

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	30/04/2019 12:29
Date Of Accident	03/03/2019 13:40
Exact Location Of Accident	TAMPINES AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3633J
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Insured/Policyholder

Name Of Registered Owner	SAN TEONG CONSTRUCTION & SERVICES
Co Reg No	52861095C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91000696

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	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	DMCPHQ18-002716
Cover Note Number	

Driver

Name of Driver	JAU MENG HAI
NRIC No	S1547181F
Date Of Birth	11/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	31/07/1992
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90686854
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 71 REDHILL RD #09-05 S150071
Postcode	
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	NO COLLISION
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?	
Was any other material or property damaged?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED 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	FBK413K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

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 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.

Please Chop Sign & Return

Policyholder's Signature _____
Date & Time: _____

MS 30/4/2019
Driver's Signature
(If driver is not the policyholder) 12 40 hrs
Date & Time: _____

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



Accident Sketch Plan Pg. 1

SKETCH PLAN

no accident

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached police report

INSURER:

VEHICLE: GBD3633J.

DOA: 2/03/2014

CLAIM TYPE: Repair

WORKSHOP: WA

DECLARATION

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

Please Chop Sign & Return

Policyholder's Signature -

Date & Time:

30/4/2019

Driver's Signature

(If driver is not the policyholder) 12.40 hrs

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Annex D

NOTICE OF REPORTING

This is to confirm that Jau Meng Hai, NRIC/FIN S1547181F, has reported to the Police a non-injury traffic accident which occurred along Tampines Ave 2 on 03/03/2019 at 1340hrs am/pm involving the following vehicles:

GBD3633J and FBK413K

At that point in time, my Toyota Dyna, Silver, lorry GBD3633J was parked at the open space carpark near 78 Redhill Lane and I was not involved in any accident. I received a letter from Eqnsurance stating that I was involved in the above accident, however, my vehicle was not there at that point in time.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT T150414 Neil Ng

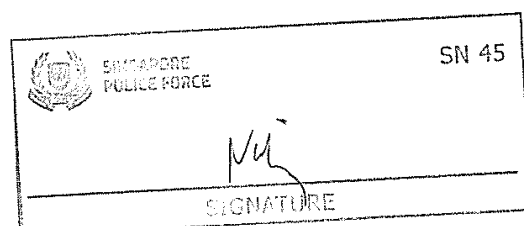
Date: 29/04/2019 Time:1915

S/D Ref: 74

Police Post/Unit : Bukit Merah West NPC

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police



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

eqinsurance
You're Got a Friend

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. : DMCPHQ18-002716

- | | | | |
|--|--|------------|--|
| 1. Index Mark and Registration Number of Vehicles
GBD3633J | Form: LCVP1
Excess:
Section 1:
YEID:
WindScreen: | Additional | S\$500.00
S\$3,000.00 All Claims
S\$100.00 |
|--|--|------------|--|
- 2. Name of Policyholder**
 SAN TEONG CONSTRUCTION & SERVICES
- 3. Effective Date of the Commencement of Insurance for the purpose of the Act**
 04/05/2018
- 4. Date of Expiry of Insurance**
 03/05/2019
- 5. Person or Classes of persons entitled to drive***
 Goods Carrying - (MZ300) Authorised Driver. Any of the following:-
 (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 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***
- 1) 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 business.
 - 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 cylinders.

*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 : Abwin Pte Ltd

ABWIN PTE LTD
 8 Kaki Bukit Road 2 #01-33
 Ruby Warehouse Complex
 Singapore 417841
 Tel: 6842 3332 Fax: 6842 3301 (Admin Office)

A000342/Abwin Pte Ltd
 Date of Issue : 03/05/2018 16:54

Authorised Signatory
 EQ Insurance Company Limited

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MKFS19055755- Vehicle Registration No: GBD3633J

Name(as shown in NRIC) : JAU MENG HAI NRIC/FIN/Passport No : S1547181F

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 90686854

Email Address : _____

Date of Accident : 03/03/2019 Time of Accident : 1340

Place of Accident : TAMPINES AVE 2

Insurance Company: EQ INSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TYPO : WRONG INSURANCE CO SHOULD BE EQ INSURANCE

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

