

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	17/07/2020 09:54
Date Of Accident	17/07/2020 07:00
Exact Location Of Accident	PUNGGOL DRIVE CAPRARK (BLK 619C)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG2397B
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD REDUWAN BIN ABU BAKAR
NRIC No	S8123044G
Email Address	REDUWANABUBAKAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85112974
Alternative Phone No	OFFICE-85112974

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	DMCTHQ20-000060
Cover Note Number	

Driver

Name of Driver	MURNI ALIDAWATI BINTE MOHAMED AMIN
NRIC No	S8114731J
Date Of Birth	25/05/1981
Occupation	INDOOR
Date Of Driving Pass	20/05/2009
Driving Experience	11 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97343437
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 619C PUNGGOL DRIVE #04-761
Postcode	823619
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 ON COLLISION
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

I WAS TURNING OUT FROM THE PARKING LOT. VEHICLE B WAS COMING FROM MY RIGHT. END UP, MY VEHICLE FRONT PORTION COLLIDED ONTO VEHICLE B LEFT PORTION.

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	SHB1679E
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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


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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.



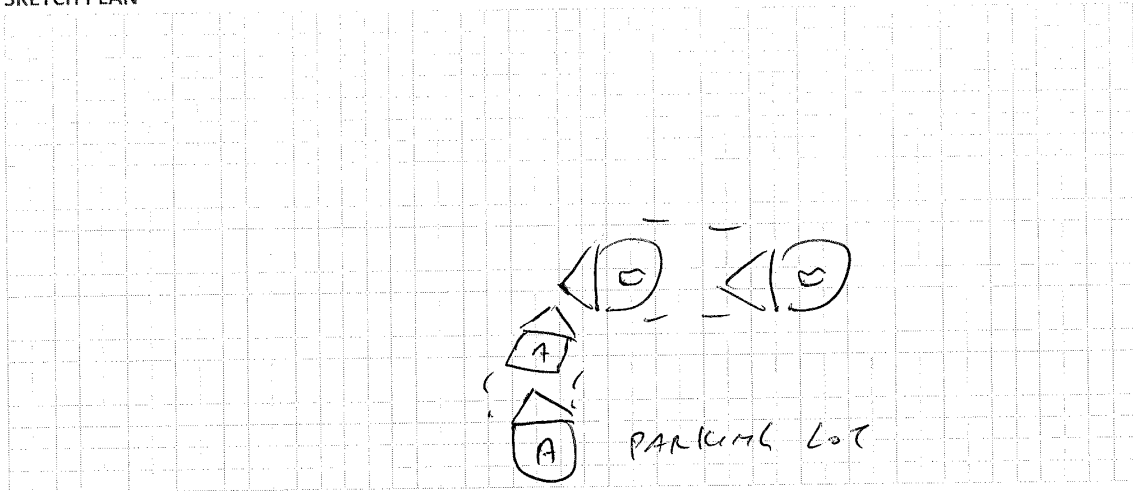
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was taking out from the parking lot, vehicle B was coming from my right end of my vehicle front portion collided on vehicle B left portion

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.:

Driving License Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8114731J**

Name: **MURNI ALIDAWATI BINTE MOHAMED AMIN**

Birth Date: **25 May 1981**

Issue Date: **16 Jul 2014**

002325425B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8114731J**

Name: **MURNI ALIDAWATI BINTE MOHAMED AMIN**

مورني اليداواتي بنت محمد امين

Race: **JAVANESE**

Date of birth: **25-05-1981** Sex: **F**

Country of birth: **SINGAPORE**

Usage for Insurance Motor Accident Reporting
and Claims Purposes Only

Vehicle no: SMA 2397 B

Date of Accident: 17/09/20

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

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg
with \leq 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals \leq 2500kg

EFFECTIVE DATE
20 May 2009

NP 428A

Licence No: **S8114731J**



4843994

NRIC No: **S8114731J**



Date of issue
26-03-2012

ART BLK 619C PUNGOL DRIVE #04-761
SINGAPORE 823619

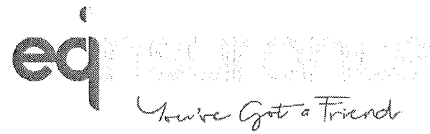
NRIC No: **S8114731J**

Date: **28/11/2012**

No: **7243664**

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



HIRE CARS (SCHEDULE 3) SCHEDULE

Page 1 of 7

Agency	A000342	Class of Policy	HIRE CARS (SCHEDULE 3)	Policy Number	DMCTHQ20-000060
Account	A000342	Issued on	01/07/2020 in Singapore	Replacing Policy no.	DMCTHQ19-000027
Client	0167755	Acceptance Date	01/07/2020	Replacing Cover Note	0

Period of Insurance from 16/07/2020 to 15/07/2021, both dates inclusive

Insured's Name MUHAMAD REDUWAN BIN ABU BAKAR
 Address BLK/HOUSE NO.619C #04-761
 PUNGGOL DRIVE
 SINGAPORE 823619

Business/Occupn GRAB DRIVER
 Hire Purchase Abwin Pte Ltd

Premium	Basic Annual Premium	SGD2,110.41		
	Premium after NCD	SGD2,110.41	Premium Due	SGD2,110.41
			Premium GST	SGD147.73
			Total Due	SGD2,258.14

Risk No. 001	HIRE CARS (SCHEDULE 3)				
1. Registration	SMG2397B	Make/Model	TOYOTA PREVIA 2.4 7-SEATER	MPV	2362cc
Type of Cover	Comprehensive	No. of seats	8	Body Type	MPV
Engine No.	2AZH344472	Capacity cc	2362	Yr of Manuf/Regn	2009/2009
Chassis No.	JTEGD54MX0A015060			NCB%	10.00
				Certificate Ref.	LCRH
Sum Insured: Market Value at the time of loss			SGD0.00		
Section 1			SGD2,000.00		
Section 2			SGD2,000.00		
Named Drivers	INSURED		MURNI ALIDAWATI BINTE MOHAMED AMIN		

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

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.
 This Excess is in addition to any other excess applicable under this Policy.
 This Excess shall not apply to loss or damage to your vehicle caused by fire, external explosion, self-ignition, burglary, lightning, housebreaking or theft if it is stated to be applicable in the Policy Schedule or the Certificate of Insurance.

EXCESS - THIRD PARTY (SECTION 2) CLAIMS

It is hereby understood and agreed that notwithstanding to the contrary contained in Section 2 of this Policy the Insured in respect of each and every event shall be responsible for the amount specified in the Schedule under the

Continued on page 2



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

