

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	20/11/2020 14:42
Date Of Accident	19/11/2020 13:50
Exact Location Of Accident	ALONG JOO CHIAT ROAD TOWARDS DUNMAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8098A
Insured/Policyholder	
Name Of Registered Owner	NAUTICAL SPLENDOR
Co Reg No	5XXXX178J
Email Address	NAUTICIOUS77TS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96647270
Alternative Phone No	OFFICE-96647270

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ20-002842
Cover Note Number	

Driver

Name of Driver	FOO TOON MOH ANDREW (FU DUNMAO ANDREW)
NRIC No	SXXXX416C
Date Of Birth	15/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	07/09/1998
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96647270
Fax Number	
Contact Number	OTHERS-96647270
Email Address	NAUTICIOUS77TS@GMAIL.COM

Address	BLK 664 JALAN DAMAI #02-103
Postcode	410664
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	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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFL1196C
Vehicle Make/Model/Colour	VOLKSWAGEN POLO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AUGUSNIKO LOH LULIN
NRIC/Passport Number	SXXXX243E
Contact Number	92477111
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 processed 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 situated outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claim history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (ii) 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.

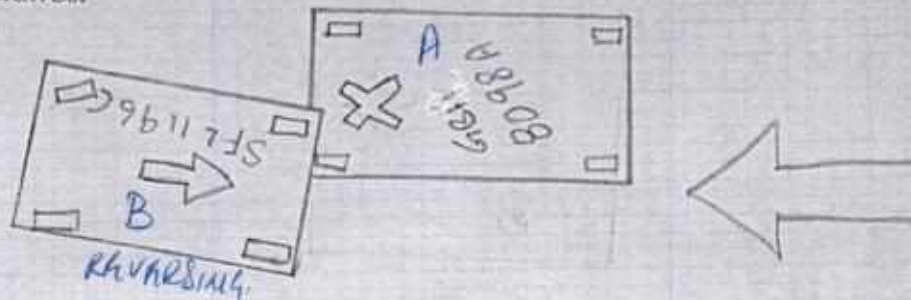


Driver's Signature:
(If driver is not the policyholder)
Date & Time:

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

Along Joo Chiat Road Towards Dunman Road

SKETCH PLAN



A) GRH 8098A

B) SFL1196C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~On~~ ~~19/11/2020~~ ~~@ 1350hrs~~, I was driving along Joo Chiat Road due south toward Dunman Road. There was a Red VW Polo car ahead of me. After Fawlie Road junction, she stopped her vehicle and had her hazard lights on; I was about 5 car lengths behind her then. Seeing that her hazard lights were blinking, I ~~proceeded~~ proceeded to avoid her by filtering to the right. At this point, she started to reverse and I slammed on my brakes ~~to~~ and had my vehicle come to a complete stop. Noticing that she did not stop reversing, in my complete stationary position, I honked a long blast to warn her. She continued to reverse and collided into my stationary vehicle.

DECLARATION

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



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

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

20/11/2020
Rosa Wong

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE	19/11/2020	TIME	1350HRS	On Duty 24 hrs Format
LOCATION	JOO CHIAT ROAD DUE SOUTH, AFTER FOW LIE ROAD.			
VEHICLE NUMBER	GBH 8098A			
INSURED NAME	NAUTICAL SPLENDOR			
NRIC FIN	S3284178J	CONTACT	9664 7270	
MAKE	FIAT	MODEL	DOBLO	
Are you claiming under your policy for repair to your vehicle?	☒ YES ☐ NO			
INSURANCE COMPANY	EQ INSURANCE COMPANY LIMITED			
TYPE OF POLICY	☒ PERSONAL ☐ COMMERCIAL ☐ THIRD PARTY			
POLICY NUMBER	DMCPH020-002842			
NAME DRIVER	FOO TOON MOH ANDREW (FELIX MOH ANDREW)			
NRIC FIN	S7534416L	CONTACT	9664 7270	
DATE OF BIRTH	15/11/1975			
DRIVING PASS DATE	07 SEPT 1998			
OCCUPATION	☒ OUTDOOR ☐ INDOOR			
GENDER	☒ MALE ☐ FEMALE			
PRIVATE ADDRESS	Nauticus 11ts@gmail.com			
ADDRESS OF DRIVER	BLK 664 Jalan Dengi. #02-103 6664 SINGAPORE 410664			
Number Of Passengers (Include Driver)	ONE			
Was driver an employee of an insurance company?	☒ YES ☐ NO			
If No, Relationship Of The Driver With The Insured	☒ Owner ☐ Spouse ☐ Relative ☐ Friend ☐ Stranger ☐ Others			
Does The Driver Own The Vehicle?	☒ YES ☐ NO			
If Yes, Vehicle Registered As	Driver's Own Vehicle			
Insurance Company Of Driver's Vehicle				
Weather Conditions	☒ Clear ☐ Raining ☐ Drizzle ☐ Others			
Road Surface	☒ Dry ☐ Wet ☐ Others			
Was Any Foreign Vehicle Involved In This Accident?	☐ YES ☒ NO			
Was Anybody Injured?	☐ YES ☒ NO			
If YES, Injured details				
Quoted By Authority	☐ YES ☒ NO H.A.			
Are There Any Video Footages?	☒ YES ☐ NO			
Was There Accident Reported To The Police?	☒ YES ☐ NO If Yes, Attach Police Report			
Police Report Number				
Details Of 3rd Party				
Name / NRIC	Augustino Loh Lulin / S8223243E			
Contact	92477111			
Veh A	SFL 1196C			
Veh B				
Veh C				
Veh D				
Veh E				
Veh F				
Veh G				

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) Comprehensive

Certificate No.: DMCPHQ20-002842

Form: LCVP1
Excess:
Section 1 SGD500.00
YEID-AC Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles
GBH8098A

2. Name of Policyholder
NAUTICAL SLENDOR

3. Effective Date of the Commencement of Insurance for the purpose of the Act
02/10/2020

4. Date of Expiry of Insurance
01/10/2021

5. Person or Classes of Persons entitled to drive*
Goods carrying - (M2380) 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 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 Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations 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.

EQ Motor Accident
Hotline

6311 3211



UNWTSY/HO/A800007/Astra Assurance Agen



A Member of Citystate

Authorised Signatory
EQ Insurance Company Limited