

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 | 21/02/2020 14:08 |
| Date Of Accident | 02/02/2020 02:20 |
| Exact Location Of Accident | JALAN KAYU OSCP |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKE9936J |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|--|
| Name Of Registered Owner | SHAH RIZAL YAU ABDULLAH @ YAU SAN FATT |
| NRIC No | S2559628E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93255917 |
| Alternative Phone No | OTHERS-93255917 |

Vehicle Particulars

| | |
|--|------------------------------|
| Manufacturer | FORD |
| Model | GALAXY-2.0 ECOBOOST GHIA (A) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVTAE USE |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------|
| Name of Insurance Company | EQ INSURANCE COMPANY LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMPPHQ19-006886 |
| Cover Note Number | 26/11/2019 - 25/11/2020 |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | HASLAM YAU SHAH RIZAL YAU |
| NRIC No | S9601741C |
| Date Of Birth | 15/01/1996 |
| Occupation | INDOOR |
| Date Of Driving Pass | 04/12/2018 |
| Driving Experience | 1 YEAR AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93255917 |
| Fax Number | |
| Contact Number | OTHERS-93255917 |
| EEmail Address | HASLAM.YAU@GMAIL.COM |

| | |
|---|-----------------------------------|
| Address | 201B COMPASSVALE DRIVE #16-539 |
| Postcode | 542201 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

| | |
|--------------------|--------------|
| Type Of Accident | NO 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 | 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) | 4 |
| Passenger 1 | NAME: : NATALIE GENDER: : FEMALE |
| Passenger 2 | NAME: : NICKSON LIM GENDER: : MALE |
| Passenger 3 | NAME: : AQIQAH GENDER: : FEMALE |

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 THE SKETCH PLAN BY DRIVER

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 | SKJ222L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

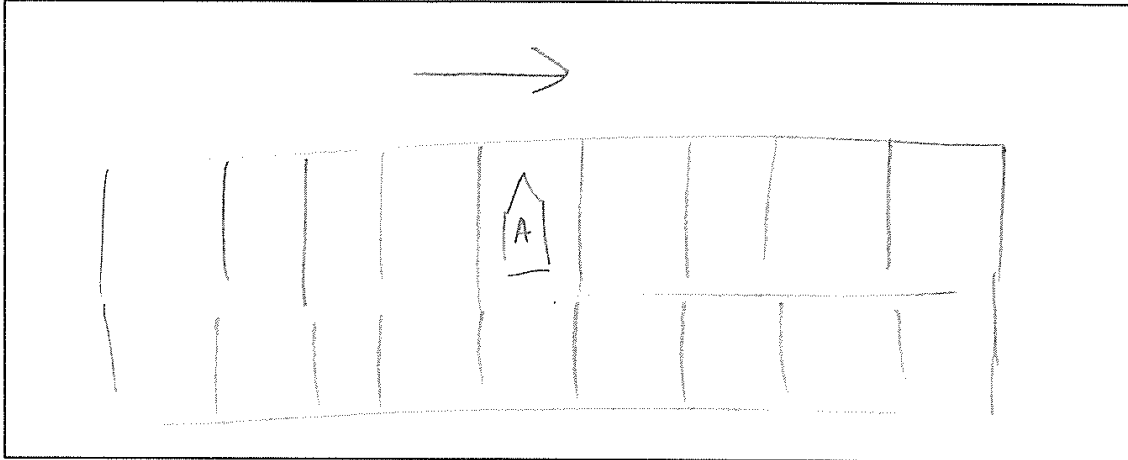
Policyholder's Signature
Date & Time: 2/10/2

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/10/2
9 15am

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

Sketch Plan Pg. 2

Date of accident: 2/2/2020 Time: 0220 HRS Location: JALAN KAYU OPEN CARPARK
 My Vehicle A: SKE 9936J Vehicle B: STK 222L Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On this day, I parked my car at the Jalan Kayu carpark and was not aware of any accident that happened. I drove in and out of the carpark and was not aware of hitting/scratching any vehicle.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address : haslam.yau@gmail.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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: 21/02
915am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY

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**PRIVATE CAR
Comprehensive Classic****Certificate No. : DMPPHQ19-006886**

Classic Plan - EQ Authorised Workshop Only

Form: MX2

Excess:

Insured/Named Driver: S\$600.00

Unnamed Drivers: S\$1,100.00

YEID Additional: S\$3,000.00

1. Index Mark and Registration Number of Vehicles

SKE9936J

2. Name of Policyholder

SHAH RIZAL YAU ABDULLAH @YAU SAN FATT

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

26/11/2019

4. Date of Expiry of Insurance

25/11/2020

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.

* 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.

IWE 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 : STANDARD CHARTERED BANK (SINGAPORE) LIMITED

A000248/LQ Business Pte Ltd
Date of Issue : 19/10/2019 09:29

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMPPHQ18-007386

LQ BUSINESS PTE LTD

UEN NO. 201700848N

180B BENCOOLEN STREET

#04-02, THE BENCOOLEN

SINGAPORE 189648

Tel: 6333-4136 Fax: 6334-5238

A Member of Citystate

Identification Card Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9601741C



Name
HASLAM YAU SHAH RIZAL
YAU
حاسلم ياءو شهريزل ياءو
Race
CHINESE
Date of birth
15-01-1996 Sex
M
Country of birth
SINGAPORE

S9601741C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S9601741C
Name
HASLAM YAU SHAH RIZAL YAU
Birth Date
15 Jan 1996
Issue Date
04 Dec 2018



STRICTLY
FOR WORKSHOP USAGE
USE FOR ACCIDENT
REPORTING ONLY

82559628E

93255917

NATALIE TAN (P)
NICKSON LIM (M)
AQIDAH (P)

DIC
No injury.
No + video
4px.



4787628

NRIC No. S9601741C



Date of issue
21-10-2011

Address
APT BLK 201B COMPASSVALE DRIVE
#16-539
SINGAPORE 542201

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 04 Dec 2018

STRICTLY
FOR WORKSHOP USAGE
USE FOR ACCIDENT
REPORTING ONLY



Licence No: S9601741C

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

