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	Assessment/Sur				
TP Insurer:			o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:			Tel:	Fax:	
TP Particulars: Veh No:		INC (	)/Non-INC( )		
Owner / Driver: (	55,477 .		Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
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# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
  2. This Form must be <u>completed</u> by the Policyholder and/or the Authorised <u>Driver</u>.
  3. Information provided must be as <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to conclude a policy ability. 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

was the state of t	ACCIDENT STATEMENT		
Date Of Report	01/02/2018 11:43		
Date Of Accident	31/01/2018 09:50		
Exact Location Of Accident	JUNC PAYA LEBAR RD & PIE (CHANGI)		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GY5056S		
Insured/Policyholder			
Name Of Registered Owner	SURVEILLANCE NETWORK		
Co Reg No	53105819X		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-89999999		
Vehicle Particulars			
Manufacturer	NISSAN		
Model	URVAN 5DR		
Exact Purpose for which vehicle was being used a time of accident	WORKING		
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	COMMERCIAL VEHICLE		
Insurance Company			
Name of Insurance Company	EQ INSURANCE COMPANY LTD		
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT		
Fleet Policy	NO		
Policy Number	DMCPHQ17-006680		
Cover Note Number			
Driver			
Name of Driver	LIM TOW KET		
NRIC No	S1631277J		
Date Of Birth	19/02/1964		
Occupation	OUTDOOR		
Date Of Driving Pass	13/03/1982		
Driving Experience	35 YEARS AND 10 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-81894168		
Fax Number			
Contact Number	OFFICE-81894168		
EMail Address	NGEMAIL		

BLK 532 BEDOK NORTH STREET 3

Address

#12-730

Postcode

460532

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

CHAIN COLLISION

Weather Conditions

CLEAR DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

3 .

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)

4

### 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG JUNCTION PAYA LEBAR ROAD, OUT OF THE SUDDEN, VEHICLE X WAS ON 3RD LANE TRYING TO FILTER TO 2ND LANE THEN CUT INTO THE PATH OF THE VEHICLE C IN LANE 1 FOR MAKING A U-TURN. VEHICLE C IMMEDIATELY STOPPED. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY HIT ONTO VEHICLE C REAR PORTION. IN A SAME WAY, VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

### 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

GBB8823E

Vehicle Make/Model/Colour

NISSAN SILVER

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

91707603

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 22

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD6439M

Vehicle Make/Model/Colour SMRT TAXI

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number 91803823

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

#### SKETCH PLAN

# 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.
- 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.
- 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:
  - 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.

SURVEILLANCE NETWORK 8 Burn Road, #08-02

TRIVEX
PoBoyling days of length 99977
Date & Time:

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

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN		
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# DECLARATION

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

8 Burn Road, #08-02

Policyholder's Signature Day 10 may 2 169977

Driver's Signature

(If driver is not the policyholder)

Date & Time:

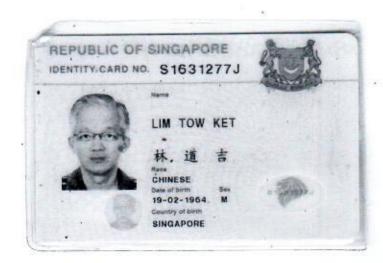
Reporting Centre Personnel's Signature

Name:

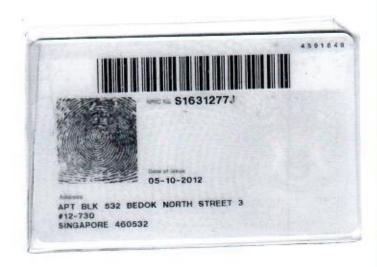
NRIC/FIN No.:

Going Kowards Geyleing road Taming right note PIE Jurong from Payor Lebor road. \* vehicle cuts in to make 4-turn >SWRT TAXI (9180382) SHD 6439 m @9.52 am my vehicle GY 5056 S GBB 8823E NISSAN SILVER (91707603) 31/01/2018









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



\$\$3,000.00

#### 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

Form: LCVP1 Excess:

YEID-AC Additional:

Certificate No.: DMCPHQ17-006680

1. Index Mark and Registration Number of Vehicles

GY5056S

2. Name of Policyholder

SURVEILLANCE NETWORK

3. Effective Date of the Commencement of Insurance for the purpose of the Act 01/12/2017

4. Date of Expiry of Insurance

30/11/2018

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 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.

Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER

Use for hire or reward or for racing pace-making reliability trial or speed testing.

Use whilst drawing a greater number of trailers in all than is permitted by Law.

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: UNITED OVERSEAS BANK LIMITED

A000423/Car Insurance Agency Pte Ltd Date of Issue: 21/11/2017 12:48

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMCPHQ16-005332

A Member of Citystate