

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	01/10/2018 11:44
Date Of Accident	29/09/2018 14:30
Exact Location Of Accident	T-JUNCTION OF VERON PARK AND MOUNT VERNON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU84A
Insured/Policyholder	
Name Of Registered Owner	LIEW SIAW FOO @CHONG SIAW FOO
NRIC No	S0062709G
Email Address	S2168231@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91691646
Alternative Phone No	OTHERS-97507748

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-005140
Cover Note Number	

Driver

Name of Driver	LIEW SIAW FOO @CHONG SIAW FOO
NRIC No	S0062709G
Date Of Birth	31/10/1952
Occupation	INDOOR
Date Of Driving Pass	13/11/1970
Driving Experience	47 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91691646
Fax Number	
Contact Number	OTHERS-97507748
EEmail Address	S2168231@HOTMAIL.COM

Address	BLK 163 ANG MO KIO AVENUE 4 #01-406
Postcode	560163
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	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	KEBUN BARU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 ANG MO KIO AVENUE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4589999 - FAX NO: 64574454
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20180930/2042.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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
Approximate Age
Injuries Sustain
Injured person in which vehicle? UNKNOWN
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

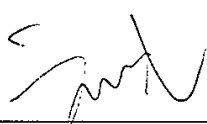
IMPORTANT NOTICE

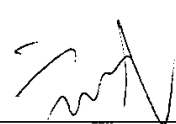
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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: 11/10/18
 11-44hrs


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 11/10/18
 11-44hrs


 Reporting Centre Personnel's Signature
 Name: Poh Kwee Choo
 NRIC/FIN No.: S6840583A

SKETCH PLAN

A - SDU84A
B - motorcycle

VERNON PARK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached police report:
T/20180930/2042.

DECLARATION

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

Policyholder's Signature

Date & Time: 4/10/18

Driver's Signature _____

(If driver is not the policyholder)

Date & Time: 11/10/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Poh Kwee Choo
S68405...



**SINGAPORE
POLICE FORCE**



T/20180930/2042

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

1 of 3

Report No. T/20180930/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2018 13:03	Vide Report No.: E/20180929/0155	Station Diary No.: 10
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Informant's Particulars

Name of Informant: LIEW SIAW FOO		Address: APT BLK 163 ANG MO KIO AVENUE 4 #01-406 SINGAPORE 560163	
ID Type / ID No.: NRIC NO / S0062709G		Contact No.: Home/Office: Mobile: 91691646	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 31/10/1952	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: CHINESE PHYSICIAN		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/09/2018 14:30	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 VERNON PARK MOUNT VERNON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDU84A	Car	TOYOTA	HARRIER ELEGANCE 2.0 A	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDU84A	EQ INSURANCE COMPANY LTD.	DMPPHQ17- 005140	03/10/2017	02/10/2018



**SINGAPORE
POLICE FORCE**



T/20180930/2042

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

2 of 3

Report No. T/20180930/2042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIEW SIAW FOO	ID No.	S0062709G
Related Vehicle	SDU84A (Car)	Contact No.	91691646
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/09/2018 at about 1430hrs, I was driving my car (reg plate SDU84A) along Vernon Park. I was alone in the car at that point in time. The road was dry and the weather was clear.

As I was making a right turn from Vernon Park to Mount Vernon Road, I observed the traffic was clear. After making the turn, suddenly a motorcycle (unknown reg plate) from the opposite lane of Vernon Park collided into the rear of my car. I went down to make a check on him and he was conscious. I also called the police and ambulance as the rider injured his leg.

Susbequently, police and ambulance came. I observed that my car sustained damage on the rear left bumper which was dislodged. Police also took the SD card for my in-vehicle camera. The rider was also conveyed to hospital.

I am lodging this report as instructed by Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20180930/2042

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4. SINGAPORE
560111
Tel No: 1800-4589999

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Report No. T/20180930/2042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 MUHAMMAD SHAQEEL BIN MOHAMED
JUNAIDI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/09/2018 13:03

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Classification Of Case:

Authentication Stamp

NP168

Insurance Certificate 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



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

PRIVATE CAR Comprehensive Classic

Certificate No. : DMPPHQ17-005140

Classic Plan - EQ Authorised Workshop Only

Form: MX2

Excess:

Insured & Named Driver S\$600.00 (Section 1 - Own Damage)

Unnamed Driver S\$1,100.00 (Section 1 - Own Damage)

YEIDR Additional S\$3,000.00

WindScreen S\$100.00

1. Index Mark and Registration Number of Vehicles

SDU84A

2. Name of Policyholder

Liew Siaw Foo

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

03/10/2017

4. Date of Expiry of Insurance

02/10/2018

5. Person or Classes of persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

* 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 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*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover:

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) use for any purpose in connection with the Motor Trade

*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.

Hire Purchase : Thong Lee Pte Ltd

A000209/Agnes Tan Sock Leng
Date of Issue : 29/09/2017 10:37

Authorised Signatory
EQ Insurance Company Limited

Note

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.

Driver NRIC and Driving Licence Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0062709G



Name
LIEW SIAW FOO
@CHONG SIAW FOO
刘少夫

Race
CHINESE

Date of Birth
31-10-1952

Sex
M

Country of Birth
SINGAPORE

S0062709G

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: S0062709G
Name: LIEW SIAW FOO

Birth Date: 31 Oct 1952
Issue Date: 17 Sep 2003

000837472E

0037488

NRIC No: S0062709G



Blood Group: A+ Date of issue: 07-08-1991

APT BLK 163 ANG MO KIO AVENUE 4 #01-406
SINGAPORE 560163

NRIC No: S0062709G Date: 13-09-2006 No: 5467854

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Nov 1970

NP 428A

Licence No: S0062709G

Accident Photo



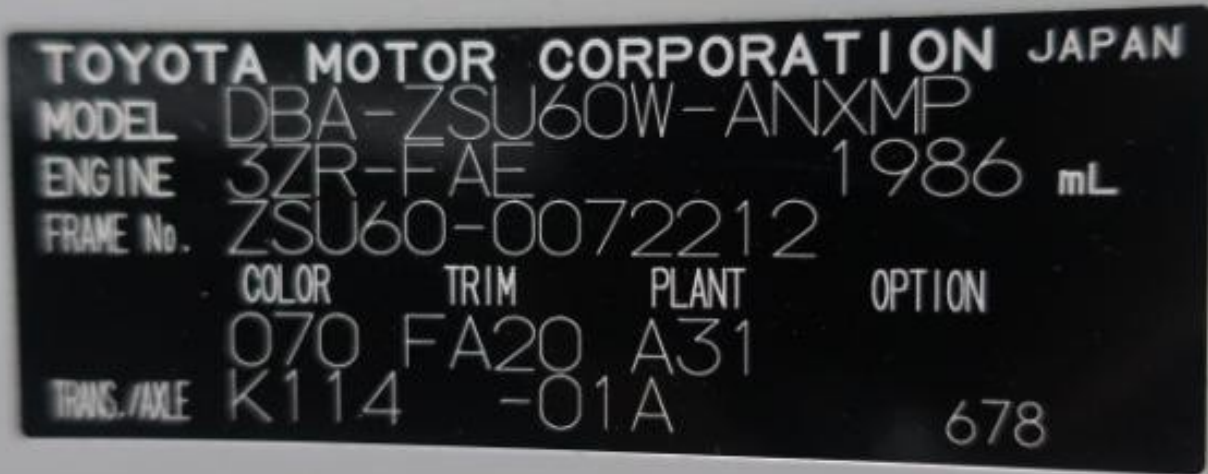
Accident Photo



Accident Photo



Chassis Number





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


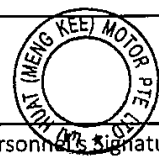
Original Report No : MLHM18126809 Vehicle Registration No: SDU84A
 Name(as shown in NRIC) : LIEW SIAW FOO NRIC/FIN/Passport No : S0062709G
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 163 ANG MO KIO AVENUE 4 #01-406 Singapore(560163)
 Contact (Tel) : _____ Mobile No. : 91691646
 Email Address : S2168231@HOTMAIL.COM
 Date of Accident : 29/9/2018 Time of Accident : 14:30 HRS
 Place of Accident : T-JUNCTION OF VERON PARK AND MOUNT VERNON ROAD
 Insurance Company: EQ INSURANCE COMPANY LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Amend the name of policyholder owner.

 Policyholder / Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name: POH KWEE CHOO
 NRIC/FIN No.: S6840583A
 Date: 1/10/2018