

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	30/07/2018 10:45
Date Of Accident	28/07/2018 08:10
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9462L
Insured/Policyholder	
Name Of Registered Owner	TRISOLUTIONS COMSERVICES
Co Reg No	53030206C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90045194

Vehicle Particulars

Manufacturer	HYUNDAI
Model	H1 STAREX VAN 2.5 CRDI
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCPHQ18-004168
Cover Note Number	

Driver

Name of Driver	TAN KOK CHUAN
NRIC No	S0769613B
Date Of Birth	25/11/1949
Occupation	OUTDOOR
Date Of Driving Pass	11/12/1975
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90045194
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 20 JALAN TENTERAM #05-517
Postcode	320020
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 - CHANGE/CROSS LANE
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.	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

THE ACCIDENT HAPPENED ON 28/07/2018 AT 8:10AM ALONG PIE TOWARDS CHANGI AIPT. I WAS DRIVING STRAIGHT IN 2ND LANE WHEN VEHICLEB TRIED TO CHANGE LANE AND OVERTAKE CAUSED TO HIT MY VEHICLE LEFT FRONT PORTION

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

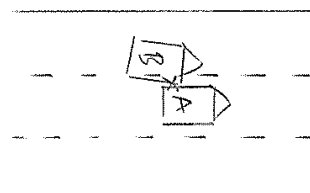
Vehicle Registration Number	SHF1022D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

A: GBA94C2L

R: SHF 1022D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


THE ACCIDENT HAPPENED ON 28/07/2010 AT 8:10AM
ALONG THE TOWARDS CHANGI AIRPORT - I WAS DRIVING
STRAIGHT IN 2ND LANE WHEN VEHICLE & TRIED
TO CHANGE LANE AND OVERTAKE CAUSED TO HIT
(~~THE~~) THE LEFT ~~REAR~~ FRONT PORTION OF MY VEHICLE.

DECLARATION

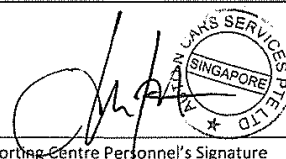
I/We declare the foregoing particulars are true in every respect.



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.:



SKETCH PLAN

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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.



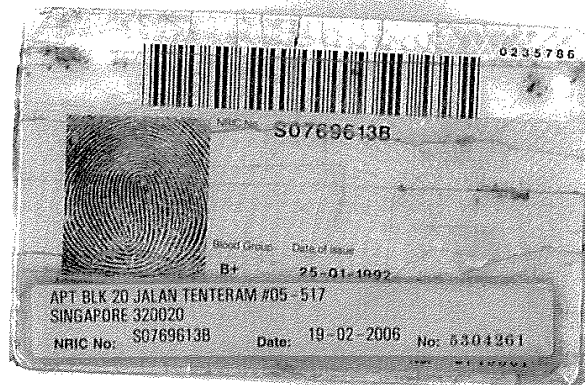
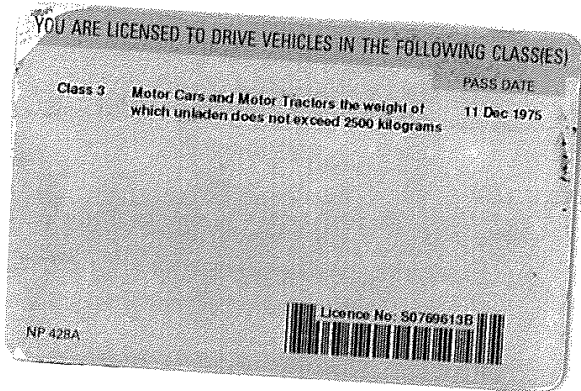
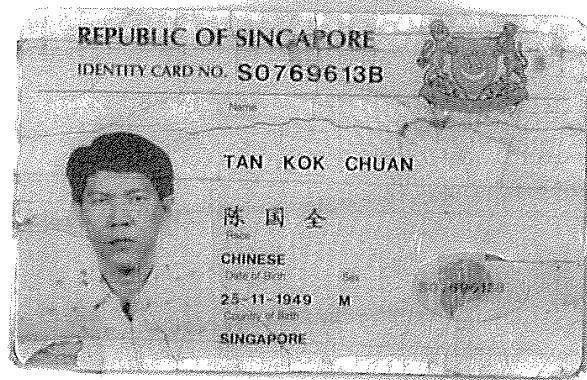
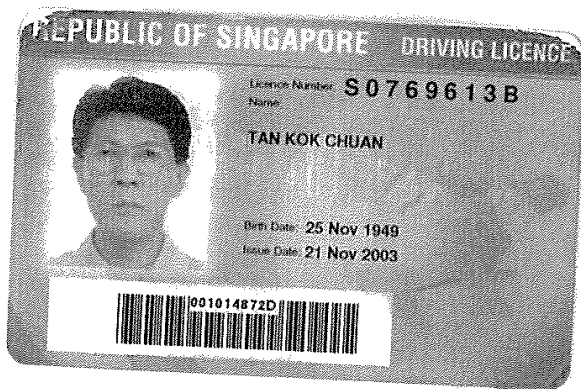
Policyholder's Signature
Date & Time:

[Signature] 30.7.2018

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

[Signature]

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



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



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

Page 1 of 6

Agency	A000342	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I)	Policy Number	DMCPHQ18-004168
Account	A000342	Issued on	02/07/2018 in Singapore		
Client	0105772	Acceptance Date	29/06/2018		

Period of insurance from 1431 hours on 29/06/2018 to 2400 hours on 28/06/2019

Insured's Name TRISOLUTIONS COMSERVICES
Address BLK/HOUSE NO. 808 #07-163
 FRENCH ROAD
 SINGAPORE 200808

Business/Occupn Others

Premium	Basic Annual Premium	SGD1,032.77			
	Premium after NCD	SGD1,032.77	Premium Due	SGD1,032.77	
			Premium GST	SGD72.29	
			Total Due	SGD1,105.06	

Risk No. 001	COMMERCIAL VEHICLE PRIVATE (SCH I)				
1. Registration	GBA9462L	Make/Model	HYUNDAI	Body Type	Van
Type of Cover	Third Party	No. of seats	2	Yr of Manuf/Regn	2008/2008
Engine No.	D4CB8348220	Capacity cc	0	NCB%	20.00
Chassis No.	KMFWBH7JR8U067895	Tonnage	1.24	Certificate Ref.	LCVP1
YEID-All Claims	Additional	SGD3,000.00			

COMMERCIAL VEHICLE THIRD PARTY ONLY (Ver. 4)

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:-

3P - THIRD PARTY ONLY

It is hereby understood and agreed that Section 1 (and its Exceptions) of this
policy is cancelled.

It is further understood and agreed that the printed wording of Condition 3 of
this policy is also cancelled and is replaced by the following new condition:-

3. The Insured shall take all reasonable steps to maintain the Motor Vehicle in
efficient condition and the Company shall have at all times free and full
access to examine the Motor Vehicle or any part thereof or any driver or
employee of the Insured.

Continued on page 2



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

