

## 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	27/01/2018 15:22
Date Of Accident	26/01/2018 14:45
Exact Location Of Accident	SIN MING WAY NEAR AI TONG PRIMARY SCHOOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW7109X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE HENG RADIATOR TRADING AND REPAIRER
Co Reg No	NA
Email Address	LEEHEENG_RADIATOR@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96336533
Alternative Phone No	OFFICE-64538870

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CN 38733
Cover Note Number	

### Driver

Name of Driver	TAN LI HENG
NRIC No	S0007578G
Date Of Birth	14/09/1952
Occupation	INDOOR
Date Of Driving Pass	13/01/1971
Driving Experience	47 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-96336533
Fax Number	
Contact Number	
EEmail Address	LEEHEENG_RADIATOR@YAHOO.COM.SG

Address	APT BLK 203 BISHAN ST 23 #08-447
Postcode	570203
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE PROPRIETOR OF CO
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

#### 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 SKETCH PLAN

#### 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	SLA4521P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

EQ

Vehicle: GW 7109X

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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.

Policyholder's Signature  
Date & Time:

sole Proprietor

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

27/01/18  
1.00 pm

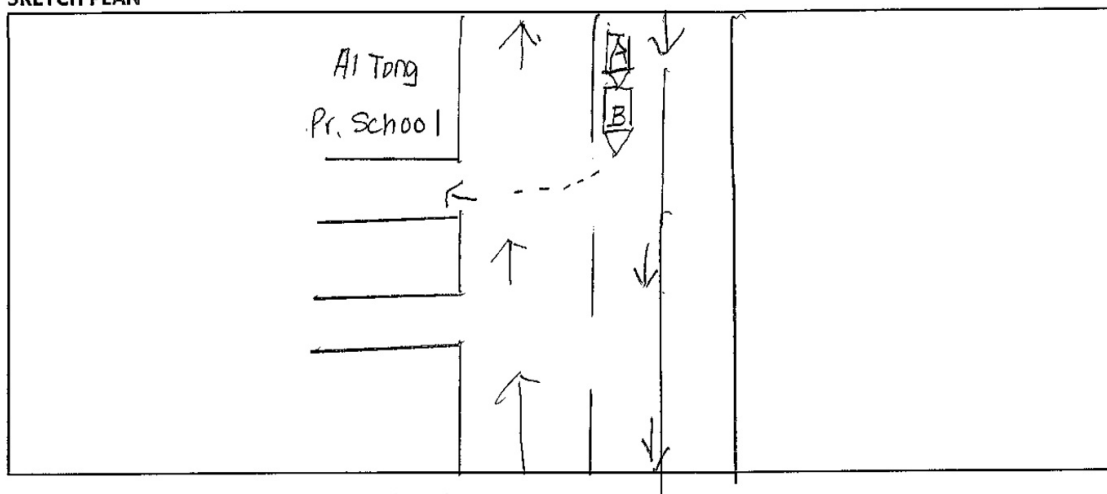
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Mei  
27/01/18

# Sketch Plan Pg. 2

Date of accident: 26/01/18 Time: 1445 hrs Location: Sin Ming Way  
My Vehicle A: GW 7109 X Vehicle B: SLA 4521 P Vehicle C: -

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/01/2018 at about 1445 hrs, I was travelling along Sin Ming Way heading back to my office at BKT Sector C Sin Ming Ind. Estate. Car B in front of me after Ai Tong Pr. School applied brake to turn to minor road. I step on my brake but was unable to stop on time due to the slippery Road Condition, I hit onto his rear slightly. No visible damage on my vehicle.

☐ 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 :

Email address :

& myself :

Email address : leeheng-radiator@yahoo.com.sg

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

## DECLARATION

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

Vehicle GW 7109 X

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.:

26/01/18

AH LIM MOTOR COMPANY

# Cover Note Pg. 1

## 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



### EQ Motor Cover Note

ORIGINAL

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third Party Risks and Compensation) Rules 1960  
Road Transport Act 1987 (Malaysia)  
Motor Vehicles (Third Party Risks and Compensation) Rules 1959 (Malaysia)

Whereas the Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

#### SCHEDULE

Agent / Broker Code:	A000061.	
Policy No.		Cover Note no.: 38733
Name of Insured	Lee Heng Radiator Trading & Repairer.	
Registration Number	GW7109X	
Make / Model	Toyota Liteace	
Year of Registration	2003.	
Cubic Capacity	0.94 ton	
Engine Number	3C3978421.	
Chassis Number	CR425006428.	
Cover Type	Third Party Only.	
Value	- NA -	
Period of Insurance	From: 1/12/2017 (Time: _____ am/pm) To: 30/11/2018.	
Hire Purchase Company	- NA -	
Excess	YEID - \$ 3000	
Type Of Plan	<input type="checkbox"/> Classic <input type="checkbox"/> Premier	

(We hereby certify that this Cover Note is issued in accordance with the provisions of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless counter-signed by Authorised Agent  Signature / Date: <u>[Signature]</u> 20/11/2017.	EQ Insurance Company Limited  Authorised Signatory
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#### Important Notice:

- This Cover Note is valid for 30 days from the first day of the Policy Period.
- Premium Warranty (for Individual Customers): Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

A Member of Citystate

Identification Card







Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



scene





scene



scene





scene



scene



scene





scene



# Addendum Sheet Pg. 1



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAIM18013439 Vehicle Registration No: GW 7109 X  
 Name (as shown in NRIC) : Tan Li Heng NRIC/FIN/Passport No : S00075789  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : Apt. B1K 203 Bishan St 23 # 08-447 Singapore( 570203 )  
 Contact (Tel) : \_\_\_\_\_ Mobile No.: 9633 6533  
 Email Address : \_\_\_\_\_  
 Date of Accident : 26/01/2018 Time of Accident: 1445 hrs  
 Place of Accident : Sin Ming Way near Ai Tong Primary School  
 Insurance Company: EA Insurance Company Ltd

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To re-attach sketch Plan

Policyholder / Driver's Signature  
 Date: 29/01/2018



Reporting Centre Personnel's Signature  
 Name: Mai i  
 NRIC/FIN No.: 29/01/2018  
 Date: 29/01/2018

