### 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.	sont to the dronwing of this report at the centre and to copies of the report sering made available
	ACCIDENT STATEMENT
Date Of Report	16/05/2018 16:35
Date Of Accident	16/05/2018 08:05
Exact Location Of Accident	ADMIRALTY ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX2232A
Insured/Policyholder	
Name Of Registered Owner	SWEE CHAN FASHION
Co Reg No	42264600L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96676888
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ18-000825
Cover Note Number	
Driver	
Name of Driver	LIM HUI BIN
NRIC No	S1024006I
D-4- Of Blate	00/07/40/47

Name of Driver LIM HUI BIN
NRIC No S1024006I
Date Of Birth 22/07/1947
Occupation OUTDOOR
Date Of Driving Pass 10/03/1980

Driving Experience 38 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98327609

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 118 PENDING ROAD #06-246

Postcode 2367 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - EMPLOYEE

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? YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

Soliciting/oπering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

### **Circumstances of Accident**

### PLEASE REFER TO THE ATTACHMENT

### 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 JSH4956

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name UNKNOW

Approximate Age

Injuries Sustain

Injured person in which vehicle?

JSH4956

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

### IMPORTANT NOTICE

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- 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.
- 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:
  - 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.

SWEE CHAN FASHION

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# DESCIRBE CIRCUMSTANCES OF THE ACCIDENT

KETCH PLAN		
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
9=2018 8:15 AM	1就被SPC动的马来,	to 在 ADMIRACTY RD 分
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東后面層。	全東野生 幸活的初级芸艺	医的 化是唇母生至豆药
£ 11 10 18 D	2 2 2 1 5 + 1 5 18	-3
有任何颜也	个. 图本的年起也有赖	th.
IMPORTANT NOTE: You had been ad	rised by the workshop that in the event that you wish to claim a	gainst your own policy (Own Damaged Claim),
here is a FOURTEEN (14) days clause	whereby the claim must be made within the stipulated timefram	e from the day of occurrence.
	Only [ ] Own Damaged [ ] Third Party	[ ] Claim at other workshop (OD/TP)
Reporting	The second secon	
ECLARATION		
ECLARATION	culars are true in every respect.	
ECLARATION	culars are true in every respect.	
ECLARATION	culars are true in every respect.	
Wederation	1	Borostine Costs Boross W. Costs
Wederiate the foregoing partie	Driver's Signature	Reporting Centre Personnel's Signature
Wederlethe CARNE PTA	1	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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SKETCH PLAN Pg. 1 TOWARDS CENTRE RO [ an Kmalman] [MARSILING DR] [ADMIRACTY RD] [ ADMIRACTY 1116 JEH4956

### CERTIFICATR OF INSURANCE Pg. 1

**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



\$\$3,000.00

#### 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) Third Party, Fire & Theft

Form: 1 CVP1

YEID-AC Additional:

Certificate No.: DMCPHQ18-000825

1. Index Mark and Registration Number of Vehicles

GX2232A

2. Name of Policyholder Swee Chan Fashion

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

4. Date of Expiry of Insurance

03/03/2019

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 regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment 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. Limitation 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

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.

IWE 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.

Hire Purchase:

LQ BUSINESS PTE LTD UEN NO. 201700648N 180B BENCOOLEN STREET

#04-02, THE BENCOOLEN SINGAPORE 189648 Tel: 6333-4136 Fax: 6334-5238

A000248/LQ Business Pte Ltd Date of Issue: 12/02/2018 14:22

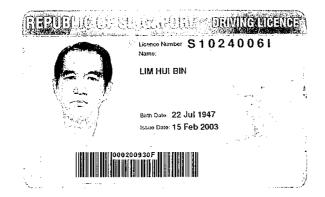
Authorised Signatory **EQ Insurance Company Limited** 

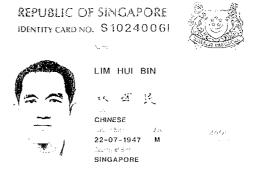
Exp No.: DMCPHQ17-000889

A Member of Citystate

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### DRIVER IC & DRIVING LICENCE (FRONT & BACK) Pg. 1







Class 3 Motor curs =< 3000 kg with ris 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

S7 No. 9000159111

34% S1024006I

B+ 29-07-1994

S10240061 NP 428A

Licence No: \$1024006i

APT BLK 118 PENDING ROAD #06-246 SINGAPORE 2367

# **ACCIDENT SCENE PHOTO**



























# **ODOMETER READING**



### **CHASSIS NUMBER**

