### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**EMail Address** 

- 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 <u>truthful and accurate</u> 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 consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	06/05/2019 14:55
Date Of Accident	04/05/2019 13:25
Exact Location Of Accident	KALLANG SPORT COMPLEX PARKING4(K0078)OPEN CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX8280X
Insured/Policyholder	
Name Of Registered Owner	GOH BOON LENG
NRIC No	S7138484E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97699738
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	NISSAN
Model	X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
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	DMPPHQ19-002494
Cover Note Number	20/04/2019 TO 19/04/2020
Driver	
Name of Driver	GOH BOON LENG
NRIC No	S7138484E
Date Of Birth	29/10/1971
Occupation	INDOOR
Date Of Driving Pass	30/06/1992
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97699738
Fax Number	
Contact Number	OFFICE-NOPHONE

**NOEMAIL** 

APT BLK 122 BUKIT BATOK CENTRAL #10-419 Address

Postcode 650122

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 COLLISION - MAJOR/MINOR RD

Weather Conditions **DRIZZLING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

2

YES 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: : RAY

> GENDER: : MALE

Passenger 2 NAME: : JAY

> GENDER: : MALE

Passenger 3 NAME: : SHERNICE

> GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] POLICE NOTICE OF REPORTING AT BUKIT BATOK NPC

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO SKETCH PLAN

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKR5234J Vehicle Make/Model/Colour NISSAN

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Page 2 of 20

Contact Number 97106795

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

### MPORTANT NOTICE

EO

1. Please report correctly the details of the accident to speed up the claims process.

Vehicle: - SEX

2. This Form must be completed by the Policyholder and/or the Authorised Driver.

8280 X

- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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) 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.

Policybelder's Signature

Date & Time:

Driver Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's S

Name:

NRIC/FIN No.:

### Sketch Plan Pg. 2

SKETCH PLAN	
	TTT TO THE TOTAL THE SECONDARY
	A: SGX 8285 X
	B: SKR 5234 J
	20 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	<del>V</del>
	KALLANG SPORT COMPLEX
	PARKING 4 (KODAS)
	THE TIME THE THE THE THE THE THE THE THE THE TH
DESCRIBE CIRCUMSTANCES OF TH	HE ACCIDENT
* le	for To the Attached Police Report *
	<i>y</i>
Node:- a	many to a west common
1,070. L	mail to my Noile8hop:
A	nn Joo - yrenzil 3 @ gmail. am.
DECLARATION	
I/We declare the foregoing particulars a	are true in every respect. VChicle SEX 8280 K DCO * 6
1121	11 8280× 200×
Alth	AU/14-6/1/2019 DY/65-02
Policy older's Signature	Driver's Signature Reporting Centre Physiothesis Signature
Date & Time:	Driver's Signature Reporting Centre Phrsohnel's Signature (If driver is not the policyhoider) Name:
	Date & Time: NRIC/FIN No.: C   A   A

CHARRACTER COLLEGE COMPANY

Annex D

### NOTICE OF REPORTING

This is to confirm that <u>Goh Boon Leng</u>, NRIC/FIN: <u>S7138484E</u>, has reported to the Police a traffic accident. The traffic accident does not consist of the below following criteria:

- i) Involvement with foreign vehicle
- ii) Involvement with Pedestrian/Cyclist
- iii) Involving parties obtained more then 3 days of Medical Leave
- iv) Government property damage
- v) Hit and Run Accident

Incident happened on 04/05/2019 at 1325hrs at the carpark of Kallang Sports Complex Parking 4 (k0078). Whereby complainant was doing a reverse parking, V1 when suddenly V2 came from the left side and collided onto V1's left front side of vehicle. V1's damages are scratches on the front side of vehicle. V2 has some scratches on the front part.

Involving the following vehicles:

V1) SGX8280X driven by Goh Boon Leng, NRIC/FIN: <u>S7138484E</u> HP: 97699738

V2) SKR5234J, black coloured Nissan car, HP: 97106795

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: Muhammad Hanis

Date: 06/05/2018 Time: 1020 hrs

S/D Ref: 18 19

Police Post/Unit: Bukit Batok NPC

SINGAPORE 689846

#### Policy Holder-Driver's Particulars Pg. 1

**EO 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

Form: MX2 Excess:

Insured/Named Driver:

Additional

**EQI Motor Accident** 

Hotline

Unnamed Drivers:

Certificate No.: DMPPHQ19-002494

1. Index Mark and Registration Number of Vehicles SGX8280X

2. Name of Policyholder

Goh Boon Leng

3. Effective Date of the Commencement of Insurance for the purpose of the Act 20/04/2019

4. Date of Expiry of Insurance 19/04/2020

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 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 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: MAYBANK SINGAPORE LIMITED

A000298/Tong Hin Insurance Agency Pte Ltd Date of Issue: 03/04/2019 17:47

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMPPHQ18-002347

ந்த ∧ Member of Citystate

6311 3211

\$\$600.00 S\$1,100.00

\$\$3,000,00

### Policy Holder-Driver's Particulars Pg. 2



























