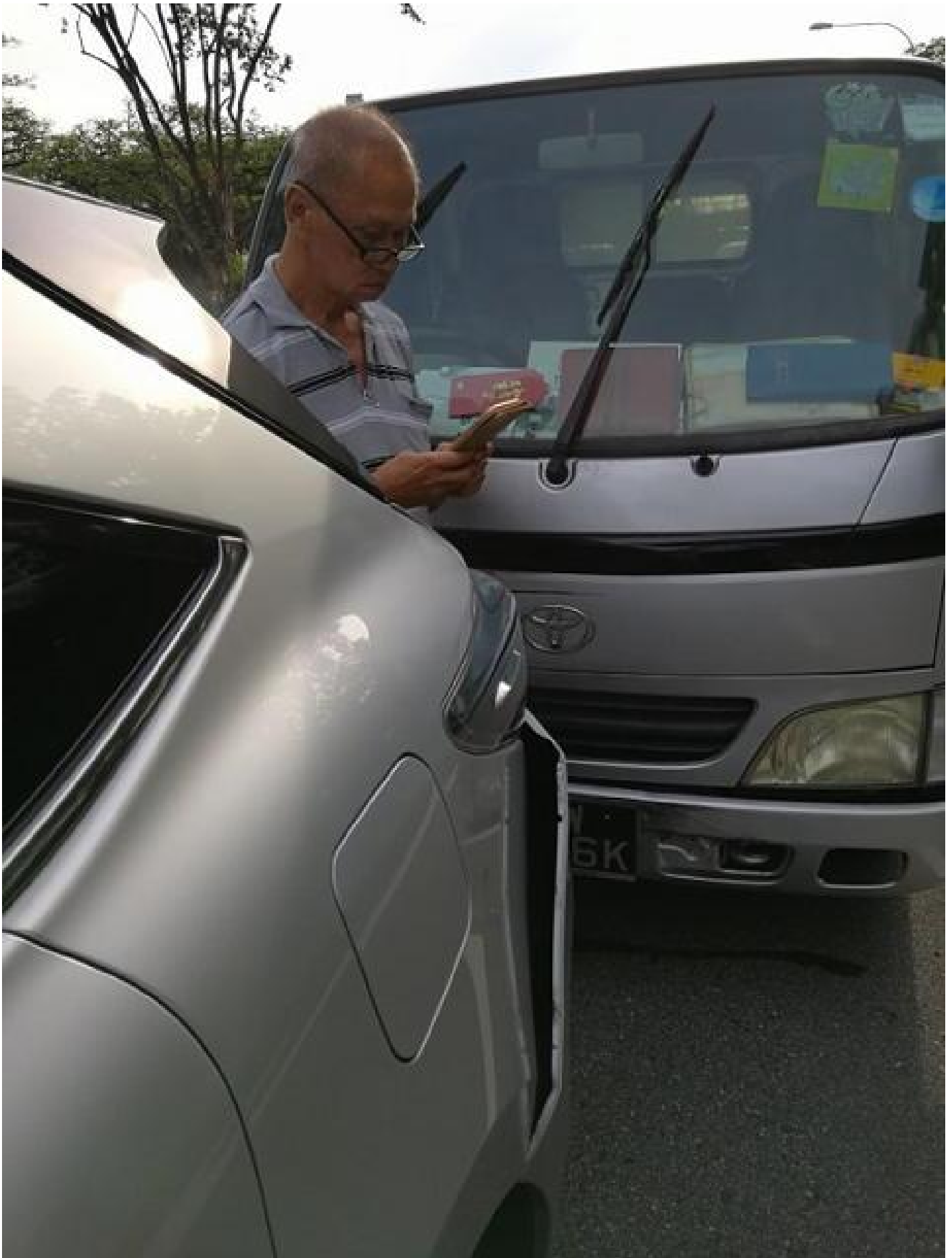
Accident Photo



Accident Photo



Accident Photo





Accident Photo



**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 Fire & Theft****Certificate No. : DMCPHQ17-004649**

Form: LCVP1

Excess:

Section 1:

YEID:

Additional

S\$0.00

S\$3,000.00 - All Claims

**1. Index Mark and Registration Number of Vehicles**

GW5596K

**2. Name of Policyholder**

GALLOPING CONSTRUCTION &amp; RENOVATION

**3. Effective Date of the Commencement of Insurance for the purpose of the Act**

24/08/2017

**4. Date of Expiry of Insurance**

23/08/2018

**5. Person or Classes of persons entitled to drive\***

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

(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 or regulation to that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is

TP Driving License



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 20 Feb 1998



Licence No: S1135467Z

NP 428A