

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 liability.
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	16/10/2018 11:44
Date Of Accident	13/10/2018 12:30
Exact Location Of Accident	OPEN CAR PARK BLK 40 CIRCUIT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU5392S
Insured/Policyholder	
Name Of Registered Owner	ZENER ELECTRIC ENTERPRISE
Co Reg No	44863800B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98738453

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
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	DMCPHQ18-001649
Cover Note Number	01/04/2018 TO 31/03/2019

Driver

Name of Driver	ANG SOON HIN
NRIC No	S1171831J
Date Of Birth	06/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1973
Driving Experience	45 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98738453
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 529 HOUGANG AVE 6 #06-261 (S) 530529
Postcode	
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	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : MADAM YAP 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?	NO
If Yes, against whom?	

Circumstances of Accident

REFER WITH ATTACH.

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	SH7699X
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)	1

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.

ZENER ELECTRIC ENTERPRISE

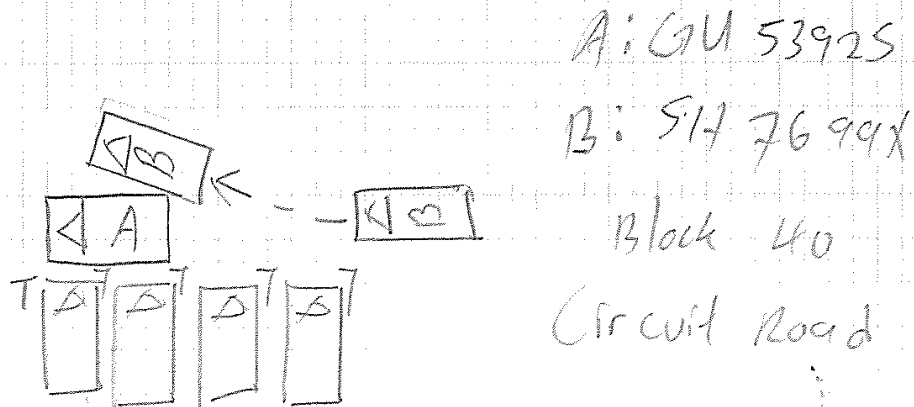


Date & Time: _____
Driver's Signature
(If driver is not the policyholder)
Date & Time: _____



Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: 16/10/2016

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/10/2018 at about 1230hrs I was stationary of my vehicle (A: GU 53925) at open carpark of Block 40 Circuit Road waiting for parking.

Suddenly I felt an impact from my vehicle behind and realised that vehicle (B: SH 7699X) which was travelling behind of my vehicle and hit onto my vehicle rear portion and slide off. After 5 minutes the vehicle B went back and took my vehicle photo. I request him the particular but his refuse. I only take his vehicle number. I sitting inside the vehicle and only know that someone hit onto my vehicle rear portion and heard the sound. Nobody was injured in this accident.

Insurance Co. <u>EA TOLSON</u> Vehicle No. <u>GU 53925</u>	Date of Accident <u>13/10/2018</u>
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input type="checkbox"/> Third Party Claim <input type="checkbox"/> Other Workshop	

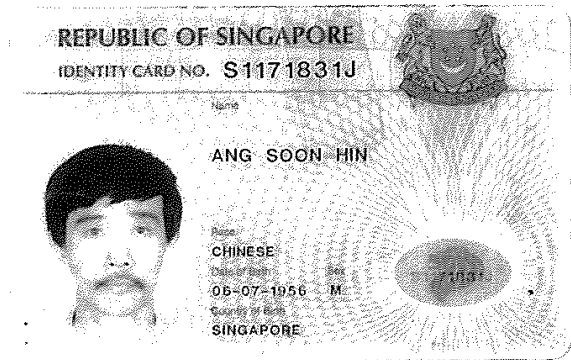
ZENER ELECTRONIC ENTERPRISE

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

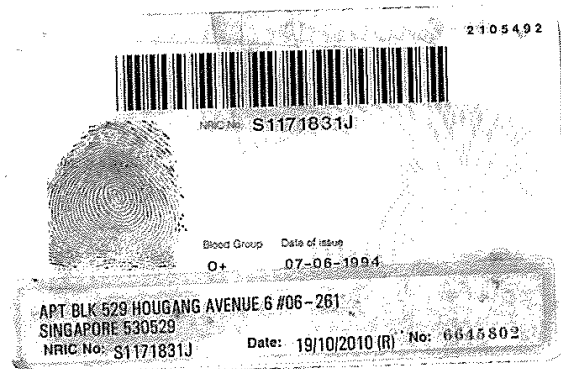
Policyholder's Signature
Date & Time:

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

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



HP: 9873 8453 (wife)
Occupation: self employed



wife



**SINGAPORE
POLICE FORCE**



F/20181015/2123

1 of 2

POLICE REPORT (NP322)

Report No. F/20181015/2123

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 15/10/2018 15:51	Vide Report No.	Station Diary No. 76
Name Of Informant ANG SOON HIN	Address APT BLK 529 HOUGANG AVENUE 6 #06-261 SINGAPORE 530529	
ID Type / ID No. NRIC NO / S1171831J	Contact No. Home/Office	Mobile 98738453
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF-EMPLOYED	Sex Male	Age 62
Institution/School Name	Date of Birth 06/07/1956	Race Chinese
Date/Time Of Incident 15/10/2018 00:00	Location Of Incident 529 HOUGANG AVENUE 6 #06-261 HDB-HOUGANG SINGAPORE 530529	

Brief details.

I am lodging this report to inform I lost the mentioned item.

Property Information

Signature Of Officer Recording The Report: F / Staff Sgt MUHAMMAD HELMI BIN SUBAWI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/10/2018 15:51
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 2 PATRICIA NIVASHINI D/O SIVACHANDRA Contact No.: 64890999	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645





**SINGAPORE
POLICE FORCE**



F/20181015/2123

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20181015/2123

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence		S117183 1J	1		One driving licence

Signature Of Officer Recording The Report:

F / Staff Sgt MUHAMMAD HELMI BIN SUBAWI

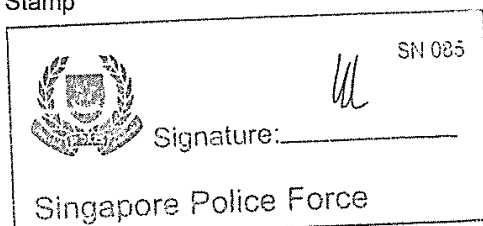
Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
15/10/2018 15:51Officer In-Charge Of Case:
F / Hougang N.P.C /
Sgt 2 PATRICIA NIVASHINI D/O SIVACHANDRA
Contact No.: 64890999

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



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.

COMMERCIAL VEHICLE PRIVATE (SCH I)

Third Party, Fire & Theft

Certificate No.: DMCPHQ18-001649

Form: LCVP1

Excess:

YEID-AC Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles
GU5392S

2. Name of Policyholder
ZENER ELECTRIC ENTERPRISE

3. Effective Date of the Commencement of Insurance for the purpose of the Act
01/04/2018

4. Date of Expiry of Insurance
31/03/2019

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 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*

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 business. 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.

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.

0010158-Chong Wun Wei Martin
UNWSR/HO/F000017/Phillip Securities P



A Member of Citystate

Authorised Signatory
EQ Insurance Company Limited

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

