## 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	19/12/2019 13:50
Date Of Accident	18/12/2019 10:00
Exact Location Of Accident	AT ALONG ROCHOR FLYOVER BEFORE BEACH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN1876E
Insured/Policyholder	
Name Of Registered Owner	LEA LE SEY
NRIC No	S8631162C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91515505
Alternative Phone No	OFFICE-91515505
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-006312
Cover Note Number	
Driver	

## Driver

Name of Driver TEY KAI LON
NRIC No S8770250B
Date Of Birth 30/06/1987
Occupation INDOOR
Date Of Driving Pass 02/09/2010

Driving Experience 9 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86861867

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 817C KEAT HONG LINK #12-123

Postcode 683817

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - -

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

#### **General Information of the Accident**

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## **Circumstances of Accident**

ON 18/12/2019 AT ABOUT 1000HRS AT ALONG ROCHOR FLYOVER BEFORE BEACH ROAD . I WAS TRAVELLING ON THE LANE 2 AND SUDDENLY, A VEHICLE B ON MY RIGHT VEERED INTO MY LANE WITHOUT CHECKING HIS BLINDSPOT AND WITHOUT PROPER LOOKOUT HENCE COLLIDED ONTO THE RIGHT PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE.

#### 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 SH7749K

Vehicle Make/Model/Colour

VEHICLE B

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

**Details Of Properties** 

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

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- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to repins of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

t understend, 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 insurers) 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 dains including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my ciaims;
  - (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 (aw 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 tirms, 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 lawyam/haw firms), which may be sted outside of Singaporo, for one or more of the above Purposes.
- (ii) 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 daims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) so 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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Mer solution

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) . "

On 18/12/2019 of about 1000 hrs at along Rocher

Flyover before Beach Road. I was travelling on

the Lane 2 and suddenly a Vehicle (B) on my

Right vecred into my Lane without checking his

blindspot and without proper lookout hance

collided onto my Right Portion of my Vehicle (A)

causing damages to my vehicle.

(A) SMN 1876 E

(B) SH 7749 K

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

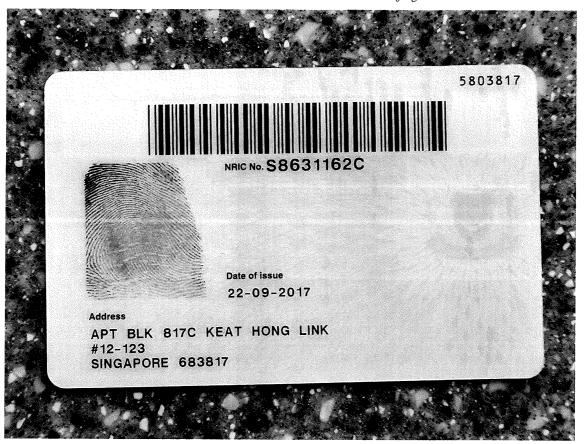
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

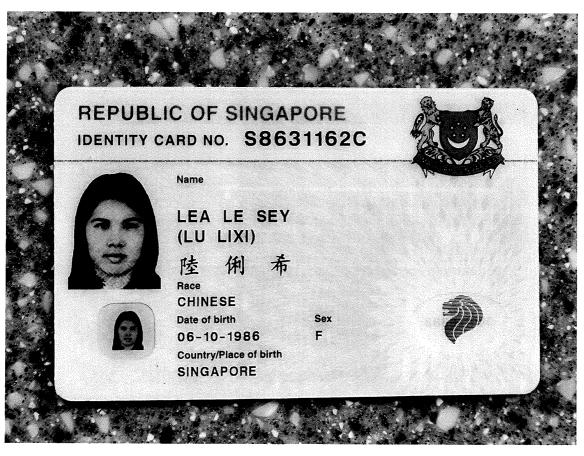
Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

CIACONC Share, Confusion vo

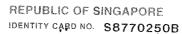
## Identification Card Pg. 1

OWNY SMN 1876Z





## Identification Card Pg. 1







TEY KAI LON

鄭 凯 Race CHINESE 凯崙

Date of birth Sex 30-06-1987 M Country of birth MALAYSIA

587702508

SMN 1876E Driver



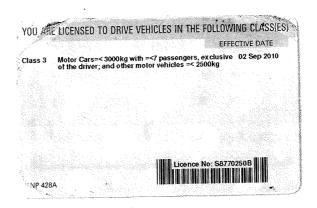
Date of Issue 09-09-2008

APT BLK 817C KEAT HONG LINK #12-123 SINGAPORE 683817 NRIC No: S8770250B Date: 18/09

Date: 18/09/2017



SMN1876E Driver



**EQ Insurance Company Limited** 

5 Maxwell Road #17.06 Tower Block MNO Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sq regino 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

## **PRIVATE CAR** Comprehensive Classic

Certificate No.: DMPPHQ19-006312

Classic Plan - EQ authorized workshop only

Form: MX2 Excess

1. Index Mark and Registration Number of Vehicles

Insured&Named Driver S\$500.00(Section 1 - Own Damage) S\$1,000 00(Section 1 - Own Damage)

SMN1876E

Unnamed Driver YEIDR

Additional S\$3,000.00

WindScreen

S\$100.00

2. Name of Policyholder

**IFALE SEY** 

3. Effective Date of the Commencement of Insurance for the purpose of the Act 23/09/2019

4. Date of Expiry of Insurance

22/09/2020

**EQI Motor Accident** Hotline

6311 3211



- 5. Person or Classes of persons entitled to drive
  - (a) The Policyholder
  - (b) Any other person who is driving on the Policyholder's order or with his permission
  - \* 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\*

Use for social, domestic and pleasure purposes and for the Policyholder's business

The policy does not cover:

- (a) use for hire or reward
- (b) use for racing pace-making reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) 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.

NWE 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 Maybank Chassis No.: SJNFEAJ11U1261082

Engine No.: HRA2094398A

A000137/I Insurance Date of Issue : 23/09/2019 19:12

Authorised Signatory EQ Insurance Company Limited

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.



