

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	10/06/2019 11:46
Date Of Accident	09/06/2019 13:35
Exact Location Of Accident	ALONG CHOA CHU KANG AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK4777D
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HANIF BIN ABDUL MALIK
NRIC No	S8218541J
Email Address	MUHD.HANIF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90106422
Alternative Phone No	OFFICE-90106422

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 G (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-002676
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HANIF BIN ABDUL MALIK
NRIC No	S8218541J
Date Of Birth	14/07/1982
Occupation	INDOOR
Date Of Driving Pass	06/11/2007
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90106422
Fax Number	
Contact Number	OFFICE-90106422
Email Address	MUHD.HANIF@GMAIL.COM

Address	BLOCK 487B CHOA CHU KANG AVENUE 5 #07-91
Postcode	682487
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 - U-TURN
Weather Conditions	DRIZZLINGS
Road Surface	WET

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?	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)	5
Passenger 1	NAME: : NOORASHEKIN BINTE JAMIL GENDER: : FEMALE
Passenger 2	NAME: : NAURAH ARINAH GENDER: : FEMALE
Passenger 3	NAME: : NAURAH ARISSA GENDER: : FEMALE
Passenger 4	NAME: : NAUFAL ARDANI GENDER: : MALE

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

Please refer to the attached Sketch Plan for the accident details.

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	FBF231U
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NOT AVAILABLE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBF231U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


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.



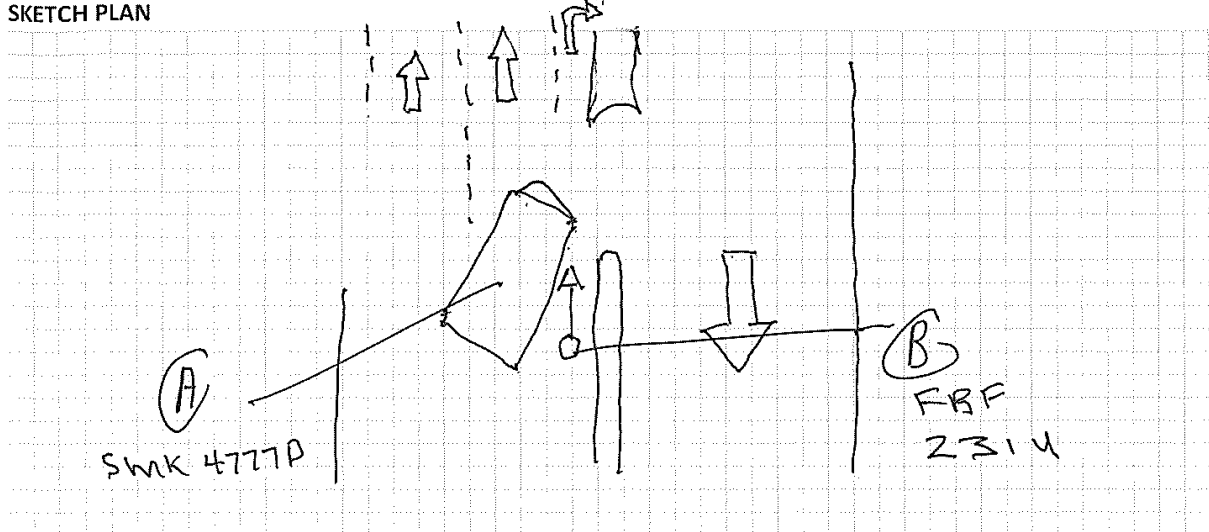
Policyholder's Signature
Date & Time: 10/6/19
10:20 am

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Date: 9/6/19 @ 1.35 pm

I was driving back home along Choa Chu Kang Ave 5. Was about to make a U-turn after signaling right when a motorcyclist rider cut from the right side and side swipe my door & side mirror before falling down. It was drizzling at that time.

I have 4 passengers in my car

- 1) Noorshakin Sinte Jamil (F)
- 2) Naurah Arinah (F)
- 3) Naurah Arissa (F)
- 4) Nurfal Ardani (M)

DECLARATION

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

Policyholder's Signature

Date & Time: 16/6/19

18:20 gm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

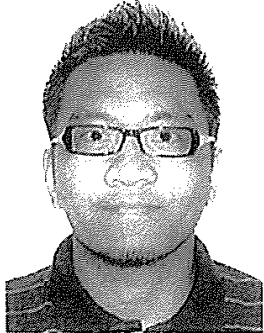
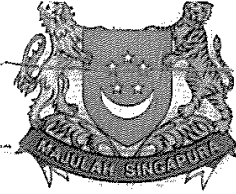
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8218541J



Name

**MUHAMMAD HANIF BIN ABDUL
MALIK**

Race

MALAY

Date of birth

14-07-1982

Sex

M

S8218541J

Country of birth

SINGAPORE

4 9 4 2 7 8 0



NRIC No. **S8218541J**



Date of issue

28-02-2013

**APT BLK 487B CHOA CHU KANG AVENUE 5 #07-91
SINGAPORE 682487**

NRIC No: **S8218541J**


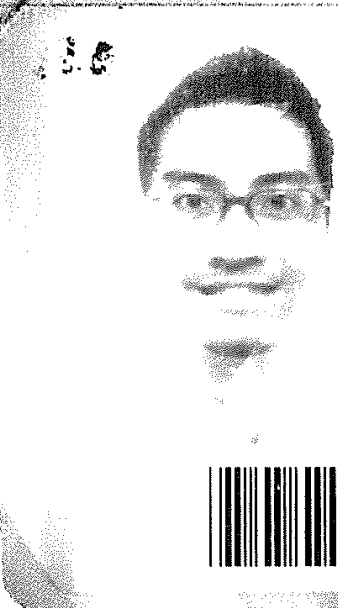
Date: **06/08/2015**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 8218541 J**
Name: **MUHAMMAD HANIF BIN ABDUL MALIK**

Birth Date: **14 Jul 1982**
Issue Date: **06 Nov 2007**

001542449G

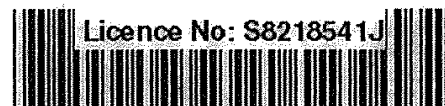


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 06 Nov 2007

NP 428A



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



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**

Certificate No.: DMPPHQ19-002676

Form: MX2

Excess:

Insured/Named Driver SGD500.00

Unnamed Drivers SGD1,000.00

YEID Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles
SMK4777D

2. Name of Policyholder
MUHAMMAD HANIF BIN ABDUL MALIK

3. Effective Date of the Commencement of Insurance for the purpose of the Act
11/04/2019

4. Date of Expiry of Insurance
10/04/2020

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.

EQI Motor Accident
Hotline

6311 3211



*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.

6. 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

*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.

HP: Genie Financial Services Pte Ltd
unmsys/HO/A000137/I Insurance Agency



A Member of Citystate

Authorised Signatory
EQ Insurance Company Limited

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



scene1



scene2



scene3



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 : MYWIM 19075065 Vehicle Registration No: SMK 4777D
Name (as shown in NRIC) : Muhammad Haniff Bin Abdul Malik NRIC/FIN/Passport No : 582185413
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : - Singapore ()
Contact (Tel) : - Mobile No. : 90106422
Email Address : -
Date of Accident : 09/06/2019 Time of Accident : 1335 hrs
Place of Accident : Along Choa Chu Kang Avenue 5
Insurance Company : ED Insurance Company Ltd

(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:

To change the existing Third Party's claim to Own
Damage (OD) claim

[Signature]
Policyholder / Driver's Signature
Date: 27/06/19

[Signature]
Reporting Centre Personnel's Signature
Name: Sunny Lee
NRIC/FIN No.:
Date: 27/6/19