

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	28/03/2018 11:44
Date Of Accident	27/03/2018 18:00
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8707G
Insured/Policyholder	
Name Of Registered Owner	ENG TAT LEE FURNITURE CONTRACTOR
Co Reg No	23167900M
Email Address	ENGTATLEE@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63839272

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA

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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-006690
Cover Note Number	

Driver

Name of Driver	NEOW KOK TAT
Passport No/FIN	F4507788T
Date Of Birth	25/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2011
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81129597
Fax Number	
Contact Number	
E Mail Address	ENGTATLEE@YAHOO.COM.SG

Address	10 DEFU LANE 1 S539485
Postcode	
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	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)	3
Passenger 1	NAME: : TIPSOD NUDANG GENDER: : MALE
Passenger 2	NAME: : AUNG MIN ZAW GENDER: : MALE

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 report

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9730L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SHEW TOH
NRIC/Passport Number	
Contact Number	98211989
Address	NA NA
Postcode	NA

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJZ1940A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE HIRE
Name of Driver RAHMAN
NRIC/Passport Number
Contact Number 86667133
Address NA
NA
Postcode NA
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

Accident Sketch Plan Pg. 1

SKETCH PLAN

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability...
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre...
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report...
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...
(i) processing, handling and/or dealing with my claims including the settlement of 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...
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims...
(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...
(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.

ENG TAT LEE FURNITURE CONTRACTOR
FACTORY: 10, DEFU LANE 1
SINGAPORE 539485
TEL/FAX: 6383 9272

Handwritten signature of the driver.



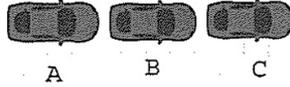
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan Pg. 1

SKETCH PLAN



A: GBG8707G
 B: SHB9730L
 C: SJZ1940A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG CTE, VEHICLE B IN FRONT SUDDENLY JAM BRAKE. I IMMEDIATELY FOLLOW TO STOP, BUT DUE TO RAINING AND WET ROAD SURFACE MY VEHICLE STILL MOVE FORWARD AND HIT ONTO VEHICLE B'S REAR PORTION. I CAME OUT TO CHECK AND REALISE IT WAS A CHAIN COLLISION INVOLVING TOTAL 3 CARS.

DECLARATION
 I, HEREBY DECLARE that:-
 1. The reporting centre personnel has explained the above statement & sketch plan to me.
 2. I fully understand and agree with the above statement.
 3. The information given is true and correct to best of my/our knowledge and belief.

[Signature]
 Name, Signature & Company Stamp (if applicable)

Insurance Co. EQ ins.
 Vehicle No. GBG8707G Date of Accident 27/3/18
 Reporting Only
 Own Damage Claim
 Third Party Claim
 Other Workshop KFS.

DECLARATION
 ENG TAY VEI FURNITURE CONTRACTOR
 The following particulars are true in every respect.
 FACTORY: 10, DEFU LANE 1
 SINGAPORE 539485
 TEL/FAX: 6383 9272

[Signature]



Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 28/3/18 - 12.10

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **F4507788T**

Name: **NEOW KOK TAT**

Birth Date: **25 Oct 1977**

Issue Date: **04 Oct 2016**

Valid Till: **13/10/2021**

002616226G




WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **ENG TAT LEE FURNITURE CONTRACTOR**

Name: **NEOW KOK TAT**

Work Permit No.: **5 38308587**

Sector: **CONSTRUCTION**

K0087171




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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	14 Oct 2011
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	14 Oct 2011
Class 3C	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	04 Oct 2016

NP 428A

Licence No: F4507788T



VISIT PASS
Immigration Regulations

08-01-2019

Name: **NEOW KOK TAT**

FIN: **F4507788T**

Date of Birth: **25-10-1977**

Nationality: **MALAYSIAN**

Sex: **M**

Download SGWorkPass App to check status




YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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. 1978-00480-N



**COMMERCIAL VEHICLE PRIVATE (SCH I)
 SCHEDULE**

Page 1 of 7

Agency	A000298	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I)	Policy Number	DMCPHQ17-006690
Account	A000298	Issued on	15/12/2017 in Singapore		
Client	0135857	Acceptance Date	21/11/2017		

Period of Insurance from 22/11/2017 to 21/11/2018 , both dates inclusive

Insured's Name ENG TAT LEE FURNITURE CONTRACTOR
 Address BLK/HOUSE NO. 10
 DEFU LANE 1
 SINGAPORE 539485

Business/Occupn Others
 Hire Purchase UNITED OVERSEAS BANK LIMITED

Premium	Basic Annual Premium	SGD1,089.34		
	Premium after NCD	SGD1,089.34	Premium Due	SGD1,089.34
			Premium GST	SGD76.25
			Total Due	SGD1,165.59

Risk No. 001	COMMERCIAL VEHICLE PRIVATE (SCH I)			
1. Registration	GBG8707G	Make/Model	TOYOTA DYNA 150 5MT	
Type of Cover	Comprehensive	No. of seats	2	Body Type Lorry
Engine No.	1KD2729205	Capacity cc	0	Yr of Manuf/Regn 2017/2017
Chassis No.	JTFAT35Y70K208450			NCB% 20.00
		Tonnage	1.75	Certificate Ref. LCV1
Sum Insured: Market Value at the time of loss			SGD0.00	
Section 1			SGD500.00	
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
 to refund us the amount of the Excess.

This Excess is in addition to any other excess applicable under this Policy.

Continued on page 2



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



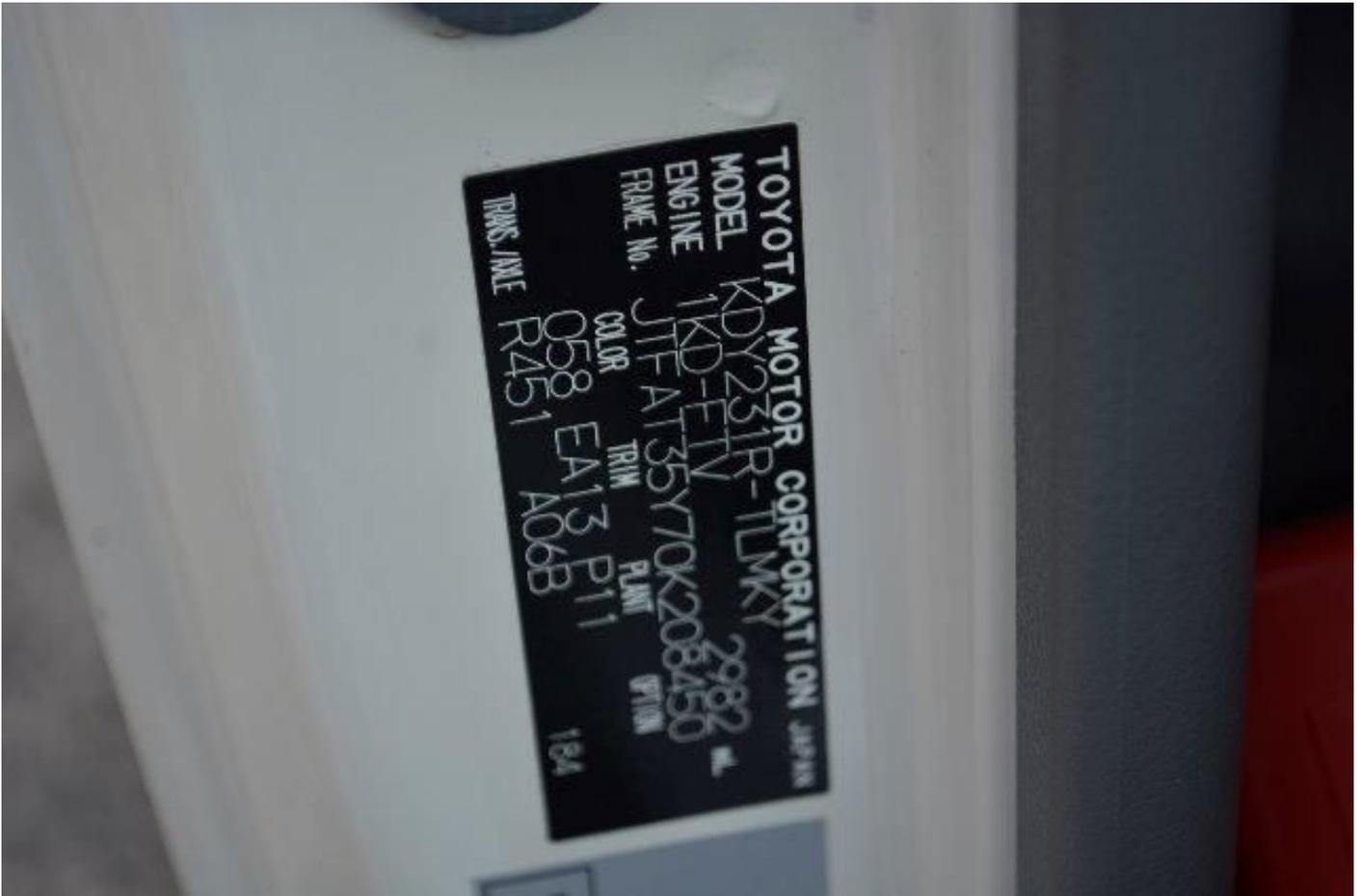
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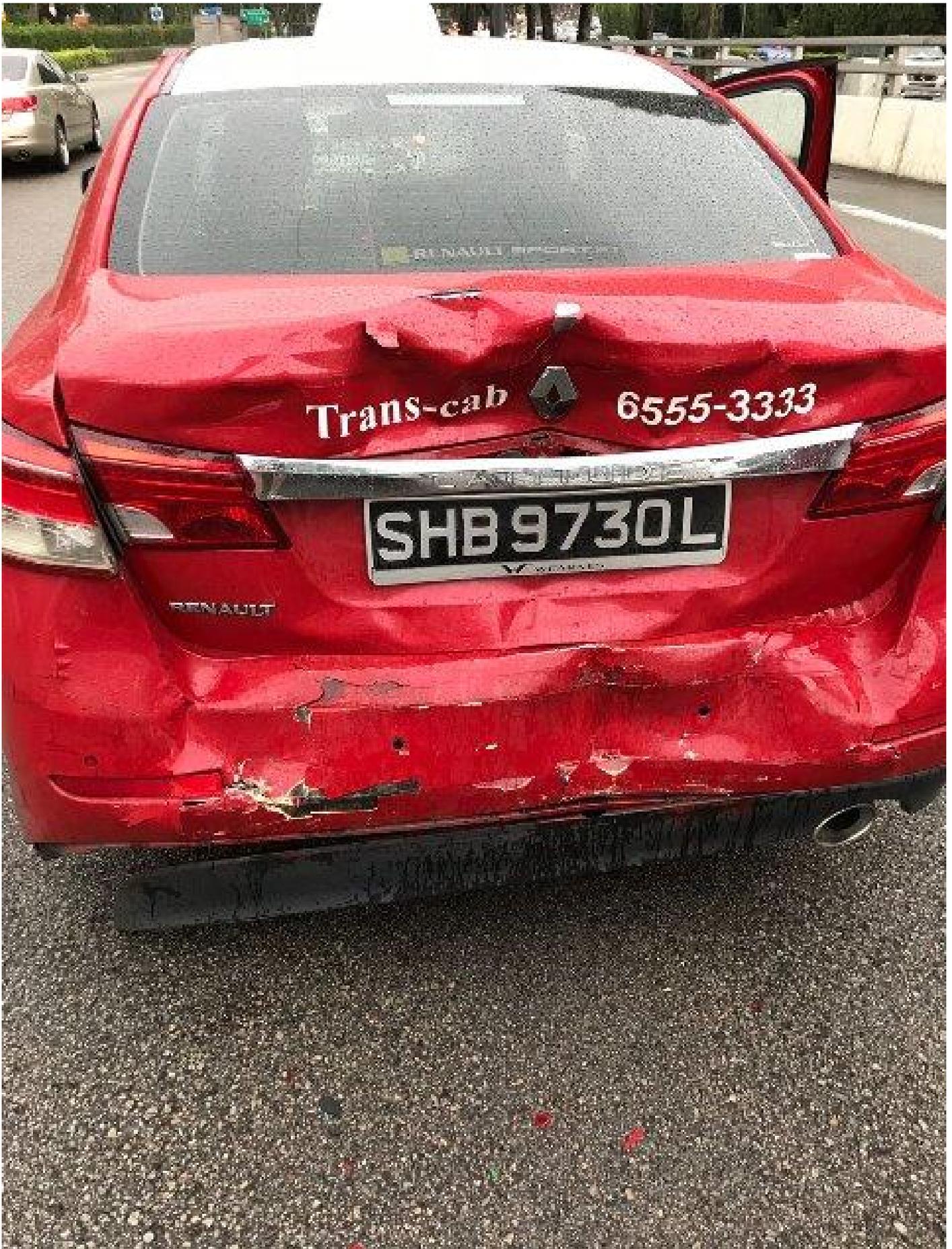
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