

## 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	26/06/2020 17:25
Date Of Accident	24/06/2020 16:45
Exact Location Of Accident	SENG POH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7327G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CALLMIFRAME PTE LTD
Co Reg No	201529607
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97407633
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK USED.
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ20- 000559
Cover Note Number	24/02/2020 TO 23/02/2021

### Driver

Name of Driver	ONG BEE HARN
NRIC No	S1710526D
Date Of Birth	04/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1986
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97407633
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 108 BEDOK NORTH ROAD #07-2226
Postcode	460108
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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)	2
Passenger 1	NAME: : TAN JUN HAO JERALD GENDER: : MALE

#### 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 SKETCH PLAN.

#### 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	SKV8763H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR TAN
NRIC/Passport Number	
Contact Number	91821868
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

**CALLMIRAFRAME PTE LTD**  
 20 Ang Mo Kio Ind. Park 2A  
 #05-21 AMK Techlink  
 Singapore 567761  
 H/P: +65 9668 8097  
 Co. Reg. No: 201529607H

Policyholder's Signature  
 Date & Time:

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

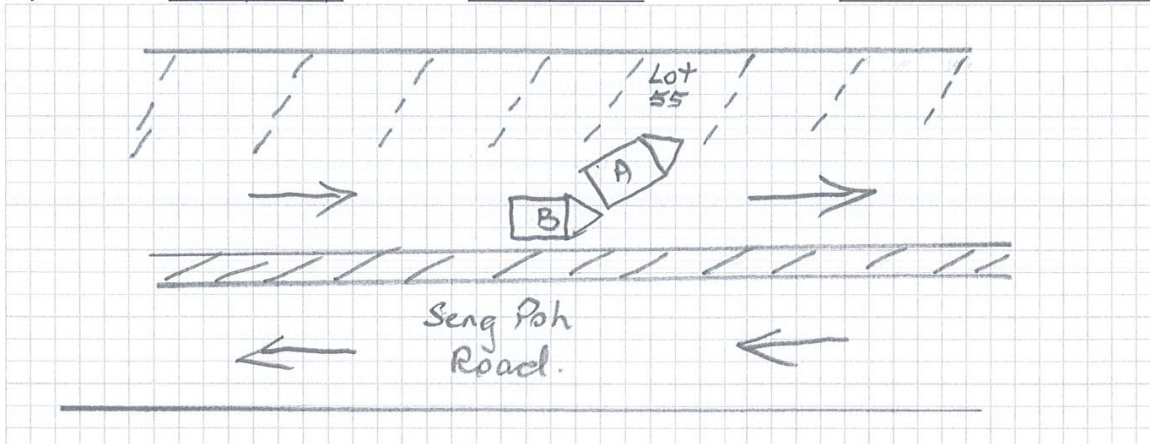
Reporting Centre Personnel's Signature  
 Name: 26/06/2020  
 NRIC/FIN No.:



## Sketch Plan Pg. 2

### SKETCH PLAN

Date of Accident: 24/06/20 Time: 4.46 pm Location: Seng Poh Road.  
 My Vehicle A : G8F 7327G Vehicle B : SKV 8763 H Vehicle C/Others : \_\_\_\_\_



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked on Lot 55 of Seng Poh Road.
As I was slowly making the reversing of my vehicle A
to exit, Suddenly I felt an impacted and saw vehicle B
hit onto the rear right hand side of my vehicle
No one was injured and we exchanged our particulars.

( ) 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 : lihui@completevms.com.sg & darren@completevms.com.sg

& myself :

email address : callme-frame.sg@gmail.com

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

**CAL MIFRAME PTE LTD**

20 **DECLARATION** d. Park 2A

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

#05-21 AMK Technlink

Singapore 567781

H/P: +65 9668 8097

Co. Reg. No: 201529607H

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.:

*[Signature]*

26/06/2020



# Driving License Pg. 1

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1710526D**

Name: **ONG BEE HARN**

Birth Date: **04 Nov 1965**

Issue Date: **29 Nov 2016**

**002633698H**

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S1710526D**

Name: **ONG BEE HARN**

王 美 漢

Race: **CHINESE**

Date of birth: **04-11-1965** Sex: **M**

Country of birth: **SINGAPORE**

**S1710526D**

For the purpose of  
your accident claims

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	09 Dec 1986
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2510kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 7250kg	14 Dec 2015

Licence No: **S1710526D**

NP 428A

**4110900**

**S1710526D**

NRIC No. **S1710526D**

Date of issue: **06-10-2007**

Address: **APT BLK 108 BEDOK NORTH ROAD  
#07-2226  
SINGAPORE 460108**

For the purpose of  
your accident claims

# 07-2226

Identification Card Pg. 1

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1710526D**

Name: **ONG BEE HARN**

Birth Date: **04 Nov 1965**

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**S1710526D**

For the purpose of  
your accident claims

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	09 Dec 1986
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2510\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	14 Dec 2015

Licence No: **S1710526D**

NP 428A

**4110900**

**S1710526D**

NRIC No. **S1710526D**

Date of issue: **06-10-2007**

Address: **APT BLK 108 BEDOK NORTH ROAD  
#07-2226  
SINGAPORE 460108**

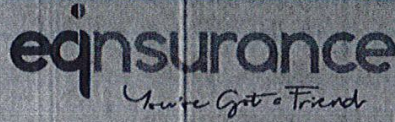
For the purpose of  
your accident claims

# 07-2226



**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



**COMMERCIAL VEHICLE PRIVATE (SCH I )  
 ENDORSEMENT**

Page 1 of 1

Agency	A000423	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I )	Policy Number	DMCPHQ20-000559
Account	A000423	Issued on	14/02/2020 in Singapore	Endorsement No.	HQM20662/1
Client	0123263	Acceptance Date	13/02/2020		
		Effective Date	24/02/2020		

Period of Insurance from 24/02/2020 to 23/02/2021 , both dates inclusive

Insured's Name CALLMIFRAME PTE LTD  
 Address BLK/HOUSE NO.20 #05-21  
 ANG MO KIO INDUSTRIAL PARK 2A  
 AMK TECHLINK  
 SINGAPORE 567761

Premium	Basic Annual Premium	SGD3,338.05		
	Total Annual Premium	SGD3,338.05	Premium Due	SGD0.00
			Total Due	SGD0.00

With effect from Inception, it is hereby noted that Insured's Address is amended to read as shown below:

Insured's Address: BLK/HOUSE NO.20 #05-21  
 ANG MO KIO INDUSTRIAL PARK 2A  
 AMK TECHLINK  
 SINGAPORE 567761

Subject otherwise to the terms, conditions and exceptions of the Policy.

Task No. 001 COMMERCIAL VEHICLE PRIVATE (SCH I )  
 1. Registration GBF7327G  
 Sum Insured: Market Value at the time of loss SGD0.00

For EQ Insurance Company Limited

Authorised Signature

unwsbh/unwsbh/ME/Car Insurance Agency Pte Ltd/14-02-2020/09:37:04

A Member of Citystate





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





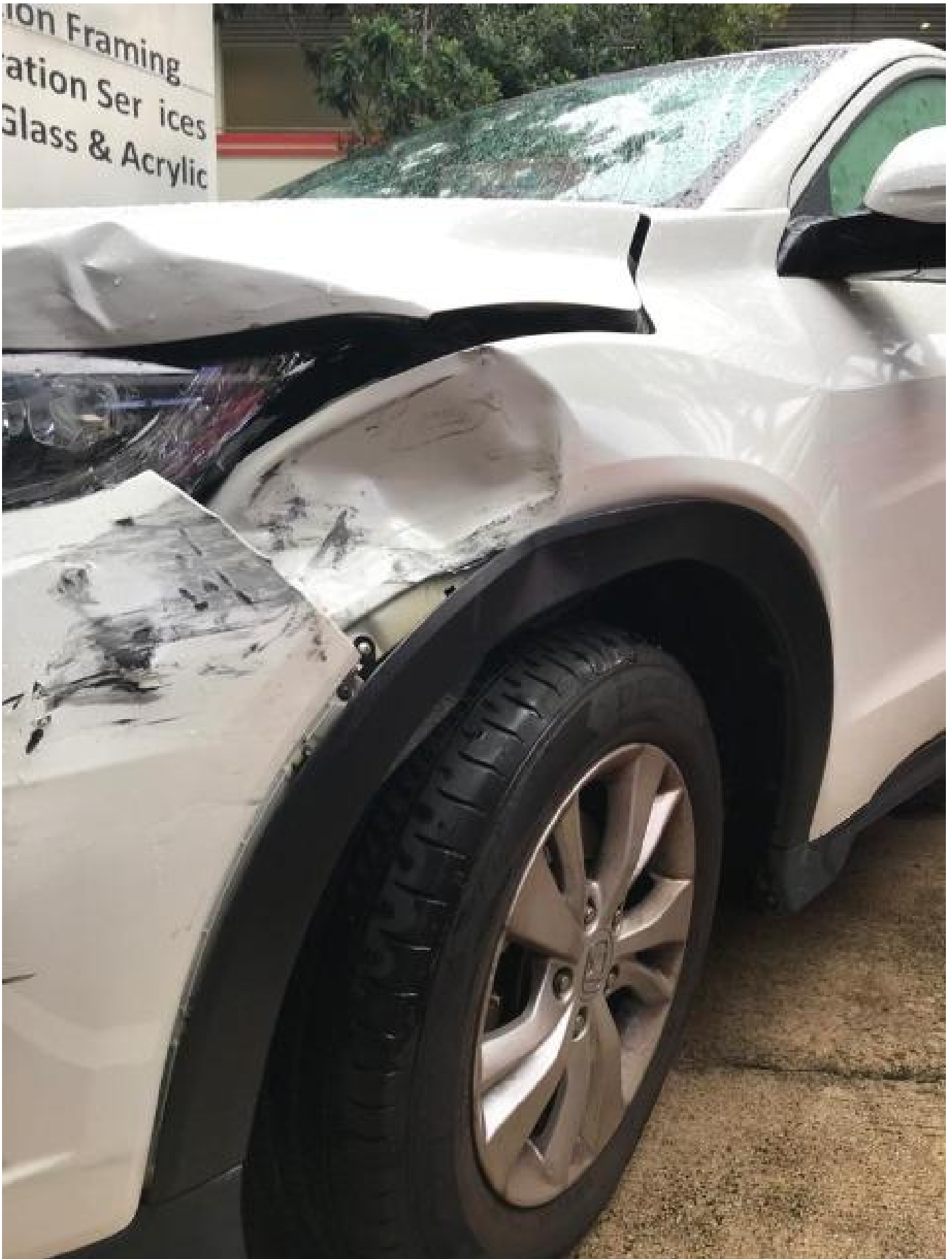
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