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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 hereby con aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
S. A. Berkersen, in the same of the same	ACCIDENT STATEMENT
Date Of Report	06/10/2020 13:57
Date Of Accident	05/10/2020 12:15
Exact Location Of Accident	925 YISHUN CENTRAL 1 MSCP DECK 2B LOT 304
Country/State of Loss	SINGAPORE
- Can and the American Services	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA5090Y
Insured/Policyholder	
Name Of Registered Owner	TAY HUI LING EMILY
NRIC No	SXXXX490G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97202667
Alternative Phone No	OFFICE-97202667
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3GF CVT
Exact Purpose for which vehicle was being used at time of accident	PARKED

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 Policy Number

DMPPHQ20-003374

Cover Note Number

Driver

Name of Driver TAY HUI LING EMILY

NRIC No SXXXX490G Date Of Birth 18/06/1986 Occupation INDOOR Date Of Driving Pass 10/02/2007

Driving Experience 13 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97202667

Fax Number

Contact Number OFFICE-97202667

EMail Address NOEMAIL Address BLK 511B YISHUN ST 51 #10-439

Postcode 762511

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

TEL NO: 65470000 - FAX NO:

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20201005/7019

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera? YES NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLH5179B

Vehicle Make/Model/Colour

Details Of Properties

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) Page 3 of 13

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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)

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:
 - 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.

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		
	925 Yishun Central MSCP Deck 28	
	303 F304 305 30	
	- 305 - 305- 30	
(A) - SMA 5090Y		
(B) - SLH5179B		
(13)		
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
	refer to mile fort	attached -
	Refer to police report Report No.: 7/20201	a lacrea
	report No. 1/20201	005 7019
7.11 1.11		
DECLARATION		
	ticulars are true in every respect.	f i
(1)		4
		M
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:

NRIC/FIN No.:

Date & Time:





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20201005/7019

REPORT OF A TRAFFIC ACCIDENT

	05/10/2020 16:23		Vide Report No.: L/20201005/0085	Station Diary No.:	
Informar	t's Partic	ulars			
	Informant: LING, EM		Address: 511B YISHUN STREET 51 #10-439 SINGAPORE 762		
ID Type / ID No.: NRIC NO / S8618490G		90G	Contact No.: Home/Office:	Mobile: 97202667	
Nationality: SINGAPORE CITIZEN		EN	Email: EMILYTAY0618@GMAIL.COM		
Sex: Female	Age: 34	Date of Birth: 18/06/1986	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Other pharmacologists and related professionals		sts and related	Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Accident			
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/10/2020 12:15	Type of Location Car Park
Location:			100,10/2020 12.10	
YISHUN CEN	ITRAL 1	Pood Surface		D - 10 - 11:
Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMA5090Y	Car	HONDA	FIT 1.3GF CVT	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA5090Y	EQ INSURANCE COMPANY LTD.	DMPPHQ20- 003374	11/06/2020	10/06/2021





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20201005/7019

CONTINUATION OF REPORT

Details of Perso	on Involved		A STATE OF SOME			TO THE RESERVE OF THE PARTY OF
Any Pedestrian I						
No. of Pedestrian	ns Injured: NIL		Use of Pe	doctrion (`***	in a. NIA
Driver		Carlotto de	036 01 F 6	destrian (ross	sing: NA
Name	TAY HUI LING, EM	TAY HUI LING, EMILY		ID No.		S8618490G
Related Vehicle	SMA5090Y (Car)			Contact	No.	97202667
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: 3 Date of Expiry: NIL
Date	NIL		Date	1	IIL	
No. of Days gran	No. of Days granted Medical Leave NIL		Degree of		IIL	

Brief Details.

Reported and videos, photos given to traffic police on site of accident at the 925 yishun central 1 multistorey carpark, deck 2B, Lot 304.

i encountered Hit & run as the vehicle parked on my right was trying to exit the parking lot. My car was already parked and stationary and I was not present in the car. Impact caught on the video footage. There was no note left on my windscreen after the incident as the vehicle immediately drove off and proceed to exit the carpark.

Car Plate number SLH 5179B, Blue Honda SUV seen from video footage





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20201005/7019

CONTINUATION OF REPORT

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Authentication Stamp

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/10/2020 16:23
Officer In Charge Of Case: TP / TPHQ / MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:

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



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

PRIVATE CAR Comprehensive Premier

Certificate No.: DMPPHQ20-003374

1. Index Mark and Registration Number of Vehicles

Comprehensive Plan - Any Workshop

Form: MX2 Excess:

Insured/Named Driver: Unnamed Drivers: YEID Additional:

S\$500.00 \$\$1,000.00 \$\$3,000.00

SMA5090Y 2. Name of Policyholder

TAY HUI LING EMILY

3. Effective Date of the Commencement of Insurance for the purpose of the Act 11/06/2020

4. Date of Expiry of Insurance 10/06/2021

5. Person or Classes of persons entitled to drive* (a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission permission.

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*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover:

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) use for any purpose in connection with the Motor Trade

*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: Tokyo Century Leasing (Singapore) Pte Ltd

A000137/I. Insurance Date of Issue: 11/05/2020 19:00

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMPPHQ19-003408



Date of Accident	: 05/16/2020 Accident Time: 12 15 (24-HR-FORMAT)			
Accident Place	: 925 Yishun Central I MSCP Deck 2B Lot 304			
Vehicle Reg. No (Car plate No.)	: SMA 5090Y Vehicle Make/Model: Honda /Fi+			
Insurance Company	: EQ Insurance Policy No. DMPPHQ20 -003374			
Name of Registered Owner	: Company/Individual Tay Hui Ling, Emily			
ID of Registered Owner	: Co Reg No: Owner's NRIC No: 58618 490G			
	: Co Contact No: Owner's Contact No: 97202667			
DRIVER'S Name	: Tay Hui Ling, Emily DRIVER'S NRIC No: 586 18 4906-			
DRIVER'S Date of Birth	: 18/06/1986 DRIVER'S License Pass Date 10/02/2007			
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:			
DRIVER'S Address	: 511B Yishun St. 51 #10-439 5(762511)			
DRIVER'S Contact No./ Alt No.	:1) 9720 2667 2)			
DRIVER'S Occupation	(INDOOR \OUTDOOR (eg. working inside or outside of an ofc)			
Email Address				
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET			
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance			
Number of Passengers (including Dr Was the accident reported to the pol Was there any video Captured by ca Exact purpose for which vehicle was	ice? VES\NO			
Other	Party Driver's Particulars (if any)			
Vehicle Reg No: 5LH 5179B	Vehicle Reg No:			
Vehicle Make\Model:	Vehicle Make\Model:			
Name DRIVER:	Name DRIVER:			
IC No. DRIVER:	IC No. DRIVER:			
DRIVER'S Contact & add:	DRIVER'S Contact & add:			