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 <u>truthful and accurate</u> 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

	aforesaid.	cent to the dronwing of this report at the centre and to copies of the report being made available
		ACCIDENT STATEMENT
	Date Of Report	26/04/2018 13:57
	Date Of Accident	26/04/2018 06:25
	Exact Location Of Accident	SLIP RD OF SENGKANG EAST ROAD
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	CB6541U
	Insured/Policyholder	
	Name Of Registered Owner	TOH YAIK HWEE
	NRIC No	S1261347D
	Email Address	NOEMAIL
	Mobile Phone No	(LOCAL) +65-82022688
	Alternative Phone No	OFFICE-82022688
	Vehicle Particulars	
	Manufacturer	MITSUBISHI
	Model	BE63DGRMDA ROSA 4.9L MT 2WD
	Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
	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	DMCFHQ17-000070
	Cover Note Number	
	Driver	
	Name of Driver	SEOW YEW CHYE

Name of Driver SEOW YEW CHYE
NRIC No S0235886G

Date Of Birth 23/12/1950
Occupation OUTDOOR
Date Of Driving Pass 21/06/1969

Driving Experience 48 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94599091

Fax Number
Contact Number

EMail Address SCHOOLSUPPORT@EZBUZZ.COM.SG

APT BLK 705 HOUGANG AVENUE 2 #08-265 SINGAPORE 530705

Address

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 COLLISION - HEAD TO REAR

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 3

Passenger 1

NAME: : P1

NO

NO

GENDER: : FEMALE

Passenger 2 NAME: : P2

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

WHEN I WAS REACHING AT THE MENTIONED SLIP ROAD, VEHICLE B IN FRONT OF ME STOPPED STATIONARY. WHILE I WAS CHECKING MY BLIND-SPOT ON THE MAJOR ROAD AND PROCEEDED TO MOVE OFF, VEHICLE B STILL IN A STATIONARY POSITION AND MY VEHICLE HAD COLLIDED ONTO THE REAR OF VEHICLE B. AFTER THE IMPACT, WE ALIGHTED TO EXCHANGED DETAILS AND TOOK SOME PHOTOS BEFORE WE MOVE OFF. THERE IS NO INJURIES TO MY SELF AND MY PASSENGER.

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 SJC6513M

Vehicle Make/Model/Colour HONDA/JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number 90703645

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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

Lunderstand, 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;
- (i) investigating the accident and/or my claims;
- (ii) 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 peckages); 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time Sketch Plan

The SENGKANKI EAST RD SENGKANKI EAST RD SENGKANG

A) CB 6541 U

B) SJC 6513 M

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Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.:				
Are you claiming your own insurance	N. 5			
policy for the repair of your vehicle?	No, Reporting only			
DECLARATION				
I/We declare that the above particulars & information provided above are true in every aspect				
VERIFIED BY AJAX MARS REPORTING OFFICER -				
EUGENE KOH YEW KIAT				
	Burnardo			
	150,72.			
MARS Officer				
WATE Officer	Registered Owner or Driver's Signature			
Job Complete Date/Time	Date/Time:			
26 April, 2018 11:45 am	26 April, 2018 11:45 am			

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 060119 tel 95 6223 9433 | fex 65 6224 3103 | www.eqineurance.com.ag reg no. 1578-00490-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 FLEET Third Party

Certificate No.: DMCFH017-888878

 Index Mark and Registration Number of Vehicles CB65410 Form: HL1-I Excess: Section 2

Section 2 SGD2,000.00 YEID-AC Additional SGD3,000.00

2. Name of Policyholder Toh Yaik Hwee

- Effective Date of the Commencement of Insurance for the purpose of the Act 28/84/2017
- 4. Date of Empiry of Insurance 27/84/2018
- 5. Person or Classes of Persons entitled to drive*
 - 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 exactment 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*

Use only for the carriage of passenger in connection with the Insured & their subsidiary or associated company's business as described in the Schedule.

THE POLICY DOES NOT COVER

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.
- (4) Use for any purpose in connection with the Motor Trade.

"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.

IVME 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/A000255/Winner Consultancy P

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited

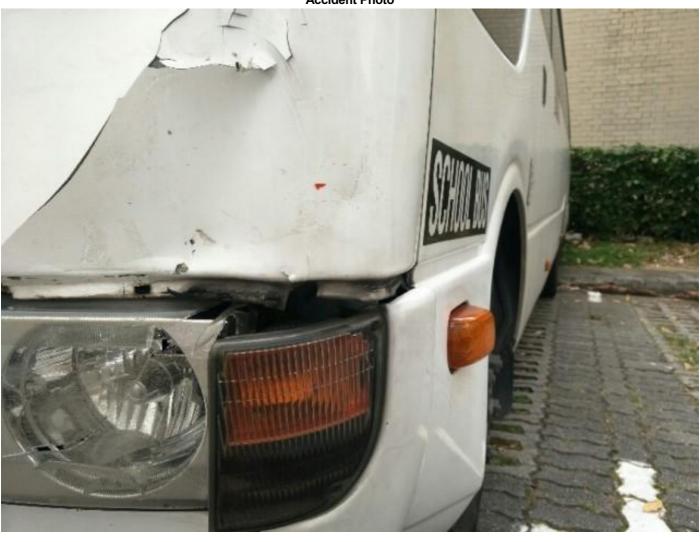












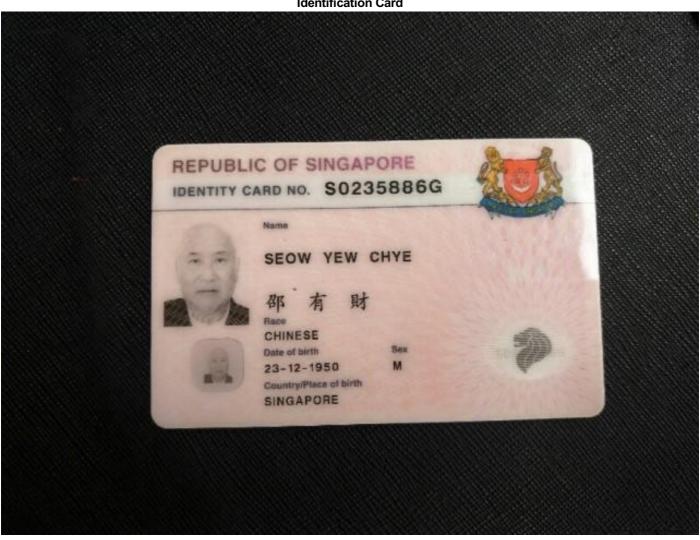






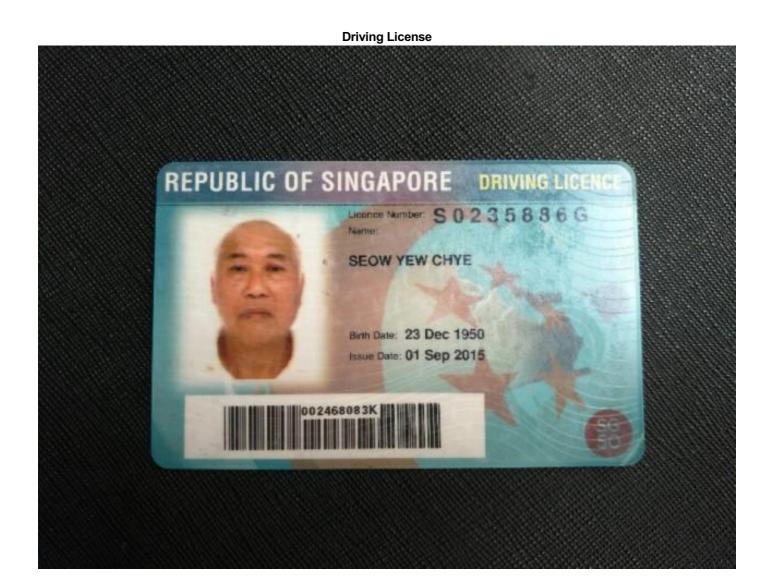


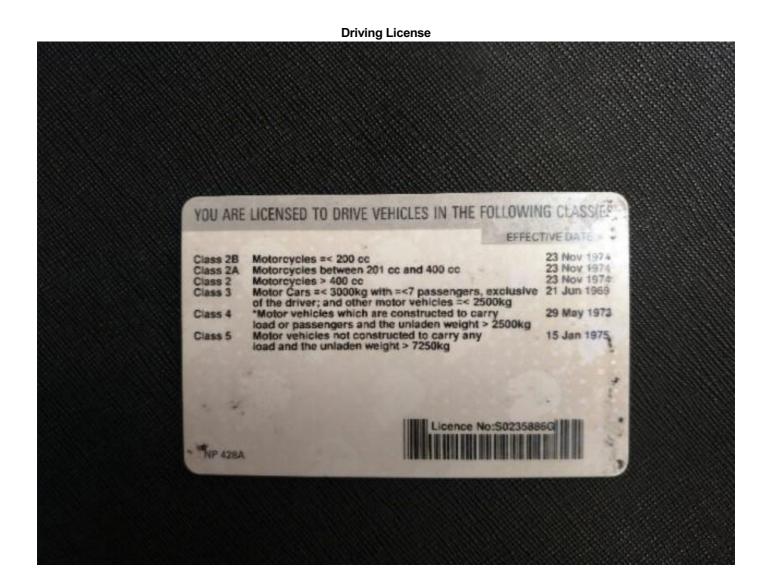
Identification Card



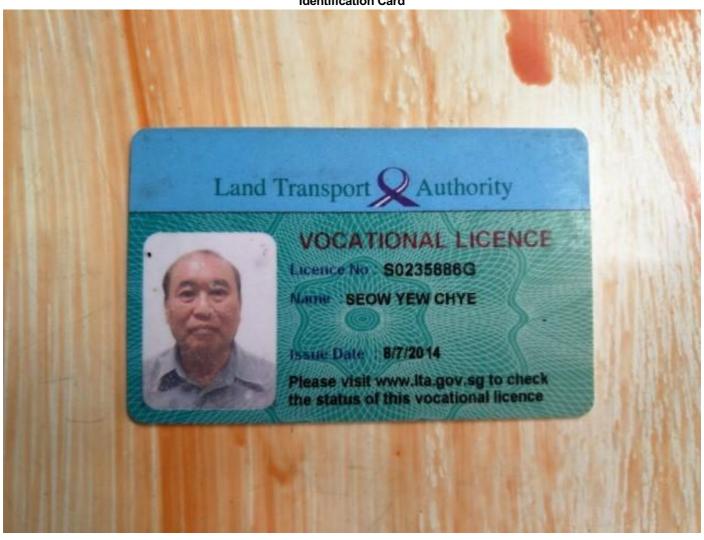
Identification Card







Identification Card



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date

03 BUS VL 08/07/2014

04 BUS ATTENDANT 08/07/2014