SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
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.
- $\label{eq:second-equation} 5. \ \underline{\text{Any false reporting may be referred to the Police for investigation.}}$
- 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 | 02/01/2019 12:16 |
| Date Of Accident | 31/12/2018 20:50 |
| Exact Location Of Accident | OUTRAM ROAD / EU TONG SEN ST |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJP8781Z |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN BENG TIONG |
| NRIC No | S0046522D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92967738 |
| Alternative Phone No | OTHERS-92967738 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | CAMRY 2.4 AUTO ABS AIRBAG |
| Exact Purpose for which vehicle was being used time of accident | d at |
| Are you claiming under your own insurance polifor repair to your vehicle? | cy 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 | DMPPHQ18-005749 |
| Cover Note Number | 23/08/2018 TO 22/08/2019 |
| Driver | |
| Name of Driver | TAN BENG TIONG |
| NRIC No | S0046522D |
| Date Of Birth | 03/04/1951 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/09/1975 |
| Driving Experience | 43 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92967738 |

OTHERS-92967738

NOEMAIL

Address APT BLK 124 BISHAN ST 12 #09-127 (S) 570124

Postcode

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 - CROSS JUNCTION

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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

NO

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] BISHAN N.P.C

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER WITH POLICE REPORT.

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

Vehicle Make/Model/Colour

Details Of Properties

SFR3061M

Vehicle Category PRIVATE CAR
Name of Driver NG BEOW LUAN

NRIC/Passport Number S0132277Z Contact Number 98259565

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

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
- 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)

Lunderstand, acknowledge, agree and consent that:

- 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)
 - (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")
- 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
- 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.
- 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 Personnel's Signature

Name:

NRIC/FIN No

Accident Sketch Plan Pg. 1

| | | ngan ngan ngantagan kalangan ngantagan ngantagan ngantagan ngantagan ngantagan ngantagan ngantagan ngantagan n | ana ya ngaraya a sa garawang marak 🕶 | gradient de la companya de la compa |
|--|--|--|--------------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | gyggyn a tysto, i ydd y meswedd a dilledd |
| | A | | 4 00-10 | em -1 |
| | 国山人 - | - <u>a</u> | | |
| | HB | | | |
| | The second secon | | 1 4 | |
| | Treat and the second se | | A: | 8-1812 |
| | Auricoop | | B. SE | R 2/ |
| DESCRIBE CIRCUMSTANCES OF T | HE ACCIDENT | 🏏 | | 1 -00 |
| | | <u> </u> | -/- 10.01 | . / \ \ |
| refer with |) Phe | report | · T/201901 | 02/20 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| DECLARATION | | | | ************************************** |
| /We declare the foregoing particulars | s are true in every respect. | , | aging me | No. |
| Λ . | / | . 1 | % (// | |
| 11.MM ~ | 14/ | $^{\checkmark}\!$ | | |
| HIALV X \ | Duite als Sissa Italian | / \/ | Reporting Centre Personnel' | Signature |
| 'olicyholder' Signature | Driver's Signature / | • | | , 0,0,,0,0,0 |
| Policyholder's Signature Date & Time: | Driver's Signature (If driver is not the policy | /holder) | Name: | , 0.0.10.00 |
| | (If driver is not the policy | (holder) | Name: | 4 0.8.10.00 |

police report Pg. 1





Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

T/20190102/2027

Report No. T/20190102/2027

| REPORT OF | A TRAFFIC | ACCIDENT | | | | | |
|-------------------------|------------|---------------------------|---|----------------------------|--|--|--|
| Date/Time 02/01/2019 | • | ade: | Vide Report No.: Station Dia 48 | | | | |
| Informant | 's Particu | lars | | | | | |
| Name of Ir TAN BENG | | | Address: APT BLK 124 BISHAN STRI 570124 | EET 12 #09-127 SINGAPORE | | | |
| ID Type / I NRIC NO | | 2D | Contact No.: Home/Office: | Mobile: 92967738 | | | |
| Nationality SINGAPO | | ΞN | Email: | | | | |
| Sex: Male | Age: 67 | Date of Birth: 03/04/1951 | Type of Informant: Driver | | | | |
| Race: Chinese | | | Language: | Institution / School Name: | | | |
| Occupation | | | Driving Licence Information: | Date of Expiry: | | | |

| | Non-Injury | Drink | Date/Time of | Type of Location: |
|---|-------------------------|------------------|----------------------------|--------------------|
| Type of Accident: | Attended by Police | Drive: No | Accident: 31/12/2018 20:50 | Straight Road |
| Along Road 1 OUTRAM RO EU TONG SE | | 2 | | |
| Weather: | | Road Surface: | | Road Speed Limit: |
| Clear | | Dry | | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| | | Not Controlled | Moderate | |
| Type of Collisi | on: | | | Anyone conveyed by |
| Between Movi | ng Vehicles - Head To S | ide | | ambulance: |
| | - | | | No |

| Details of V | ehicle Invo | lved | | | | |
|--------------|-------------|--------|---------------------------------|--------|----------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SFR3061M | Car | | | | | 0 |
| SJP8781Z | Car | TOYOTA | CAMRY 2.4 AUTO ABS AIRBAG | Silver | Seriously Damaged | 0 |

| Details of Vehicle Insurance | | | |
|-------------------------------|----------|-------|-----------------------|
| Vehicle No. Insurance Company | Insuranc | ce No | Effective Expiry Date |

police report Pg. 1





T/20190102/202

Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

2 of 3 Report No. T/20190102/2027

CONTINUATION OF REPORT

| Details of V | ehicle Insurance | | | , |
|--|---------------------------|---------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJP8781Z | EQ INSURANCE COMPANY LTD. | DMPPHQ18- 005749 | 23/08/2018 | 22/08/2019 |
| Details of P | erson involved | | | |
| CINCIPAL CONTRACTOR CO | ian Involved: No | | | |

| Details of Perso | n Involved | | | | | |
|-------------------|-------------------|-----|------------|---------------------------------------|----------|-----------------------------------|
| Any Pedestrian Ir | | | | | | |
| No. of Pedestrian | s Injured: NIL | | Use of Ped | lestrian | .Cross | ing: NA |
| Driver | 1 | | | | | |
| Name | NG BEOW LUAN | | | ID No. | | S0132277Z |
| Related Vehicle | SFR3061M (Car) | | | Conta | ct No. | 98259565 |
| Hospital/Clinic | NIL | | | Class Driving Licence Expiry | g e & | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | harge | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | Injury | NIL | |
| Driver | | | | | | |
| Name | TAN BENG TIONG | | | ID No. | | S0046522D |
| Related Vehicle | SJP8781Z (Car) | | | Conta | ct No. | 92967738 |
| Hospital/Clinic | NIL | | | Class Drivin Licend Expiry | g | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | harge | ·NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | Injury | NIL | |

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle (SJP 8781Z) at Outram Road towards Eu Tong Sen Street. At the junction, a vehicle (SFR 3061M) exiting CTE, collided into the left side of my vehicle. I exited my vehicle to make a check and there were dents on the left side of my vehicle. Traffic police was at scene. We exchanged particulars afterwards.

police report Pg. 1





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 3 of 3 Report No. T/20190102/2027

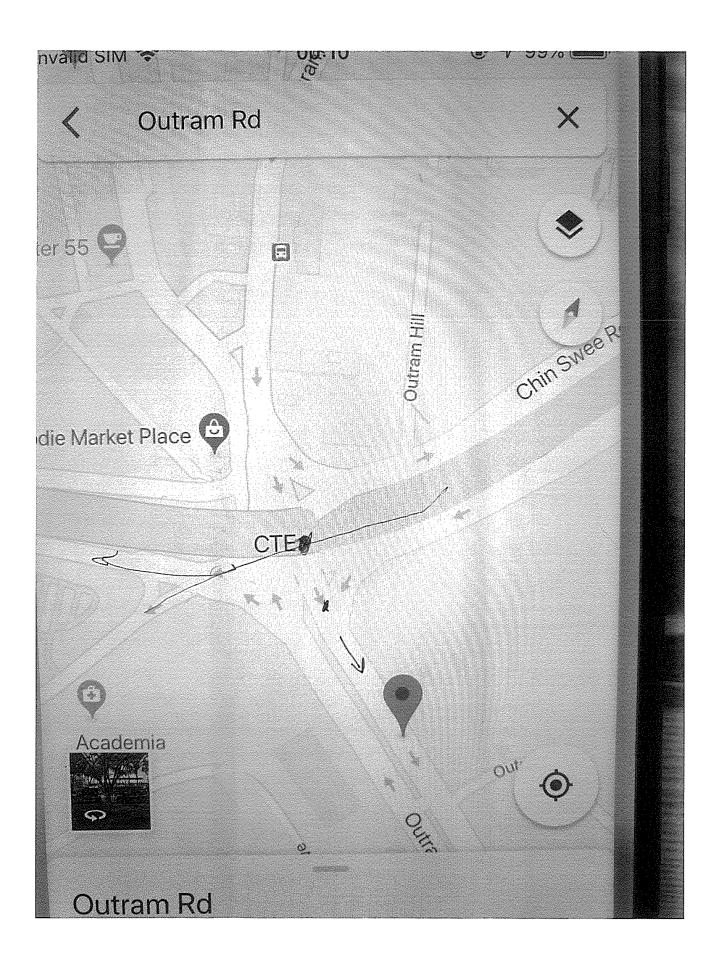
CONTINUATION OF REPORT

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 <u>report number</u> as reference.

| Signature Of Officer Recording T E / | he Report: | Signature Of Informant: | -19161 |
|--|--------------|-------------------------|--------|
| Sgt 2 MUHAMMAD TAUFIQ BIN | ISHAK lawa | Krys - | |
| Signature Of Interpreter: | | Date/Time: | |
| Not applicable | | 02/01/2019 11:10 | |
| Officer In Charge Of Case: | | Classification Of Case: | |
| TP / GIT / | SINGAPORE | | |
| Sr Staff Sgt YUS MASTARI I KH Contact No.: 65476214 | POLICE FORCE | SN 061 | |
| Authentication Stamp | Tank | 9 | |
| and the second s | SI | GNATURE | |



insurer's nric & license Pg. 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0046522D





TAN BENG TIONG

陈明中

CHINESE Date of Birth

03-04-1951 M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



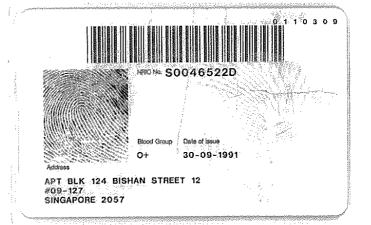
Licence Number S0046522D

TAN BENG TIONG

Beth Date: 03 Apr 1951 Issue Date: 16 Jul 2003

immumumaaasa 74 oo bankanii mb

insurer's nric & license Pg. 1



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

26 Sep 1975 ·

000 659 713F

Licence No: S004652

NP 428A

certificate of insurance 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.: DMPPHQ18-005749

1. Index Mark and Registration Number of Vehicles SJP8781Z

2. Name of Policyholder TAN BENG TIONG

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

4. Date of Expiry of Insurance 22/08/2019

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 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.

IVWE 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:

A000211/MDivine Insurance Agency Date of Issue: 14/08/2018 18:31

Authorised Signatory EQ Insurance Company Limited

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.

A Member of Citystate

Classic Plan - EQ authorized workshop only Form: MX2

Excess: Insured&Named Driver Unnamed Driver YEIDR WindScreen

S\$1,000.00(Section 1 - Own Damage) S\$1,500.00(Section 1 - Own Damage) Additional S\$3,000.00

S\$100.00

EQ Insurance-MARS Motor Accident Help Center











