

## 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	13/02/2020 15:12
Date Of Accident	23/12/2019 07:50
Exact Location Of Accident	BUKIT PANJANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL2843J
-----------------------------	----------

#### Insured/Policyholder

Name Of Registered Owner	TAN CHIN HIANG
NRIC No	S1764709A
Email Address	TANCHINHIANG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97694354
Alternative Phone No	OFFICE-97694354

#### Vehicle Particulars

Manufacturer	ADIVA
Model	AD3 200ST A 3 WHEELER
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMMPHQ19-000842
Cover Note Number	

#### Driver

Name of Driver	TAN CHIN HIANG
NRIC No	S1764709A
Date Of Birth	30/04/1966
Occupation	INDOOR
Date Of Driving Pass	11/09/1989
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97694354
Fax Number	
Contact Number	OFFICE-97694354
Email Address	TANCHINHIANG@YAHOO.COM

Address	BLK 143, PETIR ROAD, #04-230
Postcode	670143
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	COLLIDED INTO MOTORCYCLIST
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 ATTACHED 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	SG5774E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

**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. 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 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: 13 Feb 1920

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

( ) Claim Own Damage ( ) Claim TP (✓) Reporting Only ( ) Claim OD/TP at other workshop

Workshop Name : \_\_\_\_\_

SKETCH PLAN

Handwritten notes and sketch plan area.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was informed by my insurance agent that someone lodged an accident report on me. The report states that my bike hit his vehicle along Bukit Panjang Road on 23 Dec 19 at 0750hrs and caused his rear light to crack. No presence of police & ambulance & no one is injured.

I am not aware of this case but I do found a scratch on my bike's ~~box~~ rear box. As such, my bike could have ~~hit~~ accidentally hit his vehicle & caused his tail light to crack. If this did happen, it should be a very light scratch and it makes sense that the tail light could have cracked.

DECLARATION

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



Policyholder's Signature

Date & Time: 13 Feb 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## 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

## MOTORCYCLE-PTE USE

## Comprehensive

Certificate No. : DMMPHQ19-000842

## 1. Index Mark and Registration Number of Vehicles

FBL2843J

## 2. Name of Policyholder

Tan Chin Hiang

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

08/08/2019

## 4. Date of Expiry of Insurance

07/08/2020

## 5. Person or Classes of persons entitled to drive\*

Restricted to Named Drivers Only

1) The Policyholder / Insured

2) Person's whose Name is specified in the Policy.

Form: MY1

Excess:

Named Driver:

S\$300.00

EQI Motor Accident  
Hotline

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\*

## LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and in connection with the  
Policyholder's business or profession

## THE POLICY DOES NOT COVER

(1) Use for hire or reward

(2) Use for racing pace-making reliability trial or speed-testing  
trade or business

(4) 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.

Hire Purchase :

A000137/I. Insurance  
Date of Issue : 19/07/2019 10:20

Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMMPHQ18-000545

A Member of Citystate

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S1764709A**  
Name: **TAN CHIN HIANG**

Birth Date: **30 Apr 1966**  
Issue Date: **01 Apr 2003**

**1000340586A**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	11 Sep 1989
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Jul 1989

NP 428A

Licence No: S1764709A

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

