

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	26/08/2019 11:43
Date Of Accident	24/08/2019 11:30
Exact Location Of Accident	CLEMENTI ROAD/SUNSET WAY TRAFFIC LIGHT JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU6333G
Insured/Policyholder	
Name Of Registered Owner	STANLEY PEST MANAGEMENT
Co Reg No	52075100X
Email Address	STANLEY2@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67603682

Vehicle Particulars

Manufacturer	SUZUKI
Model	SUPER CARRY
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	DMCPHQ19-001449
Cover Note Number	

Driver

Name of Driver	L.STANLEY LALL SINGH
NRIC No	S1216528E
Date Of Birth	04/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	28/03/1977
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	+65-93807591
Fax Number	
Contact Number	OFFICE-67603682
E Mail Address	STANLEY2@SINGNET.COM.SG

Address	BLK 561 CHOA CHU KANG NORTH 6 #07-86
Postcode	680561
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	COLLISION - CROSS JUNCTION
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?	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 SKETCH PLAN

Attachment(s)

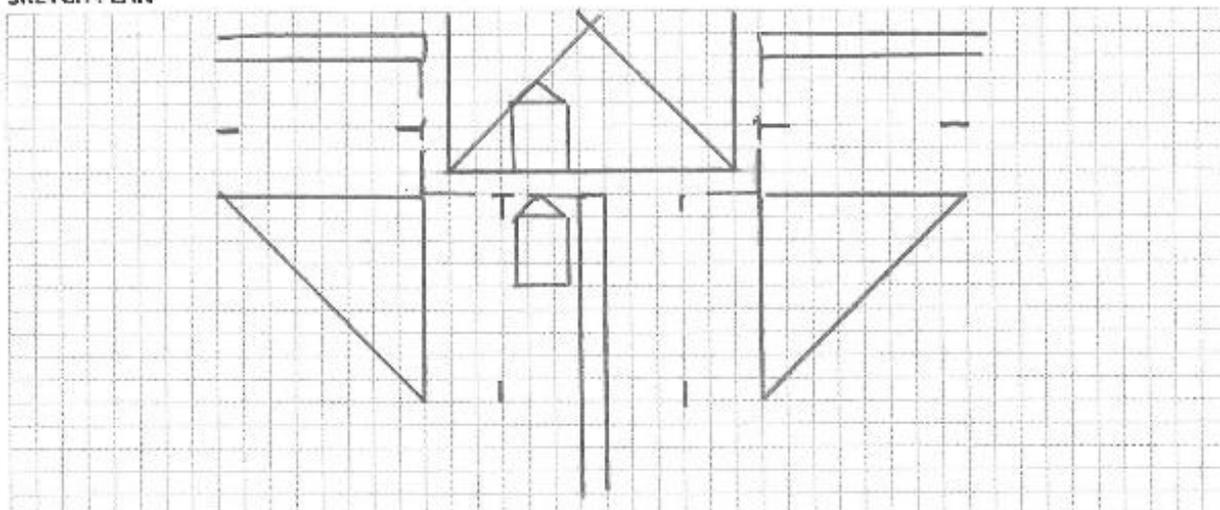
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF693Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Clementi Rd towards Bukit Timah rd approaching the Clementi rd / Sunset way traffic light junction which was green at the time. The taxi in front of me suddenly jammed his brakes when he was crossing the junction because the lights may have just turned from green to amber (please check his taxi in-vehicle camera as I do not have an in-vehicle camera). I thought that he intended to carry on to cross the junction so when he jammed his brakes, I also jammed my brakes but did not have enough stopping distance. As a result I bumped into his rear bumper.

Please see attached photos. His taxi has crossed the white stop line at the traffic ^{light} junction.

DECLARATION

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

STANLEY PEST MANAGEMENT

[Signature]
 Manager/Sole Proprietor
 Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time:

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

SP 1/18 (Rev 2018) Form 2/3

Common Statement

7/30/2019

Protected By Symantec

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.

STANLEY PEST MANAGEMENT

.....
Manager/Sole-Proprietor

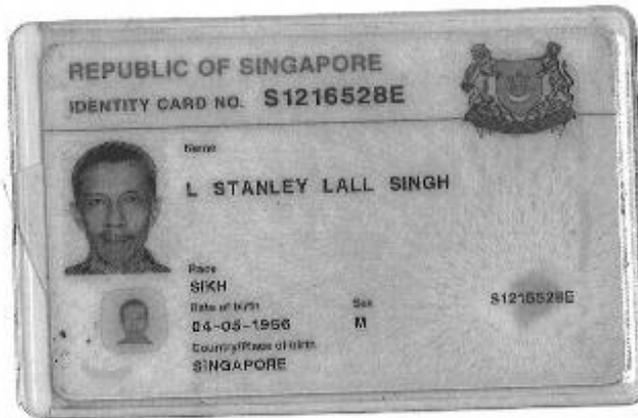
Policyholder's Signature
Date & Time:

26/8/19
11am

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

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

Identification Card



Certificate Of Insurance

EQ Insurance Company Limited
6 Maxwell Road #17-02 Tower Block MND Complex Singapore 009110
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 1969 (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 1998 EDITION(REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

COMMERCIAL VEHICLE PRIVATE (SCH I)

Third Party

Certificate No. : DMCPHQ19-001449

Form: LCVP1
Excess:
YEID-AC Additional: S\$3,000.00

1. Index Mark and Registration Number of Vehicles

GU6333G ✓

2. Name of Policyholder

STANLEY PEST MANAGEMENT

3. Effective Date of the Commencement of Insurance for the purpose of the Act

26/04/2019

4. Date of Expiry of Insurance

25/04/2020 ✓

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

EQ Insurance-MARS Motor
Accident Help Center

6311 3211



* 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 :

Kevin EE 9456 0410

A000165/Christina Ng Lay Kwan
Date of Issue : 13/03/2019 23:18

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMCPHQ18-002213

A Member of Citicorp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



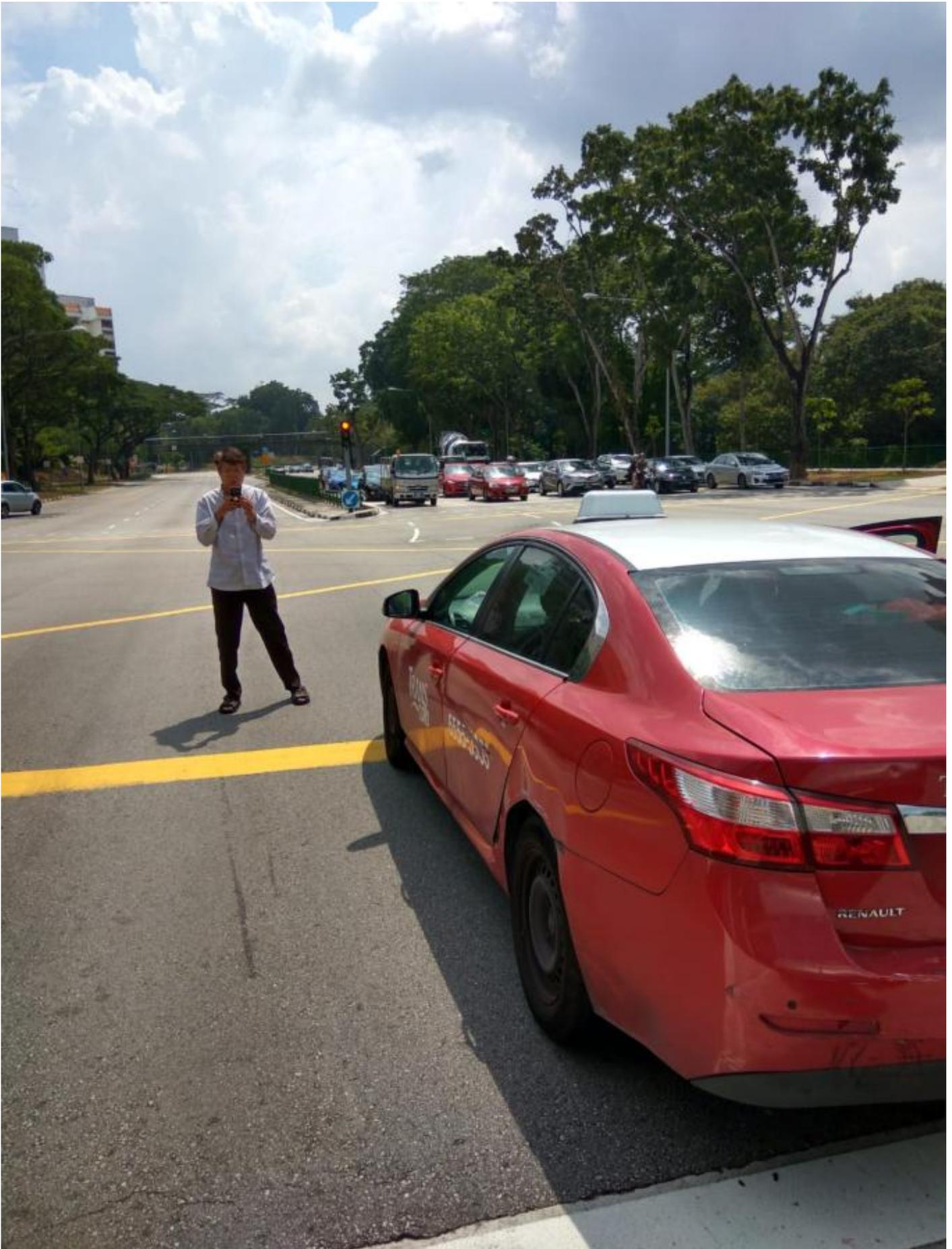
Accident Photo



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: S665S0020G / 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 : MCD219112001 - 01 Vehicle Registration No: GU 6333G
Name(as shown in NRIC) : L STANLEY LALL SINGH NRIC/FIN/Passport No : S1216528E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 561 CCF NORTH 6 #07-86 Singapore(680561)
Contact (Tel) : _____ Mobile No. : 93867591
Email Address : stanley2@singnet.com.sg
Date of Accident : 24/05/2019 Time of Accident : 11:30
Place of Accident : CLEMENTI ROAD/SUNSET WAY TRAFFIC LIGHT JUNCTION
Insurance Company: EQ

(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:

RE ATTACHED STATEMENT.

Policyholder / Driver's Signature
Date:


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