

[wrt 1 Jan 65]

191019070010

Preferred Wksp / INC Assign Wksp / QW: (

**Tolt:**

**Fax:**

Confirmed by : (

*Date:*

**Times**

Insured/Driver Liability: (            %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$)      )      Loading: \$1,000 (      ) / \$2,000 (      )

( ) Wall-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer **URGENTLY.**

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

**Injury :**

Date/Time Actions

NA/90/473

Driver/Owner:

Contact No:

**Damaged Portion:**

OC Checked by (Engr-In-Charge):

### Auditors' Comments:

2nd. 1:

213:

INVOICE		DATE	AMOUNT
1) AR: Accident Reporting	(330)		
2) DA: Damage Assessment	(1000)	INC (350)	
3) TP: Towing Fee		\$40/\$45	
4) FT: Follow-Through Survey		\$120	
5) FT: Follow-Through Survey (Re-survey)		\$30	
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection		\$75	
7) NI: Idao DA + SMRT Survey		\$160	
8) NTUC Additional Services:-			
ON:			
*NS: Courtesy Car / Tpt Allowance		\$5	
*NG: Repair Co-ordination		\$10	
*NT: Post Repair Inspection		\$25	
*NB: DV / Collect Excess Coordination		\$5	
TP (NI): TP (N+INC) against INC		\$20	
9) NI: Idao Mobile		30	
Invoice dated		Fee Charged	
Invoice dated		Fee Charged	



## 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	25/02/2019 15:42
Date Of Accident	25/02/2019 07:30
Exact Location Of Accident	BLK 223 PENDIND ROAD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF5805A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH WEE BENG
NRIC No	S8632629I
Email Address	MYTHIC_007@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81285879
Alternative Phone No	OTHERS-81285879

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	DMPPHQ19-000266
Cover Note Number	

### Driver

Name of Driver	GOH WEE BENG
NRIC No	S8632629I
Date Of Birth	08/11/1986
Occupation	INDOOR
Date Of Driving Pass	14/07/2005
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81285879
Fax Number	
Contact Number	OTHERS-81285879
EMail Address	MYTHIC_007@HOTMAIL.COM

Address	BLK 223 PENDING ROAD #05-109
Postcode	670223
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	0

#### 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 SKETCH PLAN

#### 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	GBD9366R
Vehicle Make/Model/Colour	MITSUBISHI L200 TRITON
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN CHAN WAH
NRIC/Passport Number	S0214567G
Contact Number	97345736
Address	BLK 223 PENDING ROAD #08-109
Postcode	670223
Insurance Company Name	GREAT EASTERN GENERAL INSURANCE LIMITED
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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 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.

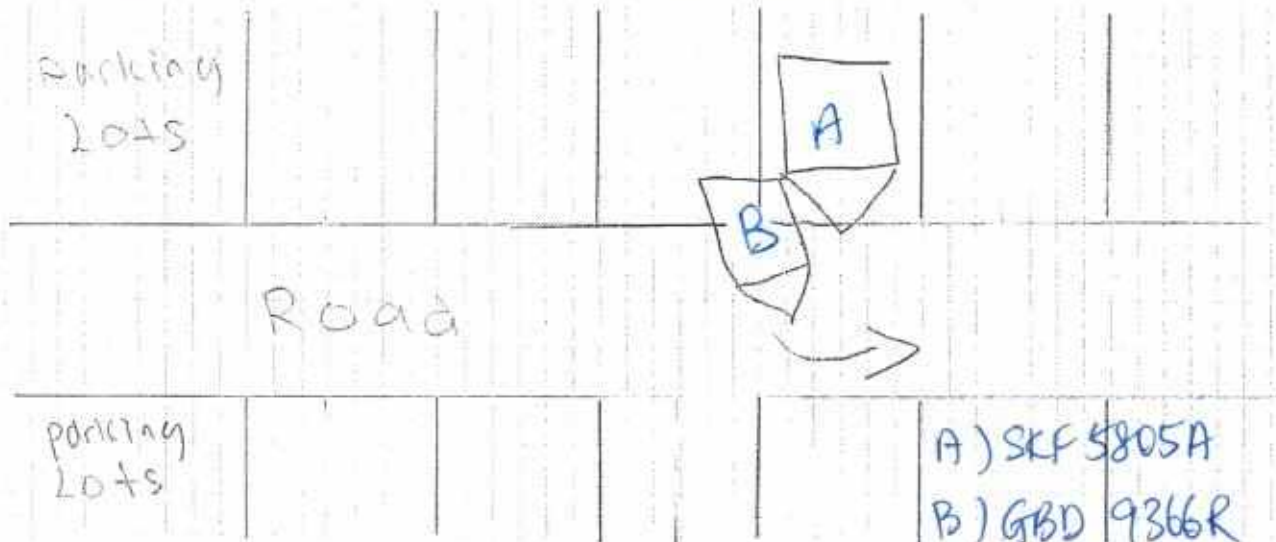
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

25/02/2019  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

# BK 223 PENDING ROAD CARPARK

## SKETCH PLAN



A) SKF 5805A  
B) GBD 9366R


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Monday morning, I was going to work and discover that my car had been hit at the front, causing the front bumper been dislodge from the car. I waited there and started calling people and that when MR TAN CHUN WAI walk over to my car and admitted that he hit my car in the morning while doing a reverse in. He gave me his VRC which I took a picture, and I walk over to his truck, to check if there any paintwork. His truck number GBD 9366R. He had also sent me a SMS admitting that he hit my car in the morning. That all I have to say.

## 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:

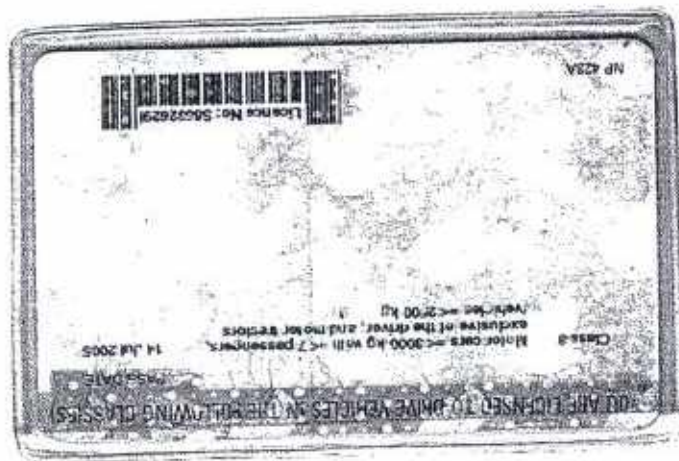
 25/02/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



<b>ACCIDENT DATE &amp; LOCATION</b>	
Date & Time of Accident *	Date: 25/01/2019 Time: 0730 AM (24 hr format)
Exact Location of Accident *	Blk 223 Pandey Road Housing car park slot
<b>INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number *	SKF5805A Make & Type: VW SCIROCCO R
Name of Registered Owner *	GOH WEE BENH
NRIC / FIN / Passport / Co Regn No. *	S8632629I
Contact Number *	8128 5879 Email/Fax No: Mythic-007@hotmail.com
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only
Name of Insurance Company *	China / EO / Etiqa / MSIG / Tokio Marine / Great American
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	DMPPH 19 - 000266
<b>DRIVER</b>	
Name of Driver *	GOH WEE BENH Gender: <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
NRIC / FIN / Passport Number *	S8632629I
Date of Birth *	08/11/1986 (dd/mm/yyyy)
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	14/07/2005
Contact Number *	81285879
Address	Blk 223 Pandey Road #05-109 Spore 670223
Email Address / Fax Number *	Email: Mythic-007@hotmail.com Fax: _____
Relationship of the Driver with the Insured *	<input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Employee / <input type="checkbox"/> Spouse / <input type="checkbox"/> Friend / <input type="checkbox"/> Others:
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision	Chain Collision / Side-Swipe / Front to Rear / Others:
Weather Conditions *	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / Others:
Road Surface *	Wet / <input checked="" type="checkbox"/> Dry / Others:
<b>OTHER INFORMATION</b>	
Was anybody Injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	( 02 )
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
<b>DETAILS OF POLICE ACTION</b>	
Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	( 0 )
Passengers	Name: _____ Gender: Male / Female Name: _____ Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <input checked="" type="checkbox"/> No	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) GBD 9366 R	2)
Vehicle Make / Model / Colour	MITSUBISHI L200 Triton	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	TAN CHAN WAH	
NRIC/Passport Number	SD214567 G	
Contact Number	97345736	
Address	Blk 223 Pindig Road #09-107	
Insurance Company Name	Great Eastern General Insurance	
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		







**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. : DMPPHQ19-000266****1. Index Mark and Registration Number of Vehicles**

SKF5805A

**2. Name of Policyholder**

GOH WEE BENG

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

18/01/2019

**4. Date of Expiry of Insurance**

17/01/2020

**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.

Classic Plan - EQ authorized workshop only

Form: MX2

Excess:

Insured &amp; Named Driver \$500.00 (Section 1 - Own Damage)

Unnamed Driver \$51,100.00 (Section 1 - Own Damage)

YEIDR Additional \$3,000.00

WindScreen \$5100.00

EQ Insurance-MARS Motor  
Accident Help Center**6311 3211**

\* 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 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.

I/WE 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:

A000298/Tong Hin Insurance Agency Pte Ltd

Date of Issue : 31/12/2018 11:17

Authorized Signatory  
EQ Insurance Company Limited**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.