

## 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	09/05/2018 11:35
Date Of Accident	09/05/2018 05:55
Exact Location Of Accident	BEDOK NORTH ROAD AFT JUNCTION OF BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7644R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KS DELIVERY SERVICES
Co Reg No	53291107E
Email Address	KERINETOH328@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91549705

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350

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	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-000958
Cover Note Number	

### Driver

Name of Driver	LIM KOK KEONG
NRIC No	S1665784J
Date Of Birth	14/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2008
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91542318
Fax Number	
Contact Number	
EEmail Address	KERINETOH328@GMAIL.COM

Address	APT BLK 556 WOODLANDS DRIVE 53 #02-41 S730556
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACHED.

#### 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 Witness 1

Name	KAI KAR HOE / G8308185L
Phone Number	81518920
Email Address	NOEMAIL

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF616Y
Vehicle Make/Model/Colour	RENAULT/ RED
Details Of Properties	NIL
Vehicle Category	TAXI
Name of Driver	NIL
NRIC/Passport Number	
Contact Number	97570230

Address	NIL
	NIL
Postcode	NIL
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	1

Accident Sketch Plan Pg. 1

SKETCH PLAN

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6. The 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 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:

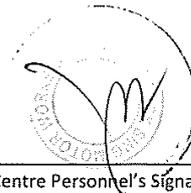
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

Handwritten signature of the driver.

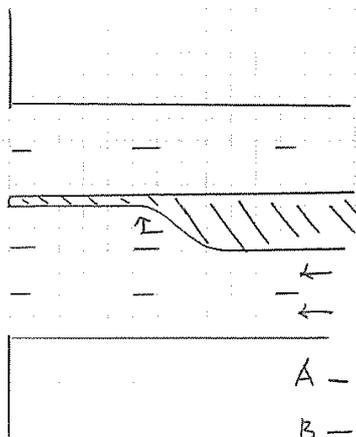
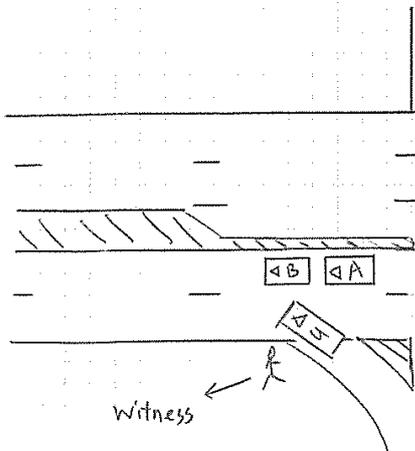
Driver's Signature
(If driver is not the policyholder)
Date & Time: 09 May 2018
@ 1310hrs



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

Accident Sketch Plan Pg. 1

SKETCH PLAN



A - GBF7644R

B - SHF616y

U - unknown lorry

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

Insurance Co	EQ Inc	
Vehicle No	GBF7644R	Date of Accident 9 May 2018
<input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Own Damage Claim <input type="checkbox"/> Third Party Claim <input type="checkbox"/> Other Workshop		
KAY FOOK SING MOTOR		

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:

*[Handwritten Signature]*

09 May 2018  
@ 1310 hrs

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





**SINGAPORE  
POLICE FORCE**



T/20180509/2042

1 of 2

**POLICE REPORT (NP299)**

Report No. T/20180509/2042

Police Station Of Origin  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Date/Time Report Made 09/05/2018 12:06		Vide Report No.		Station Diary No.	
Name Of Informant LIM KOK KEONG		Address APT BLK 556 WOODLANDS DRIVE 53 #02-41 HDB- WOODLANDS SINGAPORE 730556			
ID Type / ID No. NRIC NO / S1665784J		Contact No. Home/Office		Mobile 91542318	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Van driver		Sex Male	Age 53	Date of Birth 14/11/1964	Race Chinese
Institution/School Name		Language Chinese			
Date/Time Of Incident 09/05/2018 05:55 - 09/05/2018 05:55		Location Of Incident SINGAPORE			

**Brief details.**

On 09/05/2018 about 0555hrs, I was travelling along Bedok North Road > Upp Changi after Bedok North Ave 3 cross junction on the right of 2 lane, just right after the traffic light, vehicle (SHF616Y) in front of me suddenly jam brake to pick up passenger, I was unable to stop in time and collided into the vehicle. No one is injured. I have in-built camera in my vehicle. The passenger is willing to be my witness.

I want to lodge this report against the driver of SHF616Y.

I also want to lodge this report for my insurances.

Signature Of Officer Recording The Report: TP / TONG HWEE SIONG <i>h</i>		Signature Of Informant: <i>[Signature]</i>	
Signature Of Interpreter: Not applicable		Date/Time: 09/05/2018 12:06	
Officer In-Charge Of Case: TP / Traffic Police Department Investigation Branch / Staff Sgt TANG SIEW PING Contact No.: 65476430		Classification Of Case:	

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



T/20180509/2042

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

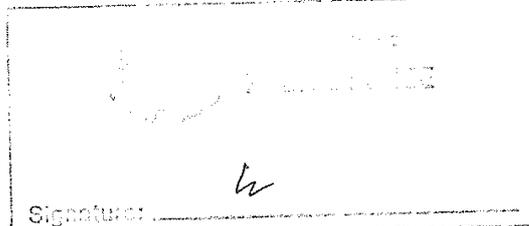
Report No. T/20180509/2042

That's all.

Subjects Involved			
Witness			
Person Name	LAI KAR HOE		
ID Type	FIN NO	ID No	G8308185L
Gender	Male	Age	37
Nationality	MALAYSIAN	Race	Chinese
Language	Chinese	Mobile No	81518920

Signature Of Officer Recording The Report: TP / TONG HWEE SIONG <i>h</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 09/05/2018 12:06
Officer In-Charge Of Case: TP / Traffic Police Department Investigation Branch / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1665784J

Name: LIM KOK KEONG

Birth Date: 14 Nov 1964

Issue Date: 06 Jan 2009

001695903E



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1665784J

Name: LIM KOK KEONG

林国强

Race: CHINESE

Date of birth: 14-11-1964

Sex: M

Country of birth: SINGAPORE

4156936



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES.

Class	Description	PASS DATE
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	05 Dec 1984
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	06 Mar 2008
Class 5	*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg *Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	30 Dec 2008

NP 328A

Licence No. S1665784J

4156936

NRIC No. S1665784J

Date of issue: 09-01-2008

APT BLY 256 WOODLANDS DRIVE #01-41 SINGAPORE 730556

NRIC No. S1665784J Date: 21/06/2010 No. 8531476



**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



**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 )  
 Comprehensive**

Certificate No.: DMCPHQ18-000958

Form: LCVP1

1. Index Mark and Registration Number of Vehicles  
 GBF7644R

Excess:  
 Section 1 SGD2,500.00  
 YEID-AC Additional SGD3,000.00

2. Name of Policyholder  
 KS DELIVERY SERVICES

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
 28/02/2018

4. Date of Expiry of Insurance  
 27/02/2019

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.

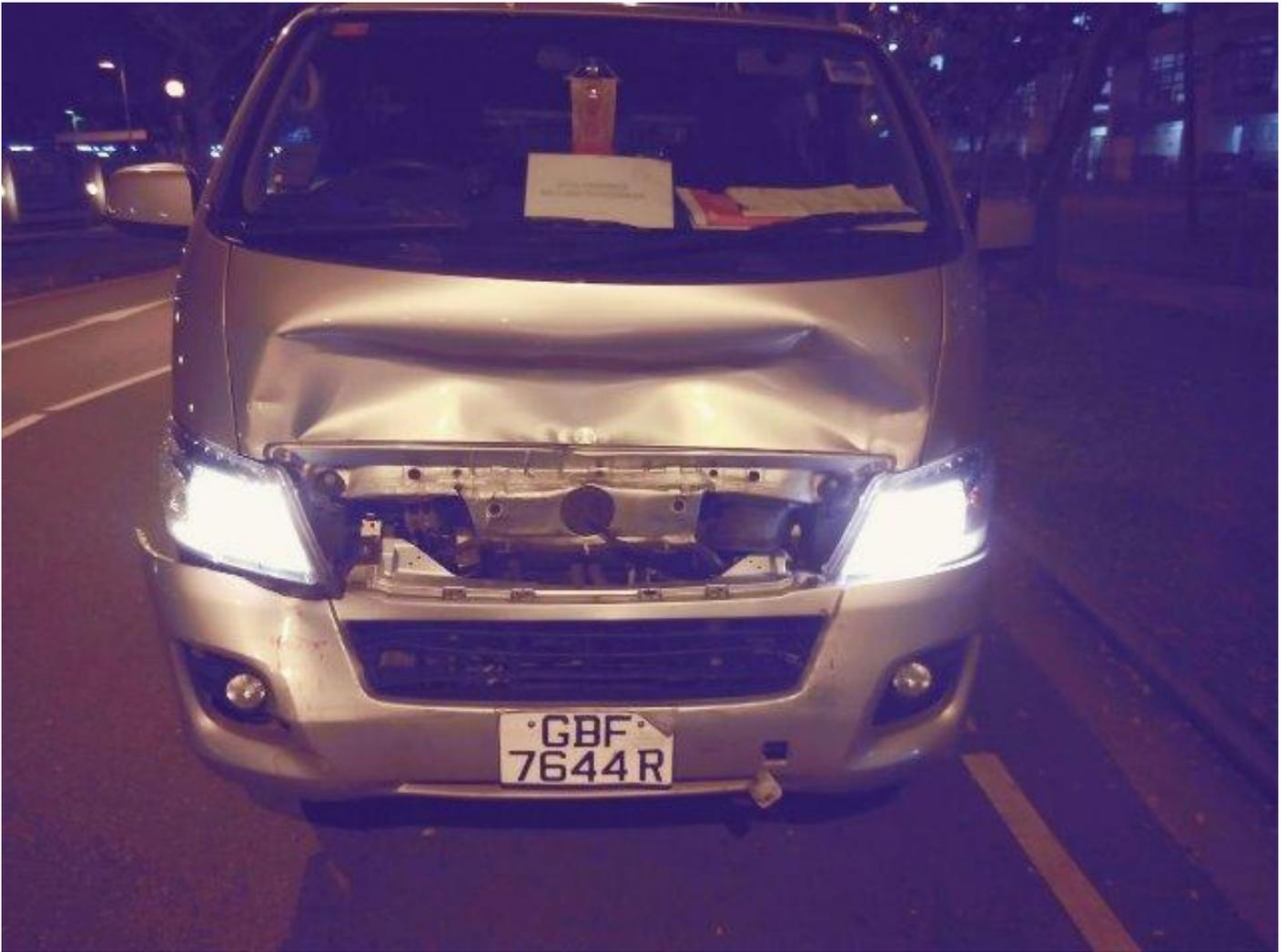
I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Authorised Signatory  
 EQ Insurance Company Limited

UNWSR/HO/A000064/Yetta Insurance Agen

A Member of Citystate

Accident scene



Accident scene



Accident scene



Accident scene



Accident Photo



Accident Photo



Accident Photo



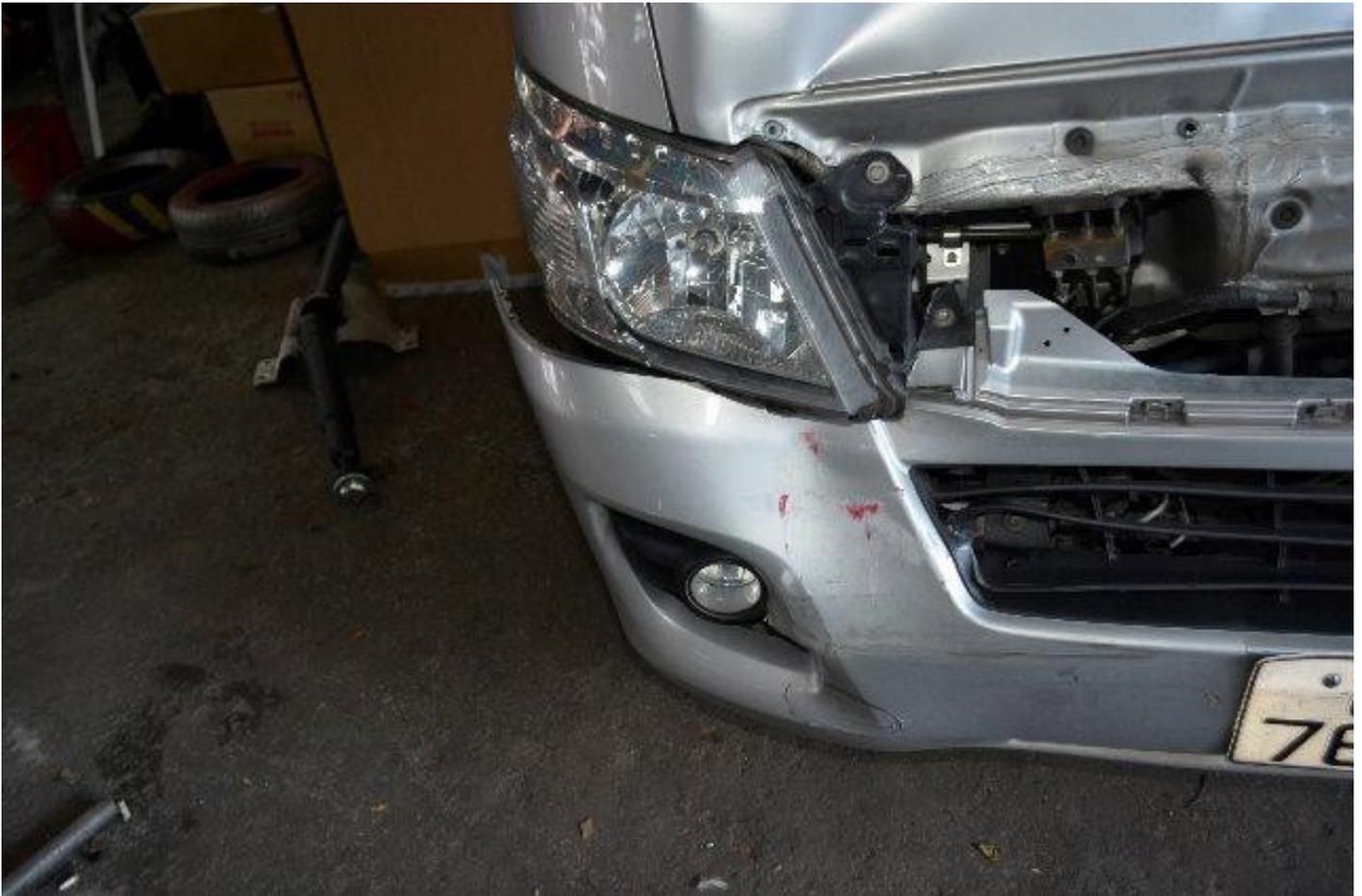
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