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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

| aforesaid. | | |
|--|--------------------------|--|
| | ACCIDENT STATEMENT | |
| Date Of Report | 26/06/2020 09:26 | |
| Date Of Accident | 24/06/2020 12:00 | |
| Exact Location Of Accident | BEDOK NORTH AVENUE 3 | |
| Country/State of Loss | SINGAPORE | |
| D | DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLM469X | |
| Insured/Policyholder | | |
| Name Of Registered Owner | CHUA QUEE HONG LINDA | |
| NRIC No | S1211915A | |
| Email Address | LLGELIOL@GMAIL.COM | |
| Mobile Phone No | (LOCAL) +65-96748652 | |
| Alternative Phone No | OTHERS-96748652 | |
| Vehicle Particulars | | |
| Manufacturer | ТОУОТА | |
| Model | WISH | |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE 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 | DMPPHQ20-001896 | |
| Cover Note Number | | |
| Driver | | |
| Name of Driver | LEE WIN LOONG, OLIVER | |
| NRIC No | S8926142B | |
| Date Of Birth | 09/08/1989 | |
| | | |

 NRIC No
 \$8926142B

 Date Of Birth
 09/08/1989

 Occupation
 INDOOR

 Date Of Driving Pass
 25/11/2009

Driving Experience 10 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91705805

Fax Number

Contact Number

EMail Address OLIVER.LEE89@GMAIL.COM

Address BLK 653 HOUGANG AVENUE 8 #10-393

Postcode 530653

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 **COLLISION - HEAD TO REAR**

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

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YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : WU PEIYUN

GENDER: : FEMALE

Passenger 2 NAME: : ISAAC WONG

> GENDER: : MALE

Passenger 3 NAME: : SHERILYN TAN

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO SKETCH PLAN.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKQ537Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver **BRYAN SEET**

NRIC/Passport Number

86866826 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 ft JUN 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

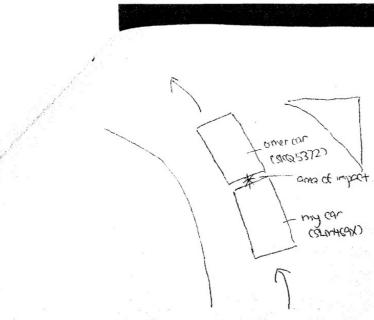
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V

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Jenny Lim



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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

2 6 JUN 2020

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 2 6 JUN 2020

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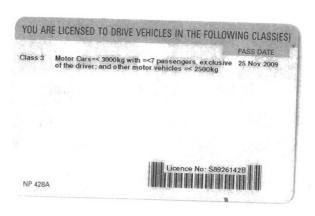
NRIC/FIN No.: Jenny Lim

Name:

Reporting Centre Personnel's Signature

Identification Card Pg. 1





Driving License Pg. 1





Policy Schedule Pg. 1

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



PRIVATE CAR SCHEDULE

Page 1 of 10

| Agency A000315 Account A000315 Client 0101608 | Class of Policy PRIVATE CAR Issued on 13/03/2020 Acceptance Date 13/03/2020 | in Singapore | | / Number cing Policy no. | DMPPHQ20-001896 DMPPHQ19-001947 |
|---|--|-------------------|---|--|--|
| Period of Insuranc | e from 20/03/2020 to 19/03/20 | 21 , both dates i | inclusive | | |
| Insured's Name Address | Mdm. CHUA QUEE HONG LINDA Blk/House No.109 #13-647 SERANGOON NORTH AVENUE 1 SINGAPORE 550109 | | | | |
| Business/Occupn Financial interest | Admin UNITED OVERSEAS BANK LIMITED |) | | | |
| Premium | Basic Annual Premium Special Discount @ 5% Safe Driver Discount Premier Plan Plus NCD Protector @ 10% 3 Named Drivers Total Annual Premium | | SGD893.82 SGD58.99- SGD56.04- SGD178.76 SGD107.26 SGD100.00 SGD1,164.81 | Premium Due Premium GST Total Due | SGD1,164.81 SGD81.54 SGD1,246.35 |
| Engine No. Chassis No. | Comprehensive 2ZR1925261 JTDGG20W30J006525 Market Value at the time of l Drivers ers Addition | sonal So | TOYOTA WISH 7 1797 SGD0.00 SGD600.00 SD1,000.00 THIAN SZE | 1.8 MPV 1797c Body Type Yr of Manuf/Reg NCB% Certificate Ref | MPV n 2017/2017 50.00 |

PRIVATE CAR COMPREHENSIVE - PREMIER PLAN (Ver. 8)

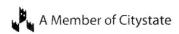
For information on Motor Claims Framework (MCF), please visit GIA websites (www.gia.org.sg /pdfs /Industry /Motor /MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement, Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

Continued on page 2

PM1702-Ver2.0





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Accident Photo



Accident Photo





