

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	30/03/2020 11:05
Date Of Accident	28/03/2020 16:00
Exact Location Of Accident	BLK 850A MSCP HOUGANG CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE9933D
Insured/Policyholder	
Name Of Registered Owner	SIM WEE TIONG
NRIC No	SXXXX113I
Email Address	SIMWEETIONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96868966
Alternative Phone No	OFFICE-96868966

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	
Cover Note Number	

Driver

Name of Driver	SIM WEE TIONG
NRIC No	SXXXX113I
Date Of Birth	20/12/1966
Occupation	INDOOR
Date Of Driving Pass	31/07/1986
Driving Experience	33 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96868966
Fax Number	
Contact Number	OFFICE-96868966
Email Address	SIMWEETIONG@GMAIL.COM

Address	BLK 851 HOUGANG CENTRAL #09-05
Postcode	530851
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 PARKED VEHICLE
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 ATTACHMENT & VIDEO

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	SLM5348D
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

Pg 1 of 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28 Mar 2020, Saturday at about 4 pm when I was about to finish parking my car STE9933D (car headlight still on) in lot E3 at Block BSDA M54, a car (SLM5348D) ramped up the ramp at high speed to level 2B and hit my car after its driver failed to complete a right turn in time while exiting the ramp (refer to the in-car video submitted).

The woman driver apologised to me after alighting. I pointed to her the scratches on the bumper, grille, and trimmings and explained to her the various options to settle the matter. I then asked her whether she would like to call her parents (the car owner) to come to the scene. But the driver declined and offered to compensate me for the repair cost in full and asked me to send her the bill. After accepting her offer and exchanged handphone numbers, I left the scene for home.

While at home, I sent her a SMS setting out what was agreed between us (see screenshot submitted). But shortly after, I received a reply from her stating that she did not want to commit anything yet. Because she backtracked, I felt insecure. I decided to let ER, my insurer deals with the matter. At around 4.50 pm, I received a text message inviting me to the scene. After waiting at the scene for a while, the driver and a middle aged woman arrived. The woman revealed that she had reviewed her in-car video and admitted that her daughter (the driver) was at fault. She suggested to settle the matter between the parties without involving the insurers. (To be continued).

DECLARATION

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



Policyholder's Signature

Date & Time:

30-3-2020

GIARMC SketchPlanForm_V3



Driver's Signature

(If driver is not the policyholder)

Date & Time:

30-3-2020

COMFORTDELGRO ENGINEERING PTE LTD

EXTERNAL BUSINESS DIV, UBI BRANCH

NAME & SIGNATURE: _____

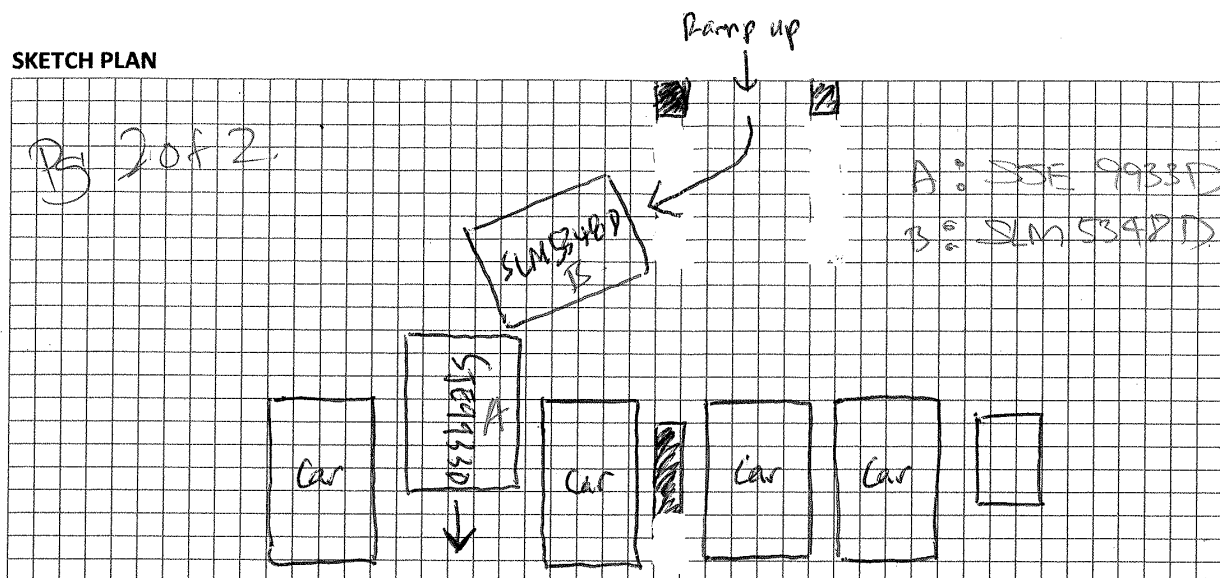
DESIGNATION: _____ DATE: _____

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



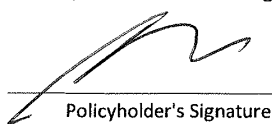
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Cont'd

But as she insisted that the damage was superficial and minor and imposed conditions such as confining the repair to paintwork only and not sending my car to LAC etc., I disagreed to accept her conditions and explained to her the policies are not technicians and would not have known the extent of the damage without checking, for example, the mountings of the bumper which are not visible from outside. The woman accepted my suggestion to let the insurers deal with the matter and asked her daughter to log the case with her insurer. Thereafter, both parties left the scene.

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:

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, UBI BRANCH
NAME & SIGNATURE: _____
DESIGNATION: _____ DATE: _____

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

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.

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, UBI BRANCH
NAME & SIGNATURE: _____
DESIGNATION: _____ DATE: _____

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.: _____

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. : DMPPHQ19-005105

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

SJE9933D

2. Name of Policyholder

SIM WEE TIONG

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

24/08/2019

4. Date of Expiry of Insurance

23/08/2020

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.

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 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.

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 :

A000298/Tong Hin Insurance Agency Pte Ltd
Date of Issue : 23/07/2019 12:01

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMPPHQ18-001963

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1780113I**
Name: **SIM WEE TIONG**

Birth Date: **20 Dec 1966**
Issue Date: **11 Nov 2003**

000992157G



REPUBLIC OF SINGAPORE



IDENTITY CARD NO. **S1780113I**

Name: **SIM WEE TIONG**

沈 伟 忠
Race: **CHINESE**

Date of Birth: **20-12-1966** Sex: **M**

Country of Birth: **SINGAPORE**



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SJE 9933D
 Name(as shown in NRIC): Sim Wee Tiong NRIC/FIN/Passport No : S XXXX 113I
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 28.03.2020 Time of Accident : 16.00hrs
 Place of Accident : B1C 850A MSCP Hongay Central
 Insurance Company: EQ Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend to Third party claim.

Policyholder / Driver's Signature
 Date:

COMFORTDRIVE ENGINEERING PTE LTD
 EXTERNAL BUSINESS DIV, UBI BRANCH
 NAME & SIGNATURE

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