### 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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/01/2019 13:34
Date Of Accident	17/01/2019 15:55
Exact Location Of Accident	AT SLIP RD OF TOA PAYOH EAST TO TOA PAYOH LORONG 6
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE901A
Insured/Policyholder	
Name Of Registered Owner	BEAUTY RESOURCES
Co Reg No	50221600W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62935530
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-005470
Cover Note Number	
Driver	
Name of Driver	KHOO AH HEE MICHELLE

Name of Driver KHOO AH HEE MICHELLE

NRIC No S6907537A

Date Of Birth 28/02/1969

Occupation INDOOR

Date Of Driving Pass 18/02/1992

Driving Experience 26 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-83883324

Fax Number

Contact Number

EMail Address MICHELLEKHOO69@HOTMAIL.COM

**BLOCK 138D YUAN CHING ROAD** Address

#18-161

Postcode 614138

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** 

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **RAINING** Road Surface WET

Other Information

ambulance?

Passenger 1

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

NO

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

NAME: : KHOO AH HIONG

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** 

Please refer to the attached Sketch Plan and the accident details

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 SHD6675Y

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

Page 2 of 17

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

### **SKETCH PLAN**

### **IMPORTANT NOTICE**

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- 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. 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.

11.4590

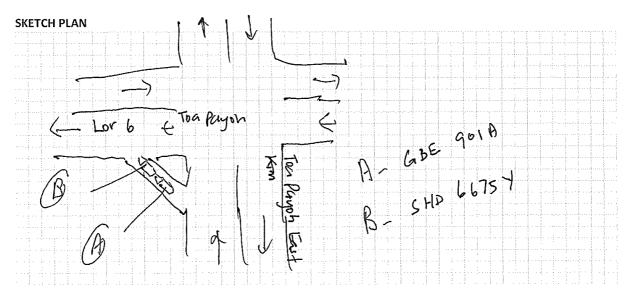
mobelle 18/1/19

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.:

CRARMAC Shotol-Blandeson, W.

### Sketch Plan Pg. 2



### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 17/1/19 at about 3-55 pm I was driving GBE 90/A along Lor 6 Tool Play Payoh towards Km Keat Ville.
GBE 90/A along Lor 6 Tool Play Payon towards
Kom Keat Ville.
At the slip Road of Toa Puyon East to Lor
6 Toa payon trastic light then amber, the of
6 Toa Puyon trastic light turn amber, the deliver in front brake. I was not able to stop in time and I boung on to his back.
stop in time and I boung on to his back.
The ground was wet, it was taining.
I am I passenger in the van.
Low the Hing F

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

11-45am

nuschelle 18/1/1

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.:

GlARdst, ShirataYaal qari A

Identity Card Pg. 1

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$6907537A



Name



## KHOO AH HEE MICHELLE

邱 雅 喜

Race

CHINESE

Date of Birth

Sex

Country of Birth

28-02-1969

SINGAPORE

SSACZSITA

1148344



NRIC No. S6907537A



Blood Group Date of issue

04

29-07-1993

APT BLK 138D YUAN CHING ROAD #18-161

SINGAPORE 614138

NRIC No: \$6907537A

Date: 25/10/2014

### Driving License Pg. 1

# 



Licence Number: S 6 9 0 7 5 3 7 A

Name

KHOO AH HEE MICHELLE

Birth Date: 28 Feb 1969

Issue Date: 28 Mar 2003



michelle thoo 69@ ## hotmail. rom 8388 3324

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

PASS DATE

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

18 Feb 1992

NP 428A

#### Certificate of Insurance Pg. 1

EQ Insurance Company Limited
5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069116
tel 56 6224 933 | Tax 65 6224 9393 | www.edjinaurance.com.sg.
reg.no. 1978-06499 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) Comprehensive

Certificate No.: DMCPHQ18-005470

1. Index Mark and Registration Number of Vehicles GBE901A

Form: LCVP1 Excess: Section 1: YEID-AC Additional

EQ Insurance-MARS Motor

Accident Help Center

6311 3211

\$\$500.00 \$\$3,000.00

2. Name of Policyholder

BEAUTY RESOURCES

3. Effective Date of the Commencement of Insurance for the purpose of the Act 31/08/2018

4. Date of Expiry of Insurance

5. Person or Classes of persons entitled to drive\* Goods carrying - (MZ300) Authorised Driver. Any of the following :-

The Policyholde

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 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

Elmitation as to use\*
 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

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

\*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

IWE 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 : HL Bank

A000173/Chen Song Tee Andrew Date of Issue: 13/08/2018 17:21

Authorised Signalory EQ Insurance Company Limited

Exp No.: DMCPHQ17-004206

A Member of Cristian

50221660 W Office 6293 5530

















