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.	
	ACCIDENT STATEMENT
Date Of Report	10/09/2018 12:27
Date Of Accident	09/09/2018 12:30
Exact Location Of Accident	ALONG CTE NEAR TOA PAYOH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV4080H
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUISNE SERVICES PTE LTD
Passport No/FIN	200706722Z
Email Address	KHIERTHII@ROSETAUTOCARE.COM
Mobile Phone No	(LOCAL) +65-81301183
Alternative Phone No	OFFICE-67471188
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS 1.6
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ17-000185
Cover Note Number	

Driver

Name of Driver CHUA WEE SIONG (CAI WEIXIONG)

NRIC No S8924240A

Date Of Birth 18/07/1989

Occupation OUTDOOR

Date Of Driving Pass 20/07/2009

Driving Experience 9 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91995873

Fax Number
Contact Number

EMail Address NOEMAIL

APT BLK 425 PASIR RIS DRIVE6 #03*81 Address

Postcode 510425

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

2

NO

General Information of the Accident

Type Of Accident **COLLISION - HEAD TO REAR**

Weather Conditions **RAINING** Road Surface WET

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)

Passenger 1

NAME: : NA

GENDER: : FEMALE

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?

If Yes, against whom?

Circumstances of Accident

refer to attachment

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKZ9921R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 11

Sketch Plan Pg. 1

SKETCH PLAN

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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

ROSE

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10 SEPT 18

12:450 N

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

TO BE STATE

TO BE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred on 9th Sep, 2018 or arend 12:30pm. along CTE.
The road was slipping due to wet weather. While diving, a car (8KZ 99ziR)
The road was slipping due to wet weather. While diving, a car (8KZ 9PXIR) suddenly stopped in front of us and we had to waid
collision but our car still exidated and had a light collision onto if.
The driver of SKZ 9921R explained that there was another car in front of
The driver of SKZ 9921R explained that there was another car in front of him, resulting in him on having to tension his car also on the expression.
Photos were taken to of by both rais were taken and contact details were
exchanged. The vonding of the incident was percent horwest lath parties.

exchanged. The vording of the incident was praceful between both parties.

SKZ992IR PRIVER MENTIONED that his car is still under

Warranty. At the first the point of collision, he mentioned that all
passengers on board the six were feeling fine. No injury involved.

SKZ 9921R

PRIVER NAME: Birabu

IC No: S\$303553F

DECLARATION

I/We declare the foregoing particulars are true in every respect. *R0

Policyholder's Signature Date & Time: Driver's Signature
(If driver is not the policyholder)
Date & Time: 10 SEPT 10

12: 45pm.

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan Pg. 3











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 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 Comprehensive

Certificate No.: DMCFHQ17-000185 Form: LCVH Excess: 1. Index Mark and Registration Number of Vehicles Section 1 SGD1,500.00 Outside Singapore SGD1,500.00 SJV4080H Section 2 SGD2,000.00 Outside Singapore SGD2,000.00 2. Name of Policyholder YEIDR (Section 2) SGD4,000.00 ROSET LIMOUSINE SERVICES PTE. LTD.

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 09/04/2018
- 4. Date of Expiry of Insurance 31/10/2018
- 5. Person or Classes of Persons entitled to drive* Any person who is Authorised to drive on the Insured's order or with their

*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*

LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and business purposes of any person whom the vehicle is hired

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

*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.

UNWNBF/HO/B000070/Newstate Stenhouse (

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited









