

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	09/10/2019 17:39
Date Of Accident	09/10/2019 12:00
Exact Location Of Accident	T0A PAYOH EXITING HIGHWAY TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5523P
Insured/Policyholder	
Name Of Registered Owner	CSA GROUP PTE LTD
Co Reg No	201228324K
Email Address	SALES@CSAGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-85889339
Alternative Phone No	OFFICE-66841179

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	CADDY-1.9 TDI (A)
Exact Purpose for which vehicle was being used at time of accident	DELIVER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ19-004160
Cover Note Number	

Driver

Name of Driver	LEE TEK CHONG
NRIC No	S1822094F
Date Of Birth	06/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	13/06/1989
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96904115
Fax Number	
Contact Number	OFFICE-66841179
E-Mail Address	NOEMAIL

Address	85889339
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?	YES
Foreign Vehicle Registration Number	SFG682Z (PRIVATE CAR)
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

On the 9th Oct 2019 around 1200hrs noon along the exit of Toa Payoh and Kim Keat towards Changi Airport direction. Vehicle B(SFG682Z) was moving and suddenly stop at the exit and my vehicle A (GBG5523P) collided onto the rear of vehicle B. It has very very slight scratch, my vehicle was dented on the car plate and front portion. No injury.

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	SFG682Z
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIN SHIYU
NRIC/Passport Number	S8140466F
Contact Number	96822060
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

IMPORTANT NOTICE

SKETCH PLAN

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 Authorized Signee.**
3. Information provided must be as **truthful and accurate as possible.** Any willful misrepresentation or withholding of material facts may allow insurance companies to **reassess 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. 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 abroad.
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 insurer's lawyer/law firm, 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 making 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' lawyer/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 firm), which may be listed 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.

CIA GROUP PTE LTD

Reg No 201022333K

281 Westfield Indestate Park ES

Singapore 157322

Handwritten signature

Policyholder's Signature

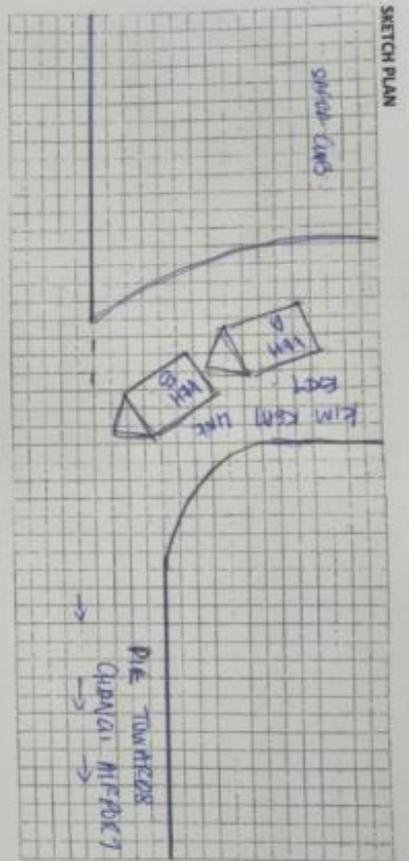
Date & Time

Reporting Centre Personnel's Signature

Name

ID/IC/FIN No.

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 9th Oct 2019 around 12:00hrs noon along the exit of TOA PAYOH AND LIM KERN TOWHEADS CHUANAI HIFPOET DIRECTOR. VEH B. (SFG 682Z) was moving and suddenly stop at the exit and my vehicle A (G8G5533P) collided onto the rear of vehicle B. It was very very slight scratch, my vehicle was dentoid on the car plate and front portion. No injury.

VEH A : G8G 5533P	INSURER:
VEH B : SFG 682Z	VEHICLE:
	DOA:
	CLAIM TYPE:
	WORKSHOP:

DECLARATION

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

CSA GROUP
 Reg. No. 201221831K
 310 Woodland Industrial Park ES
 #03-25 Singapore 757202
 6543 2222

Policyholder's Signature: _____
 Date & Time: _____

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

Common Statement

ACCIDENT STATEMENT

Date of accident: 09/10/2019 Time: 13:00hrs
 Location of accident: TOP HIGHWAY BMT (TOWARDS QUEMUL AIRPORT INKEDDOW)

Details of Own Vehicle

Vehicle Number: GB65533P Make/Model: BMW 101 054 M40C
 Insurer: EG INSURANCE Passenger (incl. Driver): 1
 Policy No: DMC PHE19-004166 Policy Type: C/TH/T/TFO

Policyholder

Name: CSA GROUP PTE LTD NRIC/FIN no: 2012283241C
 Contact no: 6894 1179

Driver

Name: LEE TAE GYONG NRIC/FIN no: S852094F
 Contact no: 9680 4115 D.O.B: 06/07/1967
 Email: Occupation: SALES REP.

Address: BUILDING 184/184, TICA (100410) Relationship with Policyholder: EMPLOYEE
 Driving pass date: 13/02/1989

General Information

Weather conditions: Clear/ Raining Road surface: Dry/Wet
 Police report: Yes/No Video Footage: Yes/No
 Protection letter: Yes/No If Yes, provide details: _____
 Inquirer: Yes/No If Yes, provide injuries details: _____

Name	Van No.	Seated (Y/N)	Consented to be interviewed (Y/N)

Details of Third party

Vehicle B Vehicle C

Vehicle no.:	Driver name:	NRIC/FIN no.:	Contact no.:	Insurance Co.:	Remarks:
<u>SF4 683Z</u>	<u>LIN SHI YU</u>	<u>S814046E</u>	<u>9682 2060</u>		

Detail of Witness

Name:	Witness 1	Witness 2

Claim Type & Acknowledgement

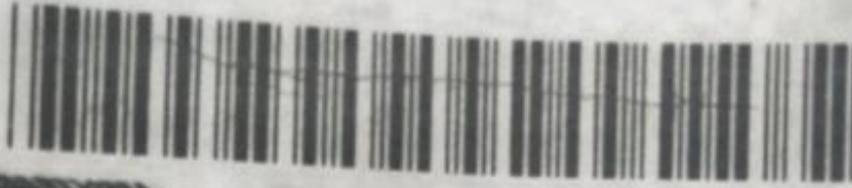
Claim Type: Own Damage/ Third Party/ Reporting Only Policyholder: CSA GROUP PTE LTD
 Workshop: Signature: driver
 Reg. No: 2012283241C
 185 Woodlands Industrial Park ES
 #02-20 Singapore 737732
 Tel: 6348 8338

Identification Card



Identification Card

1865001



NRIC No. S1822094F



李的襄

Blood Group Date of issue

O+ 07-02-1994

T BLK 102 LENGKONG TIGA #05-389
SINGAPORE 410102

NRIC No: S1822094F

Date: 06-11-2006

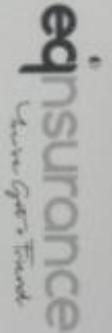
No: 5612162

Driving License



INSURANCE CERT

EQ Insurance Company Limited
 5, Mermaid Quay #11/01 Tower B Level 11/01 Mermaid Quay Singapore 069770
 Tel: 65 6223 5423 | Fax: 65 6224 2822 | www.eqinsurance.com.sg
 Reg. no. 9336 (04/86) N



CERTIFICATE OF INSURANCE
 ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1988 (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 198) OF THE REVISED EDITIONS
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLE (THIRD PARTY RISKS AND COMPENSATION) RULES 1996 (EDITION/REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

COMMERCIAL VEHICLE PRIVATE (SCH 1)
 Comprehensive Classic

Certificate No. : **DMCHQ19-004160**
 1. Index Mark and Registration Number of Vehicles
 Q80G0029P

Class: **Private - EQ Authorized Workshop Only**
 Form: **LD091**
 Excess: **RM500.00**
 Section: **1**
 VED AC: **Annual** RM21500.00

2. Name of Policyholder
 CSA GROUP PTE LTD
 3. Effective Date of the Commencement of Insurance for the purpose of the Act
 31/08/2019
 4. Date of Expiry of Insurance
 30/08/2020
 5. Person or Classes of persons entitled to drive*

EQ Motor Accident
 Helpline
6311 3211

1. The Policyholder
 2. Any person on the order or with the permission of the Policyholder
 * 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*
 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 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 69 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.
 Here Purchased : Heazell Capital Asia Pacific Pte Ltd

A000423Car Insurance Agency Pte Ltd
 Date of Issue : 15/08/2019 09:41

Authorized Signatory
 EQ Insurance Company Limited

Exp No. : DMCHQ19-005690

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

