#### 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 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 consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/04/2019 14:21
Date Of Accident	19/04/2019 15:00
Exact Location Of Accident	SEMBAWANG PARK OPEN CP LOT 72
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GU3077R
Insured/Policyholder	
Name Of Registered Owner	TAN KIAN HUA
NRIC No	S6934678B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96886506
Alternative Phone No	OFFICE-96886506
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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**

EQ INSURANCE COMPANY LTD Name of Insurance Company

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number DMCPHQ19-000970

Cover Note Number

#### **Driver**

Name of Driver TAN CHWEE THIAM

NRIC No S7146021E Date Of Birth 25/12/1971 Occupation **OUTDOOR** Date Of Driving Pass 18/03/1996

**Driving Experience** 23 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96366543

Fax Number

Contact Number

**EMail Address NOEMAIL** 

BLK 667A PUNGGOL DR #12-586 S821667 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SIBLING** 

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** DRY Road Surface

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?

YES

NO

2

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)

Passenger 1

NAME: : TAN TRINA

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

**Circumstances of Accident** 

REFER TO ATTACHED REPORT

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GU3113U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category **COMMERCIAL VEHICLE** 

HOSSEN NAZMUL Name of Driver

NRIC/Passport Number

90777217 Contact Number

NA Address NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident 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:

- 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)
  - (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
- 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.
- 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.
- 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:

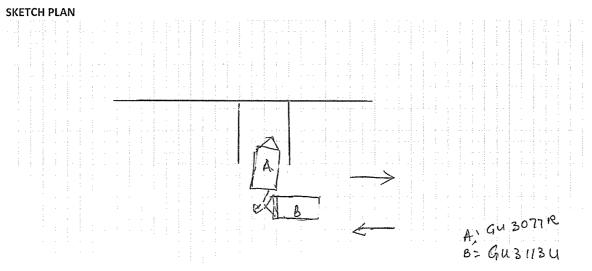
Driver's Signature (If driver is not the policyholder) Date & Time: 20/04/2019 1440HRS

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

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## Accident Sketch Plan Pg. 1



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS I WANTED TO REVERSED OUT OF MY PARKING LOT AND I COULD NOT SEE ANY TRAFFIC COMING. AS SUCH I SLOWLY	
INCH OUT. ALL OF A SUDDEN VEHICLE B CAME AND HIT ONTO MY REAR WHILE I WAS IN THE MIDST OF REVERSING.	
INSURER: EQ	
VEHICLE: GU3077R	
DOA: 19/04/2019	
CLAIM TYPE: REPORTING ONLY	
WORKSHOP: NA	
WOININGTOF.	

**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: 20/04/2019 1440HRS Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: **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 rea 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

#### COMMERCIAL VEHICLE PRIVATE (SCH I ) Third Party

Certificate No.: DMCPHQ19-000970

Form: LCVP1 Excess: YEID-AC Additional:

EQ Insurance-MARS Motor

Accident Help Center

6311 3211

S\$3,000.00

1. Index Mark and Registration Number of Vehicles

GU3077R

Tan Kian Hua

2. Name of Policyholder

3. Effective Date of the Commencement of Insurance for the purpose of the Act 07/03/2019

4. Date of Expiry of Insurance 06/03/2020

5. Person or Classes of persons entitled to drive\*

Goods carrying - (MZ300) Authorised Driver.

Any of the following :-

- 1. The Policyholder
- 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.

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 husiness

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.

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:

A000005/Marilyn Lim Lay Lay Date of Issue: 22/02/2019 13:19

Authorised Signatory EQ Insurance Company Limited

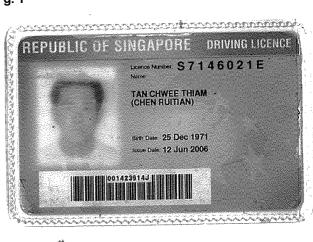
Exp No.: DMCPHQ18-000916

A Member of Citystate

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## NRIC & DL Pg. 1





# NRIC & DL Pg. 1

3870773

nnic no S7146021E

07-04-2006

APT BLK 667A PUNGGOL DRIVE #12-586 SINGAPORE 821667 NRIC No: 87146021E Date: 14/0

Date: 14/08/2015

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

PASS DATE

Class 21 Motorcycles =< 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

11 Nov 1989 17 Jul 1991 18 Mar 1996

NP 428A







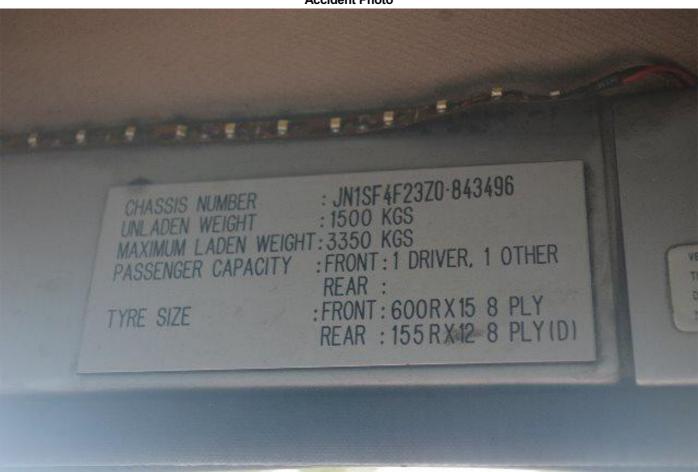






















#### Addendum Sheet Pg. 1



#### 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: S66SS0020G / GST Reg. No.: M400017735

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

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MKFS19051231 \_\_\_\_\_Vehicle Registration No: GU3077R Name(as shown in NRIC) : TAN KIAN HUA NRIC/FIN/Passport No: S6934678B (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( ) Contact (Tel) \_\_\_\_\_Mobile No. :\_\_\_\_ **Email Address** : 19/04/2019 \_\_\_\_\_Time of Accident: 15:00 Date of Accident Place of Accident : SEMBAWANG PARK OPEN CP LOT 72 Insurance Company: EQ Insurance Company Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: TYPO ERROR: VEHICLE NUMBER SHOULD BE GU3077R. Policyholder / Driver's Signature Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Date:

GIARMC addendumform V

Date: