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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

By the lodgement of this report to the insurers, you aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available		
	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		
Insured/Policyholder			
Name Of Registered Owner	HUA CHIAN CONSTRUCTION		
Co Reg No	5XXXX322L		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-97365351		

Alternative Phone No. Vehicle Particulars

Manufacturer TOYOTA Model **DYNA 150 D**

Exact Purpose for which vehicle was being used at WORKING PURPOSES time of accident

NO

Are you claiming under your own insurance policy

If No. Please state action to be taken

for repair to your vehicle?

THIRD PARTY

OFFICE-97365351

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

EQ INSURANCE COMPANY LTD

Type Of Coverage

THIRD PARTY NO

Fleet Policy Policy Number

DMCPHQ20-000152

Cover Note Number

Driver

Name of Driver ONG NAM PHEOW

NRIC No SXXXX200F 07/12/1955 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 31/05/1974

46 YEARS AND 3 MONTHS Driving Experience

Gender MALE

+65-97365351 Mobile Number

Fax Number

OTHERS-97365351 Contact Number

NOEMAIL EMail Address

Address

BLK 227D COMPASSVALE DRIVE

#08-246

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

ambulance?

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

9

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

Lunderstand, 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:
 - 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:
 - 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.

禅健建築裝修工程 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 Signat

Name:

NRIC/FIN No.:

SKETCH PLAN PIE. B Suns RD DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ALONG EUNDJ 2D 03/09/2020 DRIVING 1500HRS MAS DRIVING STRAIGHT SUDDENLY AS WAY TWOS VEHICLE. THE VEHICLE N70 COLLIDED VEHICLE B License DAMAGED: I COLLIDEO m8 THAT CAN DECLARATION I/We declare the foregoing particulars are true in every respect. 樺健建築裝修工程 HUA CHIAN CONSTRUCTION Bik 446 Hougang Ave 8 #B1-1635 Silliplipdre 530446 Pature Driver's Signature TPD#F365050 (If driver is not the policyholder)

NRIC/FIN No.:

Business Reg No 52830322L

GIARMC SketchPlanForm, VA

Date & Time:

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: (\(\sqrt{} \) 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 CONTACT: 9765351 NRIC / FIN: S1146200F 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 NRIC/FIN/BC GENDER INJURED NAME 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: 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) YQ. 765R Veh B Not Sure

EQ Insurance Company Limited

5 Maxwell Road #17-90 Tower Block MND Complex Singapore 569110 tel 65 6223 9433 | fox 65 6224 2903 | www.eijinsurance.com.eg 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

 Index Mark and Registration Number of Vehicles GX7759P Form: LCVP1 Excess: YEID-AC Additional

\$\$3,000.00

2. Name of Policyholder

HUA CHIAN CONSTRUCTION

- Effective Date of the Commencement of Insurance for the purpose of the Act 01/02/2020
- Date of Expiry of Insurance 31/01/2021

 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

EQI Motor Accident Hotline

6311 3211



- 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 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.
- 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.

NWE 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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MNA4200 76376 ______Vehicle Registration No: _6x7759p. Name(as shown in NRIC): ______NRIC/FIN/Passport No: _____ (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : ONG NAM PHEOW Address _____Singapore(Contact (Tel) Mobile No.: 97365351 Email Address Date of Accident _____Time of Accident: 1500 Place of Accident : ALONG JLN EUNOS Insurance Company: ZQ INSURANCE. (B) ADDITIONALINFORMATION / 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 49 DATE VEHICLE OF THE CHER PARTY 棒健建築裝修工程 HUA CHIAN CONSTRUCTION Bik 146 Hougang Ave 8 #B1-1635 Singapore 530446 HP: 97365351 Business Reg No: 52830322L Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date:

Name: NRIC/FIN No.: Date: