

## 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	28/01/2020 10:13
Date Of Accident	25/01/2020 11:45
Exact Location Of Accident	PIE (CITY) PAYA LEBAR FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE7377Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHI JIE CHENG
NRIC No	S2194312F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96332162
Alternative Phone No	OFFICE-96332162

### Vehicle Particulars

Manufacturer	TOYOTA
Model	RUSH-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	DMPPHQ19-007048
Cover Note Number	

### Driver

Name of Driver	SHI JIE CHENG
NRIC No	S2194312F
Date Of Birth	24/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	24/03/2007
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96332162
Fax Number	
Contact Number	OFFICE-96332162
E-Mail Address	NOEMAIL

Address	BLK 143 PETIR ROAD #10-220
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	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?	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

PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAIL.

#### Attachment(s)

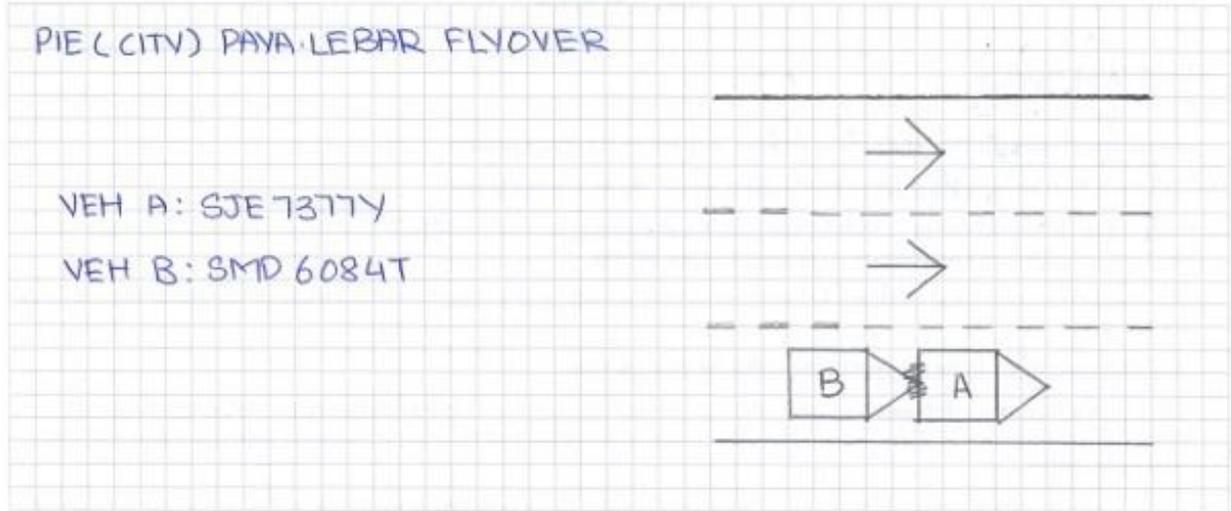
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD6084T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEONG WEI YUEN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/01/2020 at about 1145hrs, I was driving my vehicle A (SJE 7377Y) along PIE (CITY) PAVLA LEBAR FLYOVER. Vehicle in front of my vehicle A stopped and I stopped in time. Suddenly I felt a huge impact from the rear of my vehicle A (SJE 7377Y). I alighted to do a check and realised that vehicle B (SMD 6084T) had collided onto my vehicle A (SJE 7377Y). We exchange particulars for insurance claim.

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:  
 28/1/2020

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

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

## Sketch Plan #2

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

釋志城

Policyholder's Signature

Date & Time:

28/01/2020

Driver's Signature

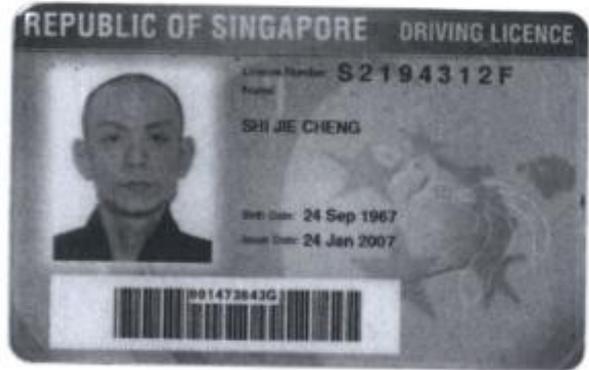
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Reporting Purpose

Reporting Purpose



EQ Insurance Company Limited  
5 Maxwell Road #17-00 Tower Block NINE Collyer Quay, Singapore 069115  
Tel: 65 6223 9433 | Fax: 65 6224 2642 | www.eqinsurance.com.sg  
Reg No. 2009-00430-04

\$866.48  
eqnsurance  
Have Got a Friend

C221

**CERTIFICATE OF INSURANCE**  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1998 (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 1998 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

**PRIVATE CAR**  
Comprehensive Classic

Certificate No. : DMPPHQ19-007048

Classic Plan - EQ Authorized Workshop Only  
Form: MQ2  
Excess:  
Insured/Named Driver: \$500.00  
Uninsured Drivers: \$81,000.00  
YERD - Additional: \$83,000.00

**1. Index Mark and Registration Number of Vehicles**

SJE7377Y

**2. Name of Policyholder**

SHI JIE CHENG

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

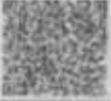
27/11/2019

**4. Date of Expiry of Insurance**

26/11/2020

**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.

EQ 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\***

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

The policy does not cover:

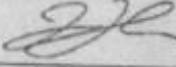
- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purpose in connection with the Motor Trade

\*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.

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 any Amendment, Act or Acts passed in substitution thereof.

Hire Purchase:

A0002451.Q Business Pte Ltd  
Date of Issue : 29/10/2019 14:19

  
Authorized Signatory  
EQ Insurance Company Limited

Exp No. : DMPPHQ18-007229

**LQ BUSINESS PTE LTD**  
UEN NO. 201700545N  
1005 SINDOOLEH STREET  
#04-02, THE SINDOOLEH  
SINGAPORE 109645  
Tel: 6332-4126 Fax: 6334-3223

 A Member of Citicorp

PLEASE PAY OUTSTANDING BALANCE BEFORE 30/11/2019

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

