

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	25/02/2020 15:05
Date Of Accident	22/02/2020 14:30
Exact Location Of Accident	JUNCTION OF CHOA CHU KANG AVE 3 & 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8211X
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Insured/Policyholder

Name Of Registered Owner	NEOLEXIS TRADING & SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88291079

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ20-000304
Cover Note Number	

Driver

Name of Driver	LIM MING KAI
NRIC No	SXXXX000F
Date Of Birth	09/12/1982
Occupation	OUTDOOR
Date Of Driving Pass	19/05/2003
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88291079
Fax Number	
Contact Number	
Email Address	MK9WR@GMAIL.COM

Address	BLK 432 SENGKANG WEST WAY #27-505
Postcode	791432
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20200224/7002.

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	SGK4439B
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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:

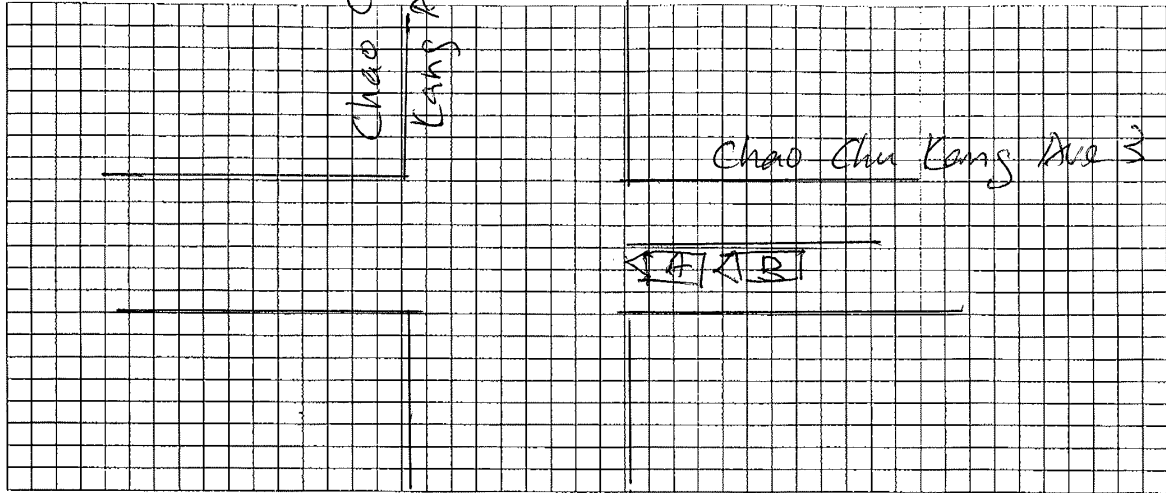
Driver's Signature
(If driver is not the policyholder)

Date & Time:

25/2/20 12.45 PM

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

SKETCH PLAN



A - GBB8211X, R - SGIC4429R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report attached.

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.:



**SINGAPORE
POLICE FORCE**



T/20200224/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200224/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2020 10:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM MING KAI			Address: 484C CHOA CHU KANG AVENUE 5 #16-64 HDB-CHOA CHU KANG SINGAPORE 683484		
ID Type / ID No.: NRIC NO / S8239000F			Contact No.: Home/Office: Mobile: 88291079		
Nationality: SINGAPORE CITIZEN			Email: MK9WR3@GMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 09/12/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALE			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/02/2020 14:30	Type of Location: X-Junction
Location: JUNCTION OF CHOA CHU KANG AVE 3 AND 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB8211X	Van	NISSAN	NV200	Grey	Slightly Damaged	0
SGK4439B	Car	HONDA		Black	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200224/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200224/7002

CONTINUATION OF REPORT

Driver			
Name	LIM MING KAI	ID No.	S8239000F
Related Vehicle	GBB8211X (Van)	Contact No.	88291079
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/02/2020	Date Discharge	24/02/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 22/2/2020 @ 1430hrs i GBB8211X was travelling along CCK Ave 3.I stopped at the junction of CCK Ave 3 and 5 as the lights was in red.While the lights turned green i about to turn right into CCK Ave 5,suddenly i felt a hard impact from behind.I stepped out of my vehicle and realized that a car SGK4439B had rear ended my vehicle.We exchange particulars then leave the scene. After the accident i feel my neck and back pain. Today my pain more worse so i consulted doctor at KOO & CHOO medical clinic P.L. I was given 4 days MC from 24/2/2020 to 27/2/2020.
DRIVER HP;96881608

Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200224/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200224/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

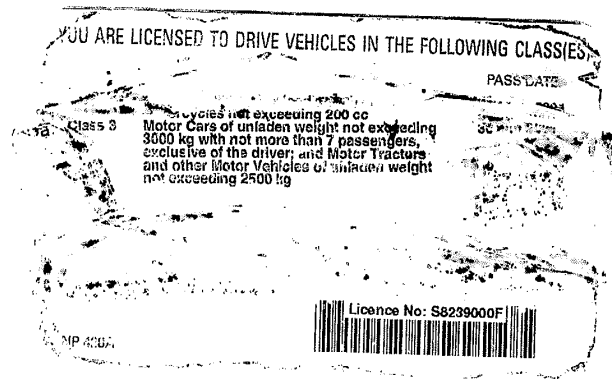
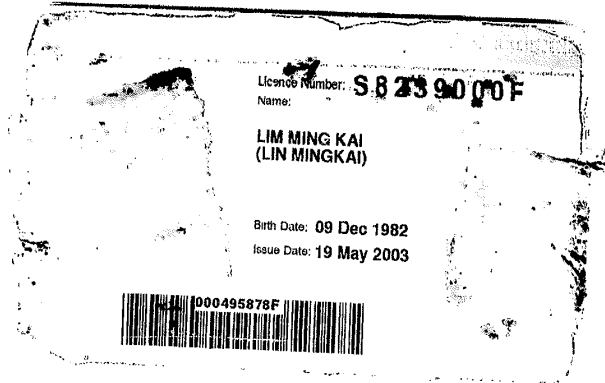
Date/Time:
24/02/2020 10:24

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8239000F



Name
LIM MING KAI
(LIN MINGKAI)
林 铭 楷
Race
CHINESE
Date of birth
09-12-1982 Sex
M
Country of birth
SINGAPORE



EQ Insurance Company Limited

5 Maxwell Road #11-00 Tower B Asia Pacific Commercial Centre Singapore 169111
 Tel: 65 6723 8411 / Fax: 65 6724 8821 / e-mail: eq@eq.com.sg
 reg no: 1579 (S4490-S)



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS - RULES 1987) (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE
 (REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1987 (EDITION 14) OF SINGAPORE
 OR ANY AMENDMENT ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

COMMERCIAL VEHICLE PRIVATE (SCH II)

Comprehensive Classic

Certificate No. : DMCPHQ20-000304

Cover Plan : EQ authorized workshop only

Form : 1 (CVPR)

Excess

Section 1

YRID

Westlane

Acc Motor

S\$500 (2)

S\$3,000 (2) All Cases

S\$150 (2)

1. Index Mark and Registration Number of Vehicles

Q888211X

2. Name of Policyholder

NEOLEXIS TRADING & SERVICES PTE LTD

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

14/01/2020

4. Date of Expiry of Insurance

13/01/2021

5. Person or Classes of persons entitled to drive*

Goods Carrying : (MZ300) Authorized Driver. Any of the following

(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*

1) Use in connection with the insured's business

2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business

3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

1) Use for hire or reward or for racing pace-making reliability trial or speed testing

2) Use whilst drawing a greater number of trailers in all than is permitted by Law

3) Use for the carriage of passengers for hire or reward

4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders

*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

A000423/Car Insurance Agency Pte Ltd

Date of Issue : 14/01/2020 11:56

Authorized Signatory

EQ Insurance Company Limited

Note

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 24 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

