

## 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	06/03/2019 17:09
Date Of Accident	02/03/2019 16:00
Exact Location Of Accident	ROADSIDE BY BLK 120 SERANGOON NORTH BLK 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ875R
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#### Insured/Policyholder

Name Of Registered Owner	SHENG SIONG SUPERMARKET PTE LTD
Co Reg No	198304925E
Email Address	TAN.ES@SHENGSIONG.COM.SG
Mobile Phone No	(LOCAL) +65-91478012
Alternative Phone No	OFFICE-91478012

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	DMCFHQ18-000059
Cover Note Number	02/01/2019 - 01/01/2020

#### Driver

Name of Driver	LUA ENG HOCK
NRIC No	S1768320I
Date Of Birth	09/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	18/05/1988
Driving Experience	30 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91478012
Fax Number	
Contact Number	OTHERS-91478012
Email Address	NOEMAIL

Address	BLK 619C PUNGGOL DRIVE #04-755
Postcode	823619
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?	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)	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 SKETCH PLAN BY DRIVER

#### 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	SKT6822U
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)	

**SKETCH PLAN**


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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:

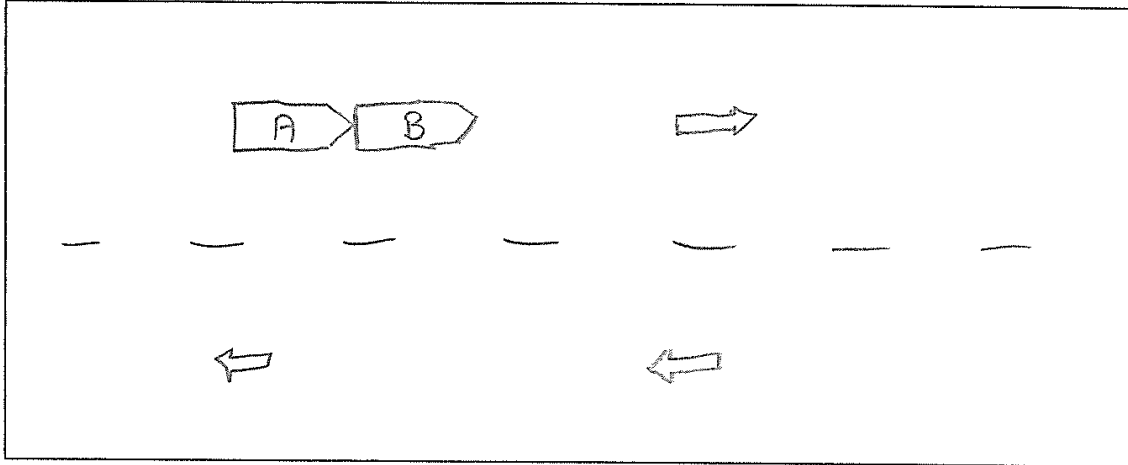
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Sketch Plan Pg. 2

Date of accident: 02/03/19 Time: ~4pm Location: Roadside by B1K120 Serangoon North Pkz 1  
 My Vehicle A: GBJ 0875R Vehicle B: SKT 6822V Vehicle C: /

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Our vehicle had crash onto the back of another car on a 2-way road.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address : tan.es@shengsiong.com.sg

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

[Signature]  
 Policyholder's Signature  
 Date & Time:

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

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

AH LIM MOTOR COMPANY

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



EQ Motor Cover Note

ORIGINAL

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)

Whereas the Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Agent / Broker Code:	Acclaim Ins Brokers Pte Ltd		
Policy No.	DMCFH018-000059	Cover Note no.:	42989
Name of Insured	<del>CAT Management Pte Ltd</del> Sheng Siong Supermarket Pte Ltd		
Registration Number			
Make / Model	Toyota Dyna 150 + Box		
Year of Registration	2019		
Cubic Capacity	1.75 Tons		
Engine Number	1KD2827311		
Chassis Number	JTFAT35Y50K211671		
Cover Type	Comprehensive		
Value	Mkt Value at time of loss		
Period of Insurance	From: 2/1/2019	(Time: 00 am/pm)	To: 1/1/2020
Hire Purchase Company	To Be Advise		
Excess	As per policy CI		
Type Of Plan	<input checked="" type="checkbox"/> Classic <input type="checkbox"/> Premier		

I/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

Not valid unless countersigned by Authorised Agent



31/12/2018

EQ Insurance Company Limited

*[Signature]*

Authorised Signatory

Important Notice:

- This Cover Note is valid for 30 days from the first day of the Policy Period
- Premium Warranty (for Individual Customers) Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid

A Member of Citystate

91478012


D/c


NO W/ing.

Camera over.

19m

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S17683201

 Name  
LUA ENG HOCK

 Race  
CHINESE


Date of birth  
09-05-1966


Sex  
M

Country/Place of birth  
SINGAPORE

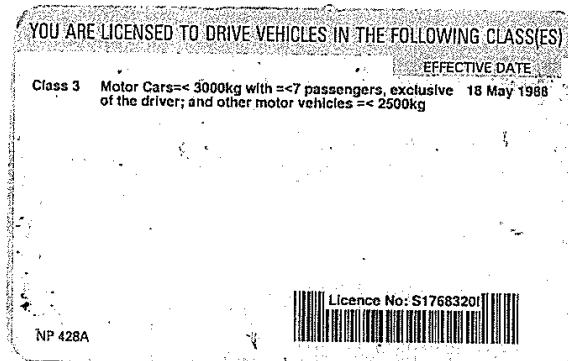
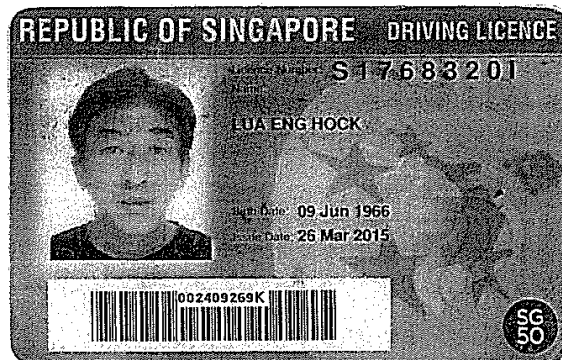
S17683201

5459377

  
NRIC No. S17683201

 Date of issue  
24-04-2015

Address  
APT BLK 619C PUNGGOL DRIVE  
#04-755  
SINGAPORE 823619



Accident Photo





Accident Photo





Accident Photo





Accident Photo





Accident Photo





Accident Photo

