

## 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	24/04/2019 13:59
Date Of Accident	23/04/2019 17:40
Exact Location Of Accident	AYE HEADING TOWARDS MCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9682R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LI XINHAO
NRIC No	S9132659J
Email Address	XINHAO_91@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98480182
Alternative Phone No	OTHERS-98480182

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3 GF CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DMPPHQ19-002252
Cover Note Number	26/03/2019 - 25/03/2020

### Driver

Name of Driver	LI XINHAO
NRIC No	S9132659J
Date Of Birth	12/09/1991
Occupation	INDOOR
Date Of Driving Pass	16/01/2012
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98480182
Fax Number	
Contact Number	OTHERS-98480182
Email Address	XINHAO_91@HOTMAIL.COM

Address	BLK 314 HOUGANG AVE 5 #09-123
Postcode	530314
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	CHAIN 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	3
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 ATTACHED SKETCH PLAN BY DRIVER.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4962Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HAN KER LOON
NRIC/Passport Number	S7244321G
Contact Number	81123400
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKK2762H
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LOO DONG LI TONY

NRIC/Passport Number

S8433424C

Contact Number

97715833

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

LI XINHAO

Approximate Age

Injuries Sustain

BODY UNWELL

Injured person in which vehicle?

SMJ9682R

Were seat belts worn?

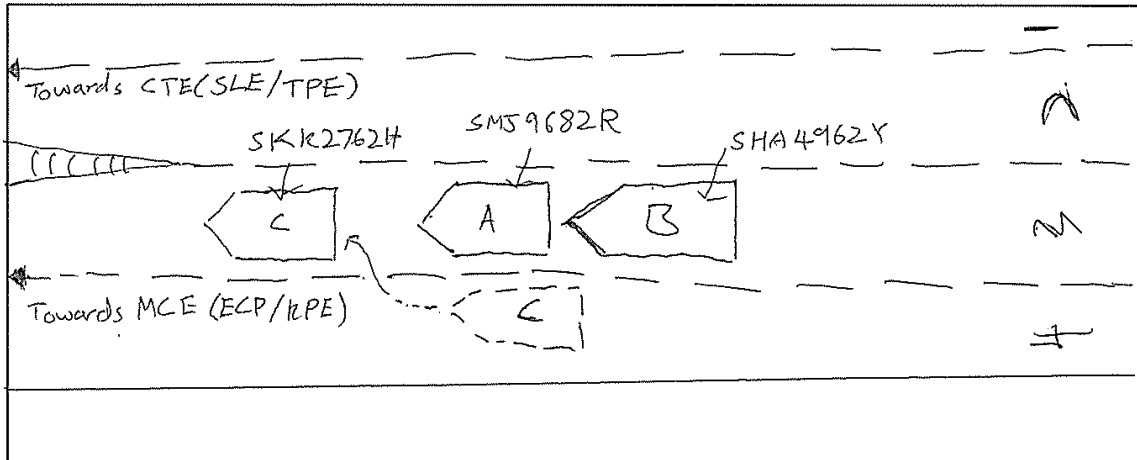
Was this injured conveyed to hospital by ambulance?

Address

Postcode

# Sketch Plan Pg. 1

Date of accident: 23 Apr 19 Time: 17:40 Location: AYE heading towards MCE  
 My Vehicle A: SMJ 9682R Vehicle B: SHA 4962Y Vehicle C: SKK 2762H  
 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23 Apr 19 around 17:40, I am travelling at 3rd lane.  
~~On 23 Apr 19 around 17:40, I am travelling at 3rd lane.~~ The car (SKK 2762H) at lane 4 suddenly change lane and did a sudden jam brake in front of my car, it is a dangerous move. In this short time frame, I quickly slow down my car and his car does not have much damage. The taxi (SHA 4962Y) at the back was travelling at high speed and banged into my car hard while I had jam brake for the car in front.

Veh B: Han Ker Loon / 81244321G  
 Reg: 81123400

Veh C: Loo Jeng Li Tony / 88433424C  
 Reg: 97115833

☒ 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 :

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 foregoing particulars are true in every respect.

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.:



AH LIM MOTOR COMPANY

**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.

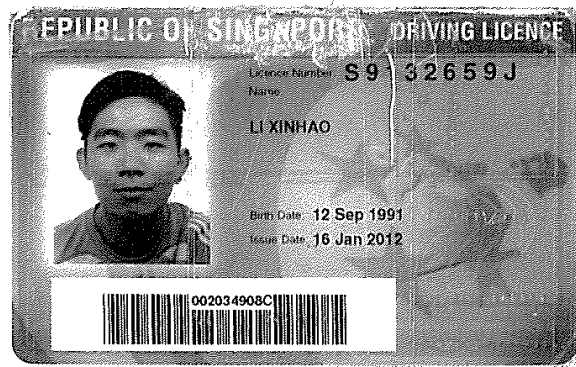
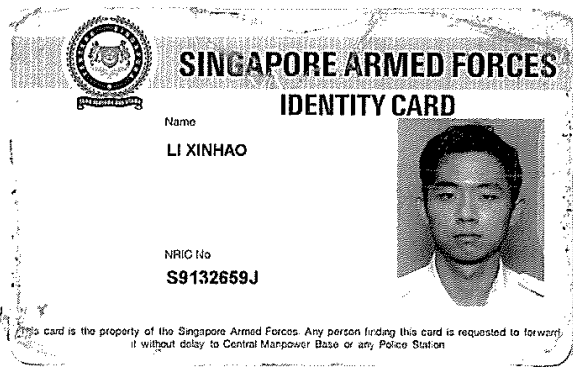


Policyholder's Signature  
Date & Time:

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

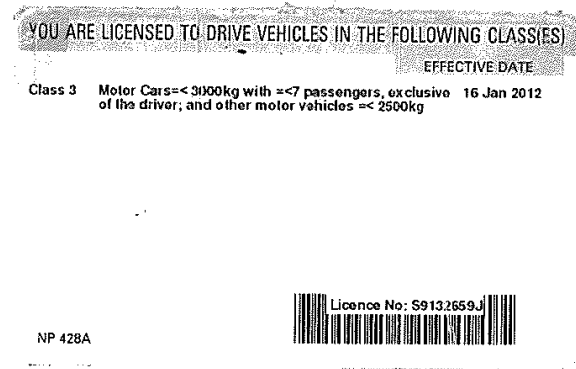
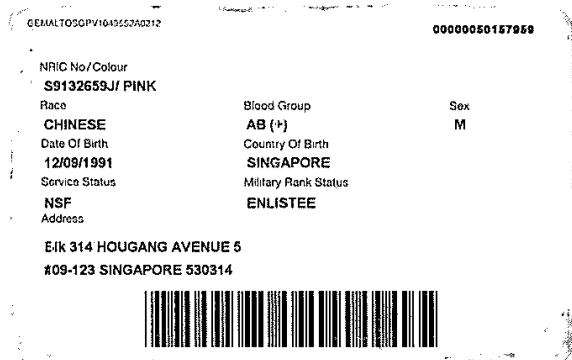


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



hp. 9848 0182

Email: Xinhao\_91@hotmail.com



any  
Yes  
Body unwell  
Ca. No  
Total. 1.

**EQ Insurance Company Limited**  
 1, Market Street, #17-01 Tower One, SINGAPORE 048910  
 Tel: 65 434 2244 Fax: 65 434 2245 www.eqinsurance.com.sg  
 Reg No: 0256000054

**eqinsurance**  
*You've Got to Trust*

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1967 (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.

**DMPPHQ19-002252 PRIVATE CAR Comprehensive**

Certificate No.: DMPPHQ19-002252

1. Index Mark and Registration Number of Vehicles  
 SMC962R **SM7 9682 R**

2. Name of Policyholder  
 LI XINHAO

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
 26/03/2019 **26/3/19**

4. Date of Expiry of Insurance  
 25/01/2020 **25/3/2020**

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.

\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a 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.

**Limitations as to use\***  
 Use for social, domestic and pleasure purposes and for the Policyholder's business.

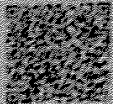
The policy does not cover :  
 (a) use for hire or reward  
 (b) use for racing, pace-making, reliability trials or speed testing  
 (c) use for the carriage of goods (other than samples) in connection with any trade or business  
 (d) use for any purpose in connection with the Motor Trade


Provisions 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, 1967 (Malaysia), are not to be included under these headings.

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, 1967 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

137/1 Insurance Agency  
 of Citystate

**EQ Motor Accident Hotline**  
**6311 3211**



  
 Authorised Signatory  
 EQ Insurance Company Limited



Accident Photo

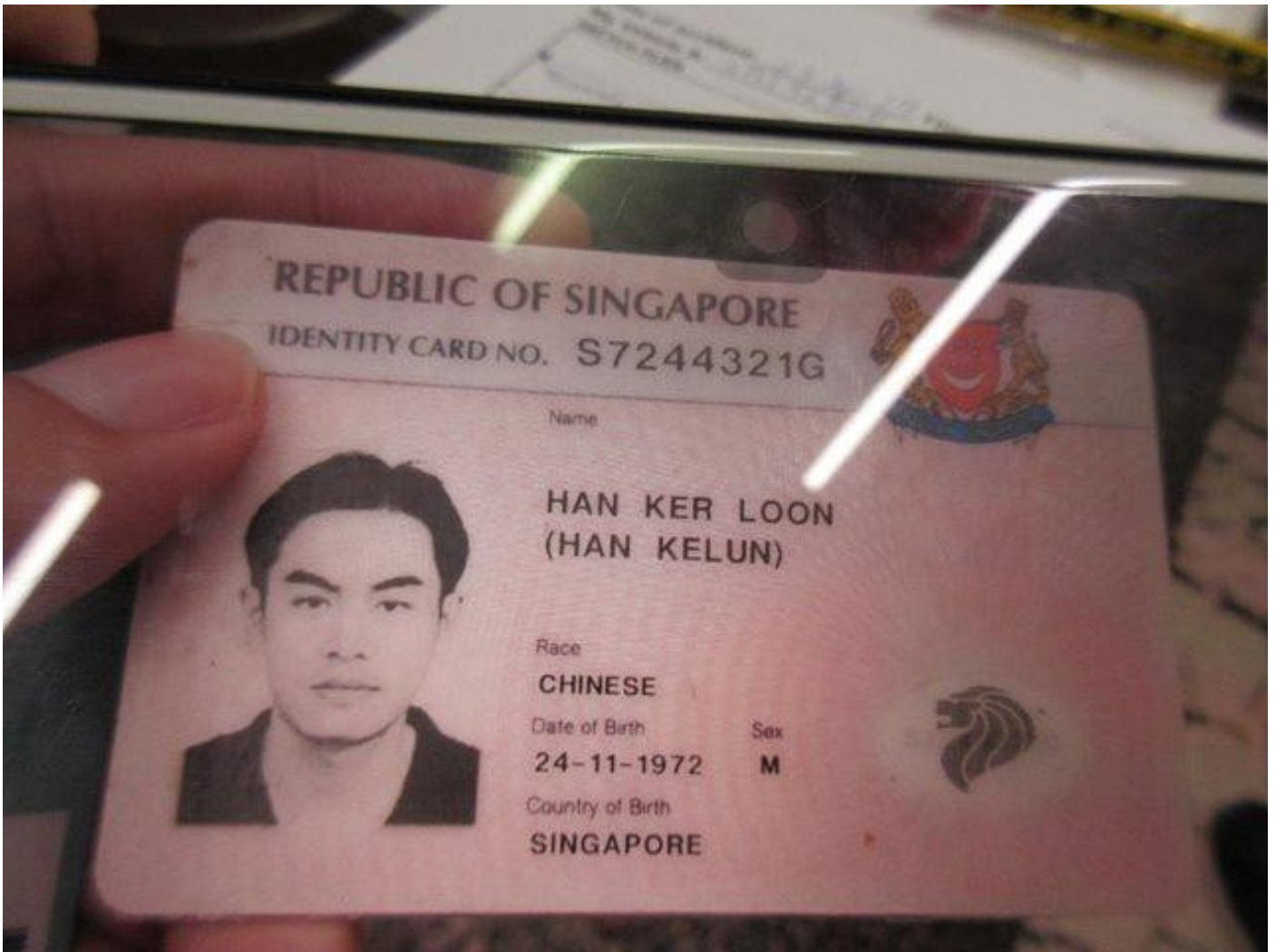




Accident Photo



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