

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	20/02/2019 09:44
Date Of Accident	19/02/2019 09:00
Exact Location Of Accident	EUNOS LINK SLIP ROAD TOWARDS UBI AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT388T
Insured/Policyholder	
Name Of Registered Owner	KOOLZLINK ENGINEERING
Co Reg No	52995181M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97432093

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D DX (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-001691
Cover Note Number	

Driver

Name of Driver	KEVIN OOI KAH HOW
NRIC No	G2673521T
Date Of Birth	26/04/1992
Occupation	INDOOR
Date Of Driving Pass	16/07/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84138287
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	C/O 683A #11-109 WOODLANDS DRIVE 62 SINGAPORE
Postcode	731683
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 TO REAR
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?	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.	NO
Number of Passengers (Including Driver)	1

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 TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SJZ646G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	KEVIN OOI KAH HOW
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Approximate Age

Injuries Sustain

NECK PAIN

Injured person in which vehicle?

GT388T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

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 purposes 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 sums 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:

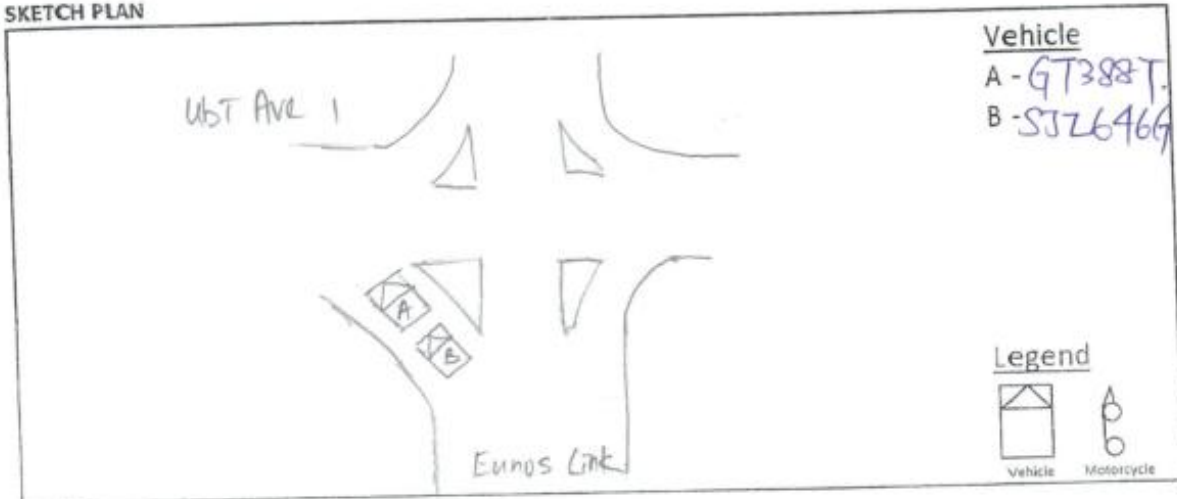
20/2/19
9:30am

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



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/2/2019, Around 9am. I was driving from Eunus Link towards Ubi Ave 1. I stopped at the stop road to check traffic and give way for outcoming vehicle. Suddenly, I felt an impact from behind, and I realise that was a car (SJZ646G) hit my van from the back. I feel neck pain after the accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:



9:30am
20/2/19

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



COMMERCIAL VEHICLE PRIVATE (SCH I) SCHEDULE

Page 1 of 7

Agency	A000342	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I)	Policy Number	DMCPHQ18-001691
Account	A000342	Issued on	22/03/2018 in Singapore		
Client	0098696	Acceptance Date	21/03/2018		

Period of Insurance from 27/03/2018 to 26/03/2019 , both dates inclusive

Insured's Name KOOLZLINK ENGINEERING
 Address BLK/HOUSE NO. 683A #11-109
 WOODLANDS DRIVE 62
 SINGAPORE 731683

Business/Occupn OTHERS
 Hire Purchase Ethoz Capital Ltd

Premium	Basic Annual Premium	SGD1,746.67		
	Total Annual Premium	SGD1,746.67	Premium Due	SGD1,746.67
			Premium GST	SGD122.27
			Total Due	SGD1,868.94

Risk No. 001	COMMERCIAL VEHICLE PRIVATE (SCH I)			
1. Registration	GT388T	Make/Model	TOYOTA	
Type of Cover	Comprehensive	No. of seats	2	Body Type Van
Engine No.	1KD2669585	Capacity cc	0	Yr of Manuf/Regn 2016/2017
Chassis No.	KDH2010211615			NCB% 0.00
		Tonnage	1.41	Certificate Ref. LCVP1
Sum Insured: Market Value at the time of loss			SGD0.00	
Section 1			SGD500.00	
YEID-All Claims	Additional		SGD3,000.00	

COMMERCIAL VEHICLE COMPREHENSIVE (Ver. 7)

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
 to refund us the amount of the Excess.

This Excess is in addition to any other excess applicable under this Policy.

Continued on page 2



DRIVER NRIC & LICENSE Pg. 1

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
KOOLZLINK ENGINEERING

Name
KEVIN OOI KAH HOW

Work Permit No.
4 05287730

Sector
SERVICE

K1040769

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G 2673521T**

Name
KEVIN OOI KAH HOW

Birth Date: **26 Apr 1992**

Issue Date: **08 May 2018**

Valid Till: **07/05/2023**

002800537H

VISIT PASS
Immigration Regulations

Name
KEVIN OOI KAH HOW

FIN
G2673521T

Date of Birth
26-04-1992

Sex
M

Nationality
MALAYSIAN

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

		EFFECTIVE DATE
<input checked="" type="radio"/> Class 2B	Motorcycles =< 200 CC	08 May 2018
<input checked="" type="radio"/> Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	16 Jul 2018

G2673521T

S / No. 9000308149

NP 428A

Licence No: G2673521T

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

