Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 28/07/2020 16:30

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 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.

ACCIDENT STATEMENT

Date Of Report	28/07/2020 16:16
Date Of Accident	08/07/2020 16:25
Exact Location Of Accident	SLIP ROAD AT TANJONG RHU ROAD TO GUILLEMARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN7337R
Insured/Policyholder	
Name Of Registered Owner	TEE CHIN HOCK
NRIC No	S0050645A
Email Address	SIMON@STDIVERS.COM.SG
Mobile Phone No	(LOCAL) +65-96269203
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200 (R17)-2.0 (A)
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	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	
Cover Note Number	
Driver	
Name of Driver	TEE CHIN HOCK
NRIC No	S0050645A
Date Of Birth	02/08/1951
Occupation	INDOOR
Date Of Driving Pass	19/01/1978
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96269203
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	SIMON@STDIVERS.COM.SG

Address	6 LORONG K TELOK KURAU
Postcode	425607
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?	NO
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 ATTACH 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	SHB1722M
Vehicle Make/Model/Colour	
Details Of Properties	ONE PINCH POINT DAMAGE ON BUMPER
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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. The 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 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:

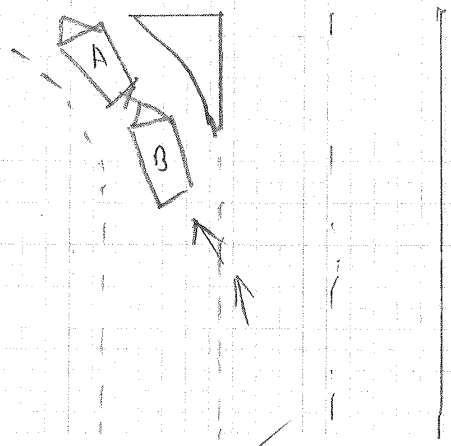
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, SANDAN BRANCH
NAME & SIGNATURE:
DESIGNATION: DATE: 28/7/22

Policyholder's Signature Date & Time: 28/07/22 16:15 hr	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



A : SHB 1722M

B : SJN 7337 R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the Tanjong Rhu Road, just adjacent to the slip road towards Mountbatten Road.

I decided to turn into the slip road. When I turned, the SHB 1722 was stationary in front of me.

When SHB 1722 move forward, I also moved, at that ~~moment~~ moment, the front car stop so thus SHB 1722 stopped. My car then 'kissed' the rear bumper of 1722.

Accident is due to my inattentiveness.

DECLARATION

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

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, BANDAN BRANCH
NAME & SIGNATURE:
DESIGNATION: DATE: 28/7/20

Policyholder's Signature Date & Time: 28/07/2020 @ 1614 hrs	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

eqinsurance
You've Got a Friend

PRIVATE CAR SCHEDULE

Agency	A000138	Class of Policy	PRIVATE CAR	Policy Number	DMPPHQ20-004812
Account	A000138	Issued on	03/07/2020 in Singapore		
Client	0057035	Acceptance Date	03/07/2020		

Period of Insurance from 06/07/2020 to 05/07/2021 , both dates inclusive

Insured's Name	TEE CHIN HOCK
Address	BLK/HOUSE NO. 6 LORONG K TELOK KUARU SINGAPORE 425607
Business/Occupn	Manager

Premium	Basic Annual Premium	SGD1,674.59		
	Total Annual Premium	SGD1,674.59	Premium Due	SGD1,674.59
			Premium GST	SGD117.22
			Total Due	SGD1,791.81

Risk No. 001 PRIVATE CAR

1. Registration SJN7337R — Make/Model Mercedes E200 CGI
   Type of Cover Comprehensive — No. of seats 5 — Body Type Saloon
   Engine No. 27186030167234 — Capacity cc 1796 — Yr of Manuf/Regn 2010/2010
   Chassis No. WDD2120482A360595 — NCB% 0.00
   Certificate Ref. MX2

Sum Insured: Market Value at the time of loss		SGD0.00
Insured/Named Drivers		SGD600.00
Unnamed Drivers		SGD1,100.00
YEID	Additional	SGD3,000.00
Named Drivers Insured		

PRIVATE CAR COMPREHENSIVE - CLASSIC PLAN (Ver. 10)

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

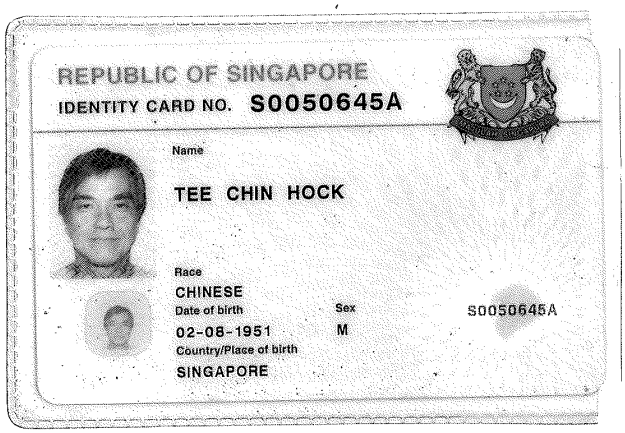
The Policy is subject to the following Clauses, Warranties, Memo, Endorsement, Exclusions as printed herein and/or attached hereto:-

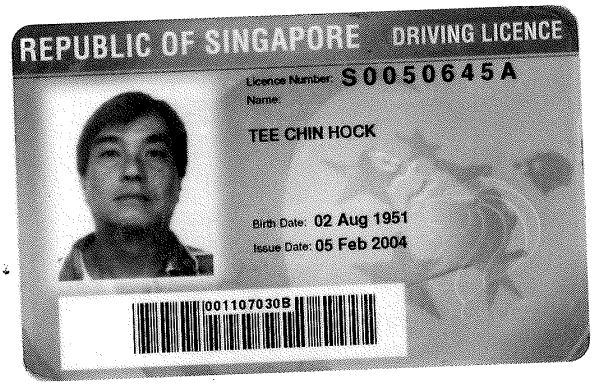
EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the Certificate of Insurance. You will have to pay the Excess for every claim made against us for own damage claims to your vehicle under Section 1.

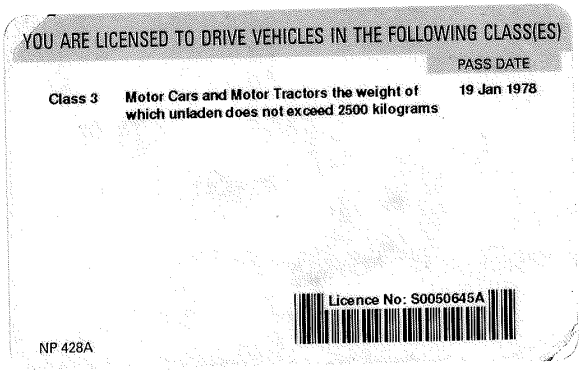
If we have made any payment under Section 1 which includes this Excess, you have to refund us the amount of the Excess.

Continued on page 2


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0050645A
Name
TEE CHIN HOCK
Race
CHINESE
Date of birth
02-08-1951
Sex
M
Country/Place of birth
SINGAPORE
S0050645A


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number: S0050645A
Name:
TEE CHIN HOCK
Birth Date: 02 Aug 1951
Issue Date: 05 Feb 2004
001107030B


5608238
NRIC No. S0050645A
Date of issue
17-05-2016
Address
6 LORONG K TELOK KURAU
SINGAPORE 425607


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
PASS DATE
Class 3
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
19 Jan 1978
Licence No: S0050645A
NP 428A

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo