#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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 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

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	ACCIDENT STATEMENT
Date Of Report	22/11/2018 14:51
Date Of Accident	21/11/2018 14:15
Exact Location Of Accident	JALAN TOA PAYOH -CTE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ3206L
Insured/Policyholder	
Name Of Registered Owner	LIOW SWEE TEE
NRIC No	S1836689D
Email Address	ERICLIMKC78@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90998489
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	GRANDIS 2.4L SPORTS-GEAR
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-004657
Cover Note Number	27/07/2018 TO 26/07/2019
Driver	
Name of Driver	LIM KOK CHUN, ERIC
NRIC No	S7829484A
Date Of Birth	17/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90998489
Fax Number	

ERICLIMKC78@GMAIL.COM

APT BLK 642C PUNGGOL DRIVE #11-363 Address

Postcode 823642

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

1

NO

NO

**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? 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)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO SKETCH PLAN

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 SHC4394B

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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#### Sketch Plan Pg. 1

#### SKETCH PLAN

IMPORTANT NOTICE

EQ

Vehicu: - SKZ

- 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.
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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

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm V3

Sketch Plan Pg. 2 CTE / Jln Toa Payoh Time: 2.15PM · Location: Date of accident: Vehicle B: 5HC 4394B Vehicle C: My Vehicle A: 3に2320G **SKETCH PLAN** SKZ3206 L BHQ43948 ERF DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ARE STOPPING AT THE ROAD DUE TO TRAPPLO SIGHTS VEHICLES BOTH. SOMEROW I THOUGHT THE FRONT ALREADY AND TO MOVE OFF, 30 I STEPPED ON THE ACCEPALATOR AND STAPIS THE REAR BUMPER OF SHC 439 AB. KNOCKED Claim OD/TP at Ah Lim Motor Remarks: Please forward a copy of my efile accident report to: My workshop : Email address : & myself Email address : ericlim Kc 78 Cg mail. am Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. I/We declare the foregoing particulars are true in every respect. Vchi cu SKZ 3706

Driver's Signature

(if driver is not the policyholder)

Date & Time: 22 11 18 1.18 PM

Policyholder's Signature

GIARMIC SketchPlanForm, V3

Date & Time:

TATALISM MOTOR CONTINUES

Reporting Centre Pei

#### Driver's Particulars 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



#### PRIVATE CAR SCHEDULE

Page 1 of 9

Agency A000319 Account A000319 Client 0021688	Class of Policy Issued on Acceptance Date	03/07/2018 in Sing		Policy Number Replacing Policy no.	DMPPHQ18-004657 DMPPHQ17-003848
Period of Insurance	e from <b>2</b> 7/07/2018	to 26/07/2019 , bo	th dates inclusive		
Insured's Name Address	Liow Swee Tee Blk 112 #02-14 Bishan Street 12 Singapore 570112				
Business/Occupn	Crew Leader - Su	pervisor			
Premium	Basic Annual Pre Special Discount Safe Driver Disco Premium after NC	@ 5% ount	SGD755.6 SGD37.7 SGD35.8 SGD681.9	8- 9-	SGD681.94 SGD47.74 SGD729.68
Engine No. Chassis No.	Comprehensive 4G69NT9893 JMYLRNA4W9Z00023 Market Value at t Drivers rs	Capaci 7	seats 8	9 9	MPV n 2009/2009 50.00

PRIVATE CAR COMPREHENSIVE - CLASSIC PLAN (Ver. 8)

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:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the Certificate of Insurance. You will have to pay the Excess for every claim made against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have

Continued on page 2





PM1702-Ver2.0

#### Driver's Particulars Pg. 2

















































