

## 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	15/08/2020 12:16
Date Of Accident	14/08/2020 12:45
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE CTE AMK.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3984E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MELVIN HAN JIE
NRIC No	SXXXX255B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81122285
Alternative Phone No	OFFICE-81122285

### Vehicle Particulars

Manufacturer	PERODUA
Model	BEZZA
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	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	DNCTHQ19-000049
Cover Note Number	

### Driver

Name of Driver	MARILYN TAN BEE LENG
NRIC No	SXXXX660I
Date Of Birth	01/03/1973
Occupation	INDOOR
Date Of Driving Pass	28/02/1996
Driving Experience	24 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98153996
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 930 TAMPINES ST 91 #07-469
Postcode	520930
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	CHAIN COLLISION
Weather Conditions	DIZZLING
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
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 DRIVING STRAIGHT ALONG PIE TOWARDS TUAS BEFORE CTE AMK AT EXTREME LH LANE OF 4 LANES. THE TRAFFIC AT THAT POINT OF TIME WAS VERY HEAVY, VEHICLES WERE MOVING AND STOPPING INTERMITTENTLY. AS ALL THE CARS IN FRONT OF ME HAD STOPPED, I ALSO FOLLOWED SUIT, SUDDENLY, I FELT A HUGE IMPACT FROM BEHIND, VEHICLE B COLLIDED WITH THE REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES. I ALIGHTED AND REALISED THERE WERE A TOTAL OF 3 VEHICLES INVOLVED.

### 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	SBQ3348P
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
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)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SMN7127U
Vehicle Make/Model/Colour	
Details Of Properties	VEH C
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)	

**DETAILS OF INJURED PERSON 1**

Name	MARILYN TAN BEE LENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLM3984E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Accident Sketch Plan Pg. 1

### 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.

X 

Policyholder's Signature  
Date & Time:



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

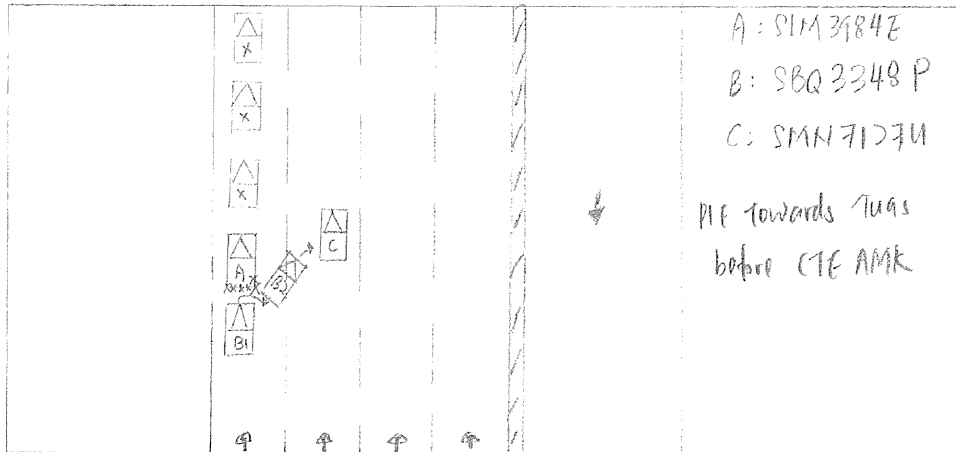
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GENERAL Insurance Association of Singapore

New Hock Pock

## Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AMK

I was driving straight along PIE towards Tuas before CTE at extreme left lane of 4 lanes.

The traffic at that point of time was very heavy, vehicles were moving and stopping intermittently.

As all the cars in front of me had stopped, I also followed suit.

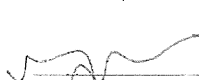
Suddenly, I felt a huge impact from behind. Veh "B" collided with the rear portion of my vehicle and caused damages.

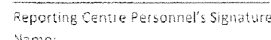
I alighted and realised there were a total of 3 vehicles involved.

## DECLARATION

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

X   
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.:

## CERT OF INS Pg. 1

Your sincerely,  
Melvin

## EQ Insurance Company Limited

Maxwell 11, 117711, Level 11, EQ MAX Building, 11 Robinson Road,  
Singapore 068911. Tel: 6733 2500. Fax: 6733 2501. Email: info@eq.com.sg  
www.eq.com.sg



## 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.

HIRE CARS (SCHEDULE 3)  
Comprehensive

Certificate No.: DMCTHQ19-000049

Form: LCRH

1. Index Mark and Registration Number of Vehicles  
SEM3984

Excess:

Section 1

SGD2,000.00

Section 2

SGD2,000.00

2. Name of Policyholder

MELVIN TAN III

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

21/08/2019

4. Date of Expiry of Insurance

28/09/2020

5. Person or Classes of Persons entitled to drive\*

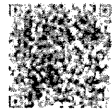
(a) The Policyholder

(b) The specific person(s) whose name is lodged in the Policy Schedule

e-qr Motor Accident

Index

6311 3211



\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a court of law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Transport Act and not been involved at the time of accident, loss or damage.

## 6. Limitations as to use\*

Use for social, domestic and pleasure purposes and business purposes of any person when the vehicle is hired.

## THE POLICY DOES NOT COVER

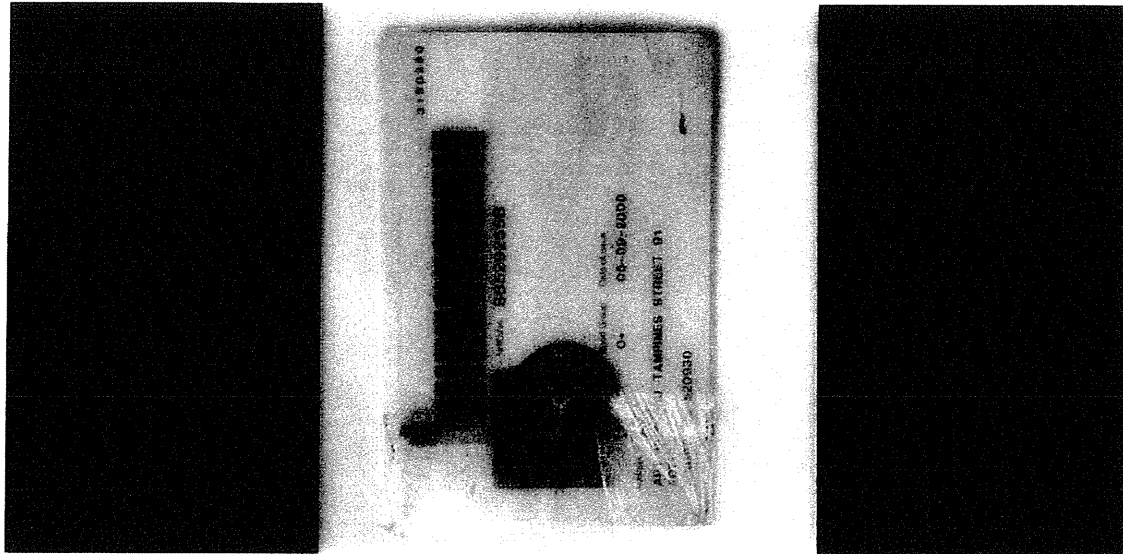
(1) Use for racing, dare making, reliability trial or speed testing

(2) Use whilst driving a trailer except for towing (other than for reward) or any mechanically propelled vehicle

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 85 of the Road Transport Act, 1987 (Malaysia), and not to be construed under these headings.

NOTE: Entry (1)(2) of this Policy to which this Certificate relates is linked in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part 1st of the Road Transport Act, 1987 (Malaysia) and Amendment, Act or Acts passed in substitution thereof.

Identification Card Pg. 1



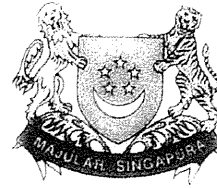
Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no: SLM 3984E  
Date of Accident: 14/08/2020



## Identification Card Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7307660I**



Name

**MARILYN TAN BEE LENG****陈 美 玲**

Race

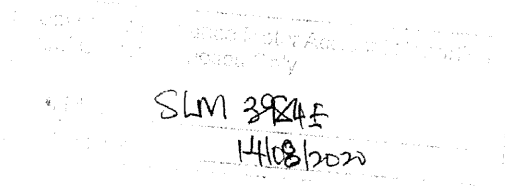
**CHINESE**

Date of birth

Sex

**01-03-1973****F**

Country of birth

**SINGAPORE****S7307660I**

4 6 8 4 9 5 9

NRIC No **S7307660I**

Date of issue

**24-02-2011**

**APT BLK 930 TAMPINES STREET 91 #07-469**  
**SINGAPORE 520930**

NRIC No: **S7307660I**Date: **24/01/2013**No: **7236521**