

Tan Hwa Ngee  
c/o Block 9 #01-46  
Sin Ming Ind Est  
Singapore 575644

RECEIVED  
01 AUG 2018  
EQ INSURANCE CO. LTD.

31 July. 18

WITHOUT PREJUDICE  
Your Ref: GX 2206B

via fax: 62234190

Attention : The Motor Claims Department

EQ Insurance Pte Ltd  
22 Genmill Lane  
Singapore 069257

Dear Sir,

ACCIDENT INVOLVING GX 2206B & SKA 9999Z  
AT SIN MING ROAD ON 31-07-2018

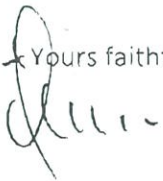
I am the registered owner of vehicle – Ska 9999z which was involved in the above accident.

As the result of your insured driver's (GX 2206B) negligence, thereby causing the said accident, my vehicle sustained damages on the rear portions and it's available for your assessor to inspect at M/S KAY MOTOR of Blk 9 Sin Ming Ind Estate, #01-46  
Singapore 575644 Tel: 6458 2283 Fax: 64549 8863  
Email : kayautosg@yahoo.com

Kindly arrange for your assessor to inspect my car soonest possible.

Enclosed the Accident Report for your attention.

Yours faithfully



MSI18088957 / STA INSPECTION PTE LTD - Sin Ming  
 ENTRY DATE & TIME: 31/07/2018 16:08  
 SUBMITTED BY: Wong Lip Yong

### 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 31/07/2018 16:08  
 Date Of Accident 31/07/2018 11:40  
 Exact Location Of Accident SIN MING ROAD  
 Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA9999Z  
**Insured/Policyholder**  
 Name Of Registered Owner TAN HWA NGEE  
 NRIC No S13167988  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-97688866  
 Alternative Phone No OTHERS-97688866  
**Vehicle Particulars**  
 Manufacturer AUDI  
 Model A6-2.0 (A)  
 Exact Purpose for which vehicle was being used at time of accident PRIVATE USE  
 Are you claiming under your own insurance policy for repair to your vehicle? NO  
 If No, Please state action to be taken THIRD PARTY  
 Vehicle Category PRIVATE CAR  
**Insurance Company**  
 Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 5100890850  
 Cover Note Number  
**Driver**  
 Name of Driver CHO FOOK KAY  
 NRIC No S0729936B  
 Date Of Birth 27/03/1948  
 Occupation INDOOR  
 Date Of Driving Pass 02/07/1966  
 Driving Experience 52 YEARS AND 0 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-97688866  
 Fax Number  
 Contact Number OTHERS-97688866  
 EMail Address NOEMAIL

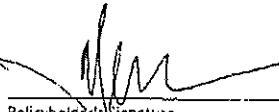
## Sketch Plan Pg. 1


SKETCH PLANIMPORTANT NOTICE


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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:

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

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

Address 511 SEMBAWANG ROAD #01-68  
SINGAPORE  
Postcode 757711  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured FRIEND  
Vehicle Registration Number of Driver's Own Vehicle -  
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 2  
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 ATTACHED

**Attachment(s)**

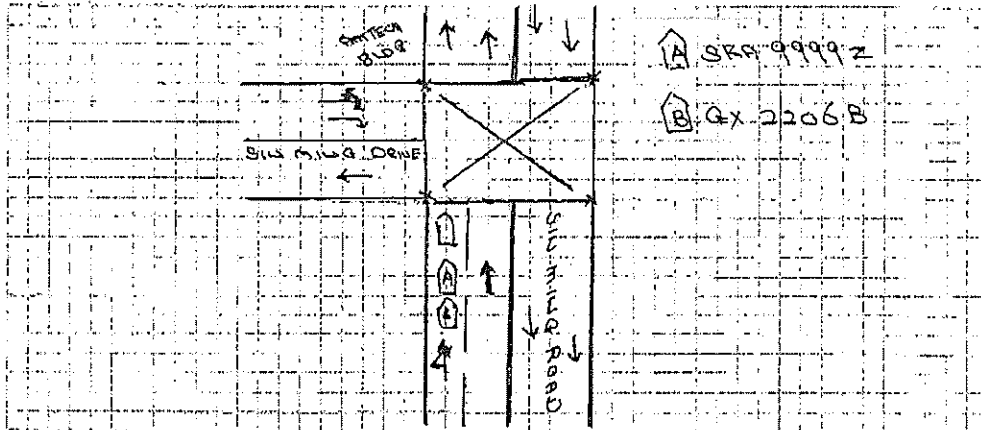
Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GX2206B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver XU LEI  
NRIC/Passport Number G2508310K  
Contact Number 91572322  
Address  
Postcode  
Insurance Company Name EQ INSURANCE COMPANY LTD  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped behind an unknown vehicle at the 'red' light junction of Sin ming Road and Sin ming Drive. whilst halting, a van (B) QX 2206B came from behind and hit onto the rear of my car (A) SRA 9999Z

## 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 Personnel's Signature  
Name:  
NRIC/FIN No.: