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 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 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	26/02/2018 09:43
Date Of Accident	23/02/2018 14:10
Exact Location Of Accident	BUKIT BATOK INDUSTRIAL PARK A CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN8370J
Insured/Policyholder	
Name Of Registered Owner	GEE SOON SENG
Co Reg No	10331500D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96691449
Alternative Phone No	OFFICE-96691449
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR85UH5A-3.0 D (M)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCSHQ17-000003
Cover Note Number	
Driver	
Name of Driver	NG YAO XIAN
NRIC No	S8512048D
Date Of Birth	20/04/1985
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2006
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91591317
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 144 BUKIT BATOK WEST AVENUE 6 #02-377 SINGAPORE
Postcode	650144
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	COLLIDED INTO PARKED VEHICLE
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
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 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	SFV833B
Vehicle Make/Model/Colour	AUDI / UNKNOWN / BLUE
Details Of Properties	SIDE MIRROR ONLY
Vehicle Category	PRIVATE CAR
Name of Driver	PANG HSINANG-AUN(PENG XIANG'AN)
NRIC/Passport Number	S7537744D
Contact Number	83627770
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0

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.

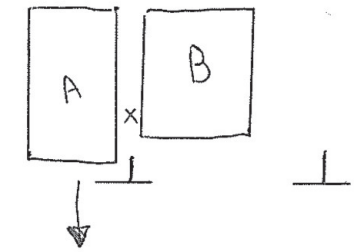
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Wong Chee Wei NRIC/FIN No: G7218099L

SKETCH PLAN

Blk 3012 Bukit Batok Industrial Park A.

Vehicle A: YN 8370J

Vehicle B: SFV833B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date & time, after I finish unload the goods, I move out my vehicle. I never notice and hit Vehicle B LH wing mirror.

DECLARATION

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

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: wang chee wei NRIC/FIN No.: A7218099H

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

eqinsurance
You've Got a Friend

COMMERCIAL VEHICLE-SCHEME SCHEDULE

Agency	A000298	Class of Policy	COMMERCIAL VEHICLE - SCHEME	Policy Number	DMCSHQ17-000003
Account	A000298	Issued on	18/07/2017 in Singapore	Replacing Policy no.	DMCSHQ16-000040
Client	0011505	Acceptance Date	18/07/2017		

Period of Insurance from 01/08/2017 to 31/07/2018 , both dates inclusive

Insured's Name: Gee Soon Seng
Address: Blk 2021 Bukit Batok St 23
#01-176
Singapore 659526

Business/Occupn: See Below
Hire Purchase: Mercedes-Benz Financial Services Singapore Ltd

Premium				
Basic Annual Premium	SGD1,363.17			
Premium after NCD	SGD1,363.17	Premium Due		SGD1,363.17
		Premium GST		SGD95.42
		Total Due		SGD1,458.59

Business / Occupation : Engineering, Renting of House Hold Materials & Furniture

Risk No. 001 COMMERCIAL VEHICLE-SCHEME

1. Registration	YN8370J	Make/Model	ISUZU NPR85UH5A (Wooden Body)		
Type of Cover	Comprehensive	No. of seats	2	Body Type	LORRY + HOOD
Engine No.	4JJ11U1981	Capacity cc	0	Yr of Manuf/Regn	2014/2015
Chassis No.	JAANPR85HF7100150			NCB%	20.00
		Tonnage	2.46	Certificate Ref.	LCVP1
Sum Insured: Market Value at the time of loss			SGD0.00		
Section 1			SGD750.00		
Windscreen			SGD100.00		
YEID-All Claims		Additional	SGD3,000.00		

COMMERCIAL VEHICLE COMPREHENSIVE (Ver. 7)

For information on Motor Claims Framework (MCF), please visit GIA websites (www.gia.org.sg /pdfs /Industry /Motor /MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement, Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the Certificate of Insurance. You will have to pay the Excess for every claim made against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have

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