

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	13/03/2018 11:23
Date Of Accident	12/03/2018 15:50
Exact Location Of Accident	SLIP RD TO LORNIE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7698X
Insured/Policyholder	
Name Of Registered Owner	MAXWELL DISTRIBUTION PTE LTD
Co Reg No	199300760M
Email Address	ACCOUNTS@MAXWELL.COM.SG
Mobile Phone No	(LOCAL) +65-82810867
Alternative Phone No	OFFICE-63544055

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA-3.0 D TURBO M/T 2WD (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	DMCPHQ17-001752
Cover Note Number	16/04/2017 - 15/04/2018

Driver

Name of Driver	AZMAN BIN YASSIN
NRIC No	S1784172F
Date Of Birth	31/12/1966
Occupation	INDOOR
Date Of Driving Pass	22/04/1995
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82810867
Fax Number	
Contact Number	OFFICE-63544055
EEmail Address	NOEMAIL

Address	BLK 673 HOUGANG AVE 8 #02-667
Postcode	530673
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
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?	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 THE SKETCH PLAN BY DRIVER

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	SHC7084B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	AKBARI BIN MAWI
NRIC/Passport Number	S0392743A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

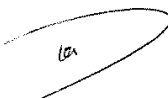
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 12/03/18 Time: 3:50pm Location: Slip rd to Lornie Rd
 My Vehicle A: 4BD 7698X Vehicle B: 5HC 7034B Vehicle C: —

SKETCH PLAN

Refer to the attach

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the attached

☐ 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 : Accounts @ maxwell.com.sg

Email address :

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

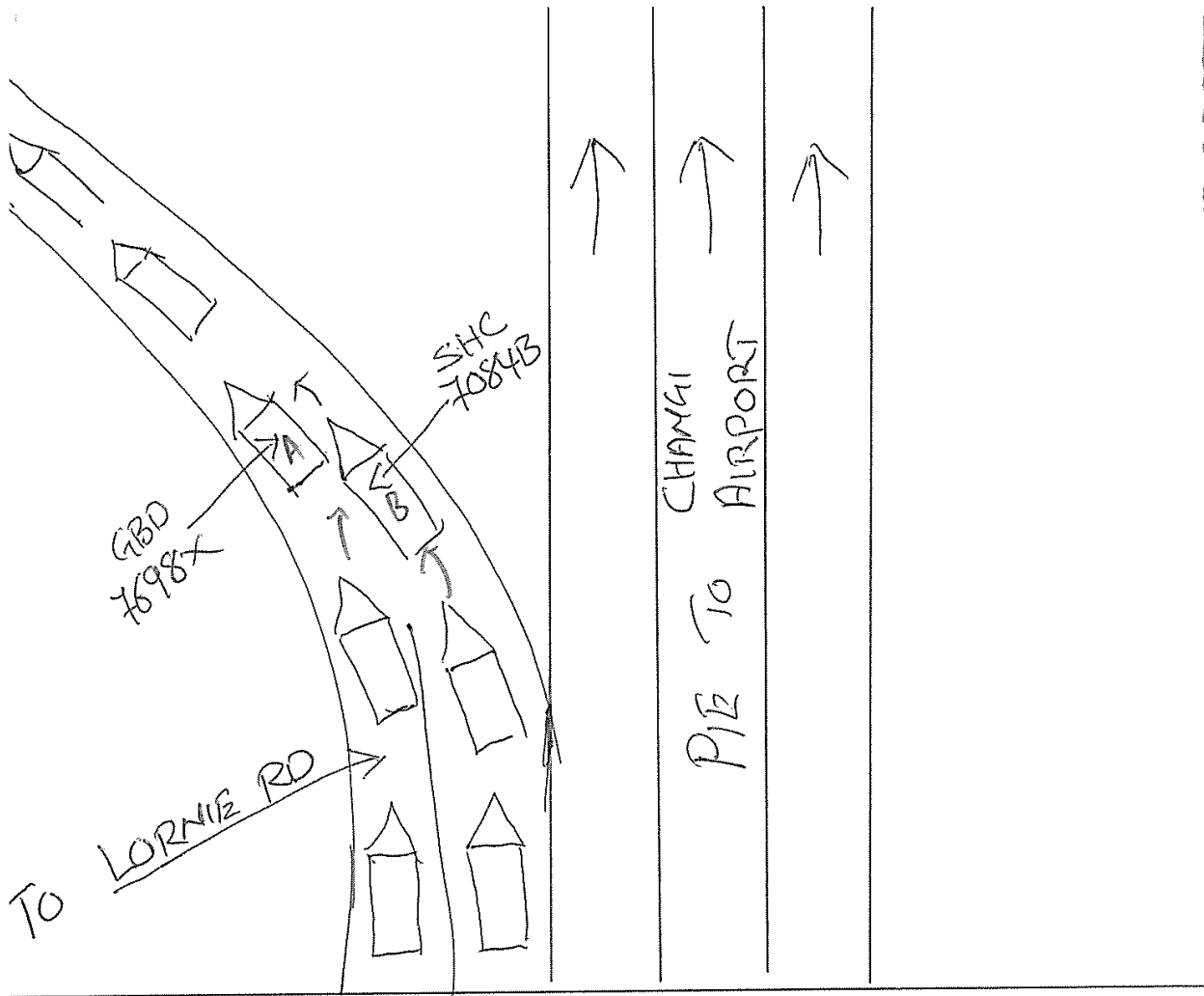
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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

AH LIM MOTOR COMPANY



- 1) I drove along PIE to Changi in my lorry (GBD 7698X).
- 2) Then I exit to Lornie Rd.
- 3) Along a merged road, I heard a bang behind my lorry.
- 4) I stopped my vehicle and once I exit my lorry, I saw a taxi that banged my lorry.
- 5) I checked and no damaged has been done to my lorry (GBD 7698X) but the side mirror of the taxi (SHC 7084B) dropped off.

GBD 7698X
 AZMAN BIN YASSIN (S/784172-F)
 BIK 673 HOUGANG AVE 8
 #02-667 S'pore 530673

SHC 7084B
 AKBARI BIN MAWI
 (S0392743-A)
 BIK 288C JURONG EAST
 ST 21 #02-394
 S'PORE 603288.

EQ Insurance

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 (Co. Reg. 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)

17.001751 Comprehensive

Certificate No.: DMCPHQ16-001615

Form: LCVPI

Excess:

Section 1 SGD500.00

YEID-AC Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles
GBD7698X

2. Name of Policyholder

Maxwell Distribution Pte Ltd 1943007604

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

16/04/2016 15/04/18

4. Date of Expiry of Insurance

15/04/2017 16/04/17

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 regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a 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. Limitations 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. 3)Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER

1)Use for hire or reward or for racing pace-making reliability trial or speed testing. 2)Use whilst drawing a greater number of trailers in all than is permitted by Law. 3)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.

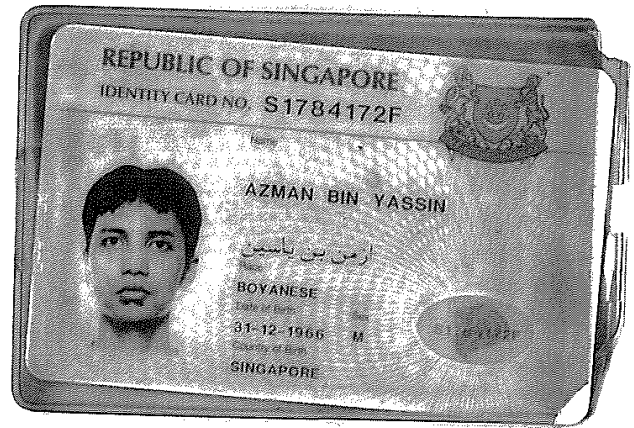
I\WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

misjb/HO/A000052/Yeo Kiong Beng Ken



A Member of Citystate

Authorised Signatory
EQ Insurance Company Limited



63544 055

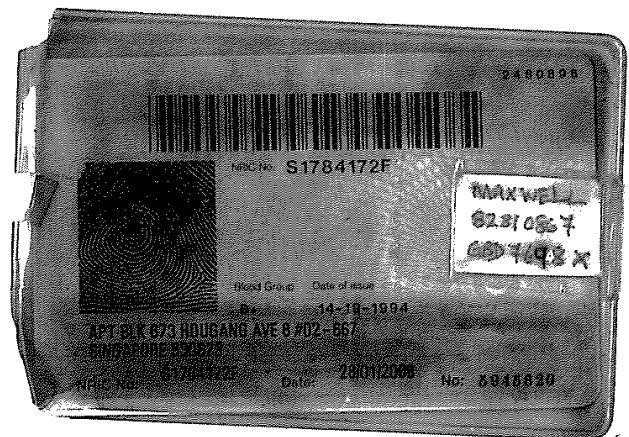
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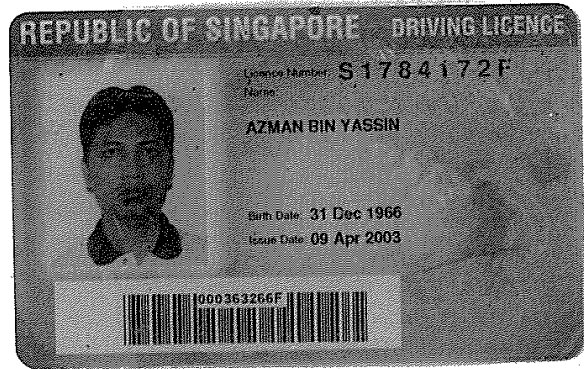
drinking / wq.

NO injury.

NO cancer.

149x.





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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	09 Sep 1989
Class 2A	Motorcycles between 201 cc and 400 cc	09 Sep 1989
Class 3	Motor Cars and Motor Tractors (the weight of which unladen does not exceed 2500 kilograms)	22 Apr 1995

NP 428A

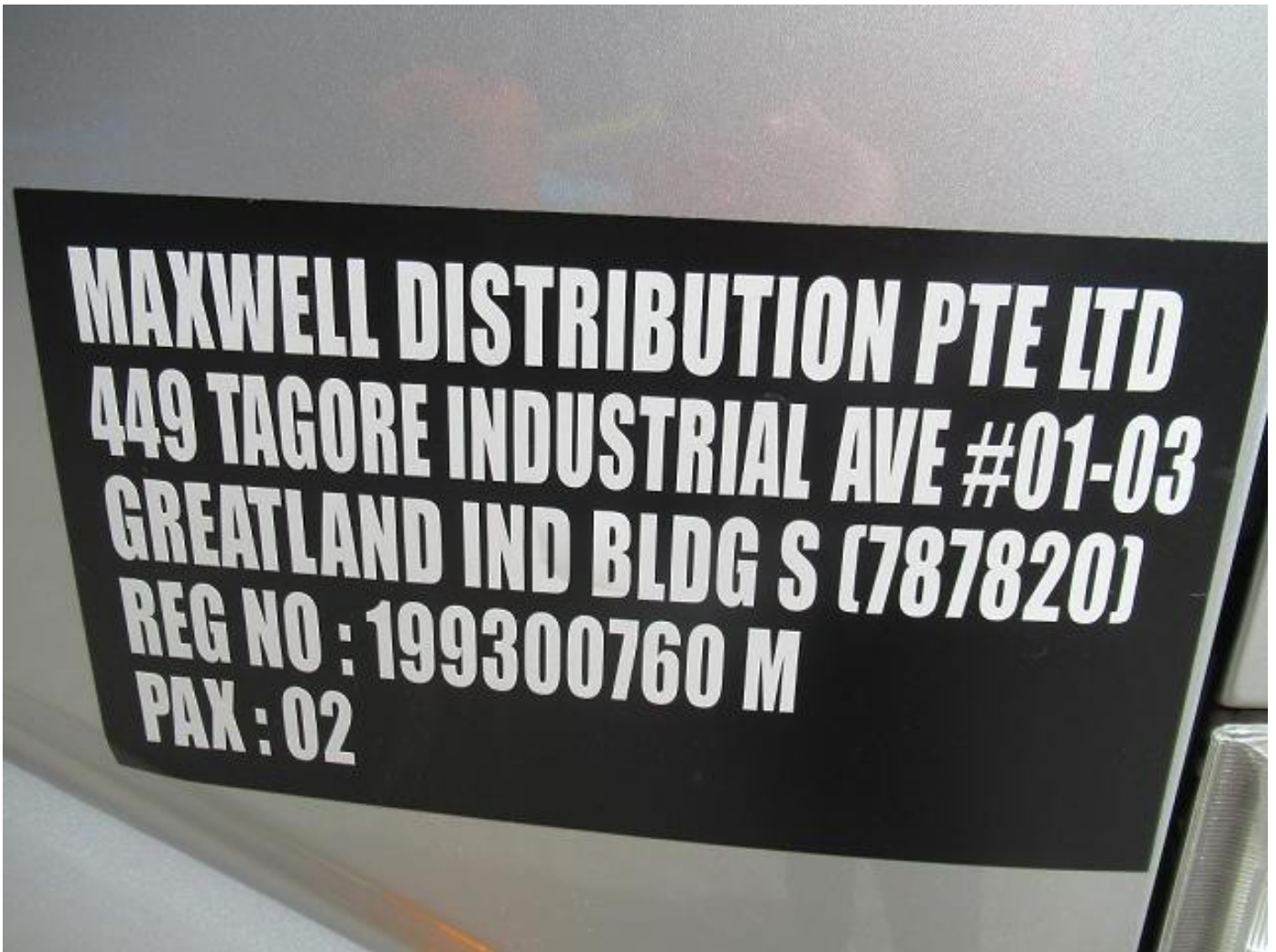


Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



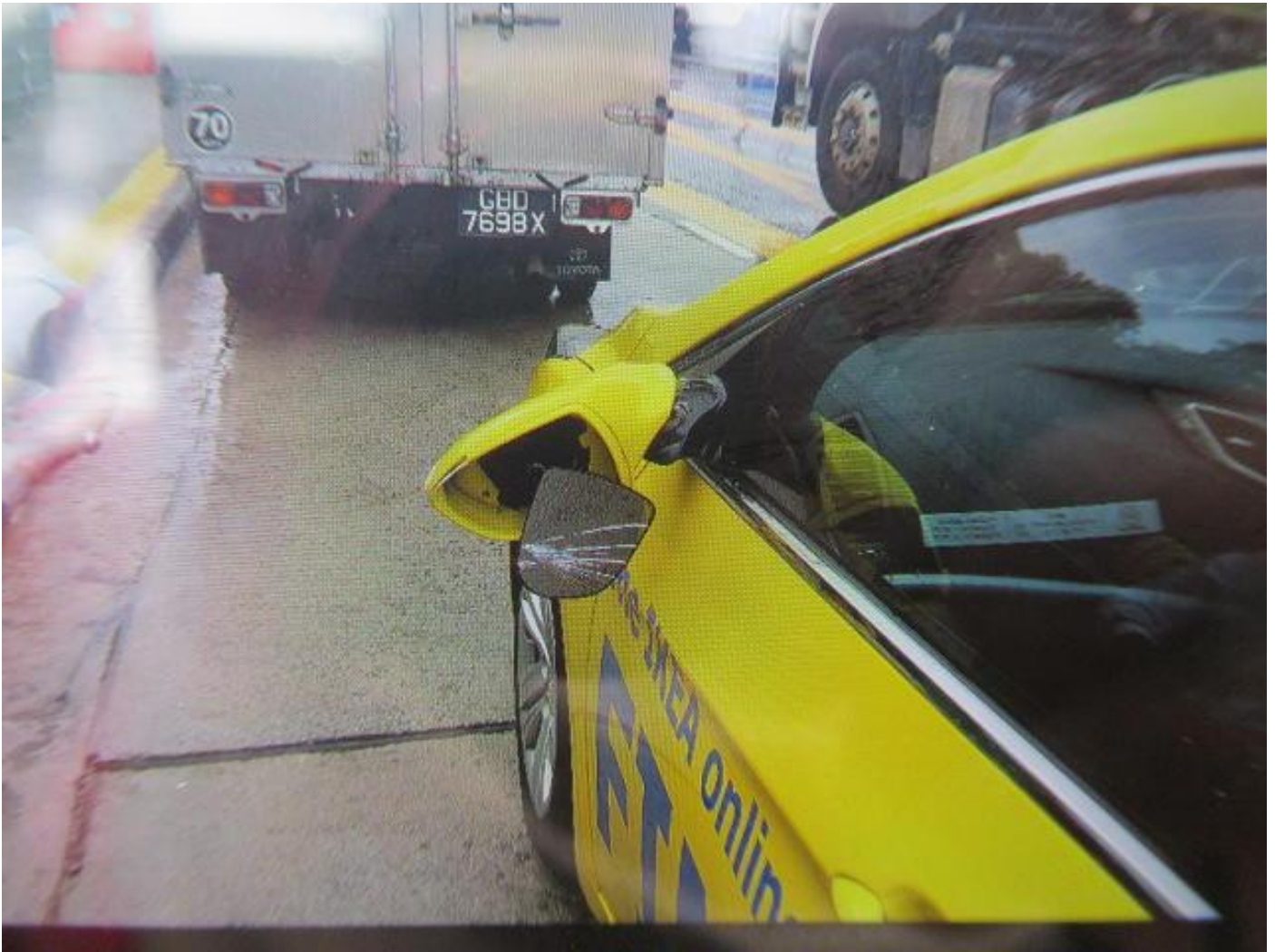
Accident Photo



Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0392743A**

Name

AKBARI BIN MAWI

آکبري بن ماوي

Race
BOYANESE

Date of Birth
18-08-1947

Sex
M

Country of Birth
SINGAPORE

