





## 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	04/09/2020 15:45
Date Of Accident	03/09/2020 15:00
Exact Location Of Accident	ALONG JALAN EUNOS TOWRDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX7759P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUA CHIAN CONSTRUCTION
Co Reg No	5XXXX322L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97365351
Alternative Phone No	OFFICE-97365351

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCPHQ20-000152
Cover Note Number	

### Driver

Name of Driver	ONG NAM PHEOW
NRIC No	SXXXX200F
Date Of Birth	07/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1974
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	+65-97365351
Fax Number	
Contact Number	OTHERS-97365351
Email Address	NOEMAIL

Address	BLK 227D COMPASSVALE DRIVE #08-248
Postcode	544227
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 - 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?	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

PLEASE 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	YQ765R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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.

祥健建築裝修工程

HUA CHIAN CONSTRUCTION

Blk 446 Hougang Ave 8 #B1-1635

Singapore 530446

HP: 97365351

Business Reg No: 52830322L

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

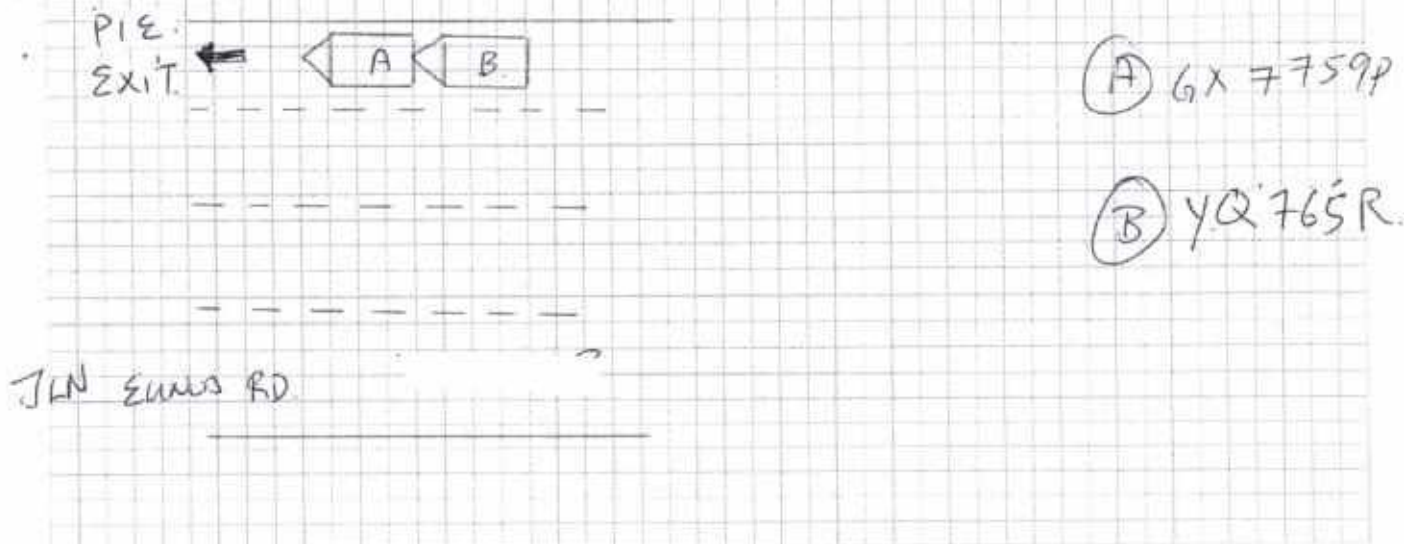
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


ON 03/09/2020 @ 1500HRS I WAS DRIVING ALONG SUNG RD  
 TWO PIE EXIT AS I WAS DRIVING STRAIGHT SUDDENLY  
 VEHICLE B COLLIDED INTO MY VEHICLE. THE VEHICLE  
 THAT COLLIDED INTO ME LICENSE PLATE IS DAMAGED; I  
 CAN SEE YQ 765R

## DECLARATION

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

样健建築裝修工程  
 HUA CHIAN CONSTRUCTION

Blk 446 Hougang Ave 8 #B1-1635  
 Singapore 530446  
 HFD 236506  
 Business Reg No. 52830322L

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

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

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 03-Sep-2020

ACCIDENT TIME: 1500

LOCATION: EUNOS RD TWDS PIE

VEHICLE NUMBER: GX7759P

INSURED NAME: HUA CHIAN CONSTRUCTION

NRIC / FIN: 52830322L

CONTACT: 97365351

MAKE: TOYOTA

MODEL: DYNA 150 D

Are you claiming under your own insurance policy for repair to your vehicle?

( ) Yes, If No, Pls Select: ( ☒ ) Third Party ( ) Reporting Only

INSURANCE COMPANY: EQ INSURANCE

TYPE OF POLICY: Comprehensive

POLICY NUMBER: DMCPHQ20-000152

EXPIRY DATE: 31-Jan-2021

NAME DRIVER: ONG NAM PHEOW

NRIC / FIN: S1146200F

CONTACT: 9765351

DATE OF BIRTH: 07-Dec-1955

DRIVING PASS DATE: 09-May-1974

OCCUPATION: Outdoor

GENDER: Male

EMAIL ADDRESS:

ADDRESS OF DRIVER: BLK 446 HOUGANG AVENUE 8 #B1-1635 HDB-HOUGANG SINGAPORE 530446

Relationship Of The Driver With The Insured: Employee

Number Of Passenger Include Driver: 1 Driver

NAME	NRIC/FIN/BC	GENDER	INJURED
ONG NAM PHEOW	S1146200F	Male	

INJURY DETAILS: 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? No Police Report Number: NIL

Details Of 3rd Party	Name	NRIC	Contact	No.of Paxs(incl' driver)
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Veh B	YQ. 765R			Not Sure
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**EQ Insurance Company Limited**

9 Maxwell Road #17-00 Tower Block MND Complex, Singapore 069110  
tel 65 6222 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no. 1978-00490-N



**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

**COMMERCIAL VEHICLE PRIVATE (SCH I)**

**Third Party**

**Certificate No. : DMCPHQ20-000152**

Form: LCVP1

Excess:

YEID-AC Additional:

S\$3,000.00

**1. Index Mark and Registration Number of Vehicles**

GX7759P

**2. Name of Policyholder**

HUA CHIAN CONSTRUCTION

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

01/02/2020

**4. Date of Expiry of Insurance**

31/01/2021

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

Goods carrying - (MZ300) Authorised Driver.

Any of the following -

1. The Policyholder

2. Any person on the order or with the permission of the Policyholder

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of 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 Traffic Act has not been cancelled at the time of accident loss or damage.

**6. Limitation as to use\***

1) Use in connection with the Insured's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

3) Use for social domestic and pleasure purposes.

**THE POLICY DOES NOT COVER**

1) Use for hire or reward or for racing pace-making reliability trial or speed testing.

2) Use whilst drawing a greater number of trailers in all than is permitted by Law.

3) Use for the carriage of passengers for hire or reward.

4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

\*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase :

A000007/Astra Assurance Agencies LLP

Date of Issue : 31/12/2019 09:54

Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMCPHQ18-005819





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA420076376 Vehicle Registration No: 6X7759P  
Name (as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : ONG NAM PHEOW Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 97365351  
Email Address : \_\_\_\_\_  
Date of Accident : 03/09/2020 Time of Accident: 1500  
Place of Accident : ALONG TAN EUNOS  
Insurance Company: EQ INSURANCE

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

RECEIVED EMAIL TO UPDATE VEHICLE OF THE OTHER PARTY YQ 765R.

祥健建築裝修工程  
HUA CHIAN CONSTRUCTION  
Blk 116 Hougang Ave 8 #B1-1635  
Singapore 530446  
HP: 97365351  
Business Reg No: 52830322L

Policyholder / Driver's Signature  
Date:

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