

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	27/12/2018 12:34
Date Of Accident	26/12/2018 15:00
Exact Location Of Accident	CLEMENTI AVE 6 TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8647B
Insured/Policyholder	
Name Of Registered Owner	Q N Q ENTERPRISE PTE LTD
Co Reg No	201113517R
Email Address	HR@QNPQL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67736618

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FEB21CR4SDEB-3.0 D (M)
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-002497
Cover Note Number	

Driver

Name of Driver	SAYUMPHU SAE IU
NRIC No	S2623614B
Date Of Birth	11/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	01/07/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93559571
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 19 TELOK BLANGAH CRESCENT #11-100
Postcode	090019
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 - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO : T/20181227/2011.

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	GBA3232Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	SAYUMPHU SAE IU
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	YP8647B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	BLK 19 TELOK BLANGAH CRESCENT # 11-100
Postcode	090019

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.



Signature 7/2/18

Signature

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.:

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days

☒ Claim Own Damage () Claim TP () Reporting Only () Claim OD/TP at other workshop

Signature 7/2/18

Workshop Name : _____

SKETCH PLAN

Clementi Ave G Towards P16



A-YP8647B
B-GBA32327

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No: T/2012/227/
2011

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.:



**SINGAPORE
POLICE FORCE**



T/20181227/2011

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20181227/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2018 10:09		Vide Report No.:		Station Diary No.: 32	
Informant's Particulars					
Name of Informant: SAYUMPHU SAE IU			Address: APT BLK 19 TELOK BLANGAH CRESCENT #11-100 SINGAPORE 090019		
ID Type / ID No.: NRIC NO / S2623614B			Contact No.: Home/Office: Mobile: 93559571		
Nationality: THAI			Email:		
Sex: Female	Age: 63	Date of Birth: 11/03/1955	Type of Informant: Driver		
Race: Thai			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/12/2018 15:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CLEMENTI AVENUE 6 PAN ISLAND EXPRESSWAY Before Clementi Avenue 6, Middle Lane				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA3232Z	Van				Seriously Damaged	1
YP8647B	Lorry				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181227/2011

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20181227/2011

CONTINUATION OF REPORT

Driver			
Name	SAYUMPHU SAE IU	ID No.	S2623614B
Related Vehicle	YP8647B (Lorry)	Contact No.	93559571
Hospital/Clinic	HL CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/12/2018	Date Discharge	26/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 26/12/2018 at about 1500hrs, I was driving in my vehicle YP8647B along Clementi Avenue 6 towards PIE before Clementi Loop, along the middle lane. All of a sudden, a vehicle GBA3232Z was driving on my right, suddenly cut in to my lane and braked slightly. I braked as well. At that point of time, the road was down sloping. Ahead of us, the traffic light turned red and the vehicle braked abruptly to a stop. I could not brake and stop on time and thus I collided to the rear of the other vehicle. I tried swerving to the left a little but could not avoid the vehicle ahead. There were other vehicles on my left thus I did not swerve much. My front right hand corner of the vehicle collided to the rear left corner of the other vehicle.

After the impact occurred, my leg was stuck in the vehicle. SCDF personnel cut open the door to help me out of the vehicle. I suffered pain on my right knee area and pain on my entire body. I do not know the injuries of the other driver or passenger. Traffic police officers came to the scene as well. My vehicle sustained major dent damages to the front right hand corner and the windscreen shattered as well. The other vehicle sustained dent damages to the rear as well and the rear window shattered as well. I do not have any in vehicle camera in my vehicle. None of us were conveyed to the hospital. The traffic police communicated to the other driver and the other driver left. I did not obtain any details of the other driver or passenger. The other driver is a male.



**SINGAPORE
POLICE FORCE**



T/20181227/2011

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20181227/2011

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:

D /

Sgt 3 TAN WEE KIONG, SHAUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/12/2018 10:09

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Classification Of Case:

Authentication
NP168SINGAPORE
POLICE FORCE

SN 37

SIGNATURE

Driver's Driving License/NRIC Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a woman

Licence Number: **S2623614B**
Name: **SAYUMPHU SAE IU**
Birth Date: **11 Mar 1955**
Issue Date: **19 Jul 2017**

Barcode: 002704924J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2623614B**



Name

SAYUMPHU SAE IU

Race

THAI

Date of birth

11-03-1955

Sex

F

Country/Place of birth

THAILAND

S2623614B

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

EFFECTIVE DATE

Class 2B Motorcycles ≤ 200 cc 01 Jul 1994
Class 3 Motor cars with unladen weight ≤ 3000 kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500 kg 01 Jul 1994

NP 428A



Licence No: S2623614B

9436881



NRIC No. **S2623614B**



Nationality

THAI

Date of issue

28-02-2017

Address

**APT BLK 19 TELOK BLANGAH CRESCENT
#11-100
SINGAPORE 090019**

Tong Hin Insurance Agency Pte Ltd

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

eqinsurance
You're Got a Friend

Quote Ref : PIMCP18-001008

MOTOR COVER NOTE - COMMERCIAL

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third Party Risks and Compensation) Rules 1960
 Road Transport Act 1987 (Malaysia)
 Motor Vehicles (Third Party Risks and Compensation) Rules 1959 (Malaysia)

SCHEDULE			
Intermediary Name :	Tong Hin Insurance Agency Pte Ltd		Intermediary Code : A000298
Policy No.	DMCPHQ18-002497		Cover Note No : CMCPHQ18-000153
Name of Insured	Q N Q ENTERPRISE PTE LTD		
Registration Number	To Be Advised		
Make / Model	MITSUBISHI		
Year of Registration	2018		
Tonnage	2.46		
Engine Number	4P10C96901		
Chassis Number	FEB21EA25122		
Cover Type	Comprehensive		
Est. Sum Insured	Market Value At The Time Of Loss		
Period of Insurance	25/04/2018 TO 24/04/2019		
Hire Purchase Company	Daimler Financial Svcs Africa & Asia Pacific Ltd		
Excess	Section 1: YEID: WindScreen: Additional S\$750.00 S\$3,000.00 All Claims S\$100.00		

The Insured having proposed for insurance the Motor Vehicle as described herein, we hereby confirm we HOLD COVER this risk for the period as stated in the Schedule, subject to the terms and conditions of the Company's standard Motor Policy. In the event this cover is terminated by us in written notice, a proportionate part of the annual premium will be charged for the time the Company has been on risk.

We hereby certify that this Cover Note is issued in accordance with the provisions of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

EQ Insurance Company Limited



Authorised Signatory

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.

Issued Date : 24/04/2018 15:04

This Cover Note is valid for 30 days from the first day of the Policy Period.

Applicable To Individual Policyholder

PREMIUM WARRANTY

Please note that the premium in full must be paid before the inception date shown above in order for the insurance cover to be valid.

Member of Citystate

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



