

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	26/09/2019 09:24
Date Of Accident	25/09/2019 08:30
Exact Location Of Accident	BLK 4 DEFU LANE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2482M
Insured/Policyholder	
Name Of Registered Owner	CENTRAL GAS LOGISTICS PTE LTD
Co Reg No	200208169E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65559222

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D 5MT (M)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ19-000965
Cover Note Number	23/03/2019 TO 22/03/2020

Driver

Name of Driver	SIM LIANG MENG
NRIC No	S1517702J
Date Of Birth	23/11/1962
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1987
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83181850
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 121A EDGEDALE PLAINS #02-225 (S) 821121
Postcode	
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 - HEAD TO REAR
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?	
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 with attach.

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	SMG4818R
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WOO LI YEE
NRIC/Passport Number	S9331949D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

SKETCH PLAN

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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:

0936 hrs

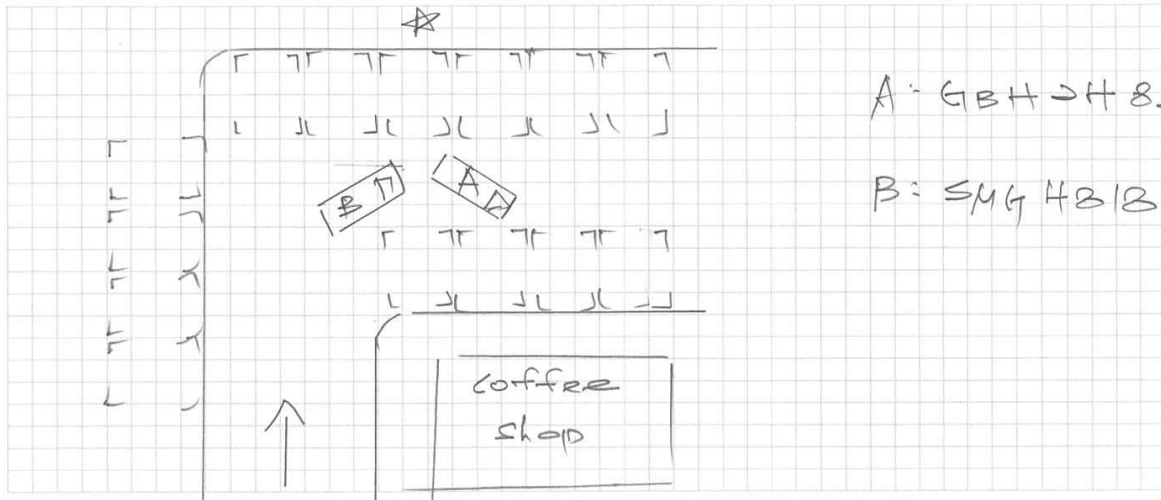


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan Pg. 1

Blk 4 Defu Lane A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While follow the road to turn right & spotted a car park lot. I check my rear view mirror, no traffic behind. so I moved forward & proceed to reversed into the lot. Suddenly a car SMG 4818R appear & as a result both vehicles were collided with each other.

Insurance Co.	EQ Insurance
Vehicle No.	GBH482M
Date of Accident	25/9/2018
<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Own Damage Claim
<input checked="" type="checkbox"/>	Third Party Claim
<input checked="" type="checkbox"/>	Other Workshop

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:

09.36 hrs

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



Driving License Pg. 1

Licence Number: **S1517702J**
Name: **SIM LIANG MENG**
Birth Date: **23 Nov 1962**
Issue Date: **18 Aug 2010**

FOR KFS ACCIDENT CLAIM USE ONLY

001876341C

IDENTITY CARD NO. **S1517702J**

Name: **SIM LIANG MENG**
沈 亮 明
Race: **CHINESE**
Date of birth: **23-11-1962** Sex: **M**
Country of birth: **SINGAPORE**

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

Class	Vehicle Description	Effective Date
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	12 Feb 1987

FOR KFS ACCIDENT CLAIM USE ONLY

Licence No. **S1517702J**

NP 428A

4625311

NRIC No. **S1517702J**

Date of issue: **18-08-2010**

APT BLK 121A EDGEDALE PLAINS #02-225
SINGAPORE 821121

NRIC No. **S1517702J** Date: **26/06/2016**

Insurance Company Limited
 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



COMMERCIAL VEHICLE PRIVATE (SCH I) SCHEDULE

Page 1 of 7

Agency	A000342	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I)	Policy Number	DMCPHQ19-000965
Account	A000342	Issued on	22/02/2019 in Singapore	Replacing Policy no.	DMCPHQ18-001787
Client	0097512	Acceptance Date	22/02/2019		

Period of Insurance from 23/03/2019 to 22/03/2020 , both dates inclusive

Insured's Name CENTRAL GAS LOGISTICS PTE LTD
 Address BLK/HOUSE NO. 31
 DEFU LANE 9
 DEFU INDUSTRIAL ESTATE
 SINGAPORE 539271

Business/Occupn OTHERS
 ire Purchase HL Bank Singapore

Premium	Basic Annual Premium	SGD1,803.74	Premium Due	SGD1,803.74
	Total Annual Premium	SGD1,803.74	Premium GST	SGD126.26
			Total Due	SGD1,930.00

Risk No. 001	COMMERCIAL VEHICLE PRIVATE (SCH I)	Make/Model	TOYOTA DYNA 150 5MT (Metal Body)
1. Registration	GBH2482M	No. of seats	2
Type of Cover	Comprehensive	Capacity cc	0
Engine No.	1KD2781748		
Chassis No.	JTFAT35Y80K209834	Tonnage	1.75
			SGD0.00
Sum Insured: Market Value at the time of loss			SGD500.00
Section 1			SGD3,000.00
VEID-All Claims	Additional		

COMMERCIAL VEHICLE COMPREHENSIVE (Ver. 7)

For information on Motor Claims Framework (MCF), please visit GIA websites
 (www.gia.org.sg /pdfs /Industry /Motor /MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
 Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the
 Certificate of Insurance. You will have to pay the Excess for every claim made
 against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have
 to refund us the amount of the Excess.

Continued on page 2



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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