

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	20/12/2019 13:20
Date Of Accident	19/12/2019 12:30
Exact Location Of Accident	AYE TO MCE BEFORE LOWER DELTA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM6336B
Insured/Policyholder	
Name Of Registered Owner	SUNYU PRODUCT & SERVICES PTE LTD
Co Reg No	200706909K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62624500

Vehicle Particulars

Manufacturer	HONDA
Model	HRV

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-007267
Cover Note Number	

Driver

Name of Driver	DORIS HOO
NRIC No	S7970498I
Date Of Birth	15/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2003
Driving Experience	16 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90229750
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 416 CLEMENTI AVE 1 #29-281 S120416
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	CHAIN COLLISION
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	3
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 TO ATTACHED REPORT

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	SKX1134J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JASON
NRIC/Passport Number	
Contact Number	90185800
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC9191C
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

IRENE

NRIC/Passport Number

Contact Number

90908112

Address

NA

NA

Postcode

NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.



[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

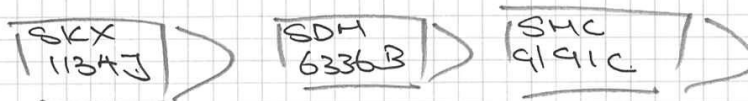
1140 am
20/12/19



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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle in front suddenly jam brake. I tried to react but was still too late to avoid a collision. Within seconds, I felt an impact from the rear, and realised that SKX1134J had also collided onto the rear of my vehicle.

INSURER: ZQ

VEHICLE: 8DM 6336 B.

DOA: 19/12/19

CLAIM TYPE: 012

WORKSHOP: 1 & 2

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Identification Card Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S79704981**

Name: **DORIS HOO**

Birth Date: **15 Oct 1979**

Issue Date: **10 Jul 2003**

000645963K

FOR KFS ACCIDENT CLAIM USE ONLY

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S79704981**

Name: **DORIS HOO**

Race: **CHINESE**

Date of birth: **15-10-1979**

Country/Place of birth: **MALAYSIA**

Sex: **F**

S79704981

FOR KFS ACCIDENT CLAIM USE ONLY

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **10 Jul 2003**

Licence No: **S79704981**

NP 428A

FOR KFS ACCIDENT CLAIM USE ONLY

5513984

NRIC No: **S79704981**

Date of issue: **18-08-2015**

Address: **APT BLK 416 CLEMENTI AVENUE 1
#29-281
SINGAPORE 120416**

FOR KFS ACCIDENT CLAIM USE ONLY

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

PRIVATE CAR
SCHEDULE

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Agency	A000009	Class of Policy	PRIVATE CAR	Policy Number	DMPPHQ19-007267
Account	A000009	Issued on	06/11/2019 in Singapore	Replacing Policy no.	DMPPHQ18-007666
Client	0145045	Acceptance Date	06/11/2019		

Period of Insurance from 28/11/2019 to 27/11/2020, both dates inclusive

Insured's Name SUNYU PRODUCTS & SERVICES PTE LTD
Address BLK/HOUSE NO.67
TAMPINES INDUSTRIAL AVENUE 5
TS @ TAMPINES
SINGAPORE 528643

Business/Occupation
Financial interest Oversea Chinese Banking Corporation Limited

Premium	Basic Annual Premium	SGD754.79		
	Special Discount @ 5%	SGD41.51		
	Plus NCD Protector @ 10%	SGD75.48		
	Total Annual Premium	SGD788.76	Premium Due	SGD788.76
			Premium GST	SGD55.21
			Total Due	SGD843.97

Risk No. 001	PRIVATE CAR	Make/Model	HONDA HRV 1.5 DX SUV 1496cc
1. Registration	SDM63368	No. of seats	5
Type of Cover	Comprehensive	Capacity cc's	1496
Engine No.	L1504531197		
Chassis No.	JHPRU1810GX201198		
			Body Type SUV
			Yr of Manuf/Regn 2016/2016
			NCB% 50.00
			Certificate Ref. MX2
Sum Insured: Market Value at the time of loss		SGD0.00	
Employees		SGD500.00	
Non-employees		SGD1,000.00	
YEID		SGD3,000.00	
Named Drivers DORIS HOO	Additional		

PRIVATE CAR COMPREHENSIVE (COMPANY REGISTERED) - CLASSIC PLAN (Ver. 6)

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:-

EMPLOYEE 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.

Continued on page 2

A Member of Citystate



PH1702-Ver2.0

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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