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.

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 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 Submission 08/12/2020 17:04 (SGT) Date of Accident 07/12/2020 12:03 (SGT) Exact Location of Accident Tampines, Singapore Additional Location Information ALONG TAMPINES AVE 10 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number FP1680I

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MARCUS ONG YONG QIANG NRIC No. S9105309H Email Address marcusoyq@gmail.com Mobile Phone No (Phone) +65-94897930 Alternative Phone No +65-94897930

VEHICLE PARTICULARS

Manufacturer Maserati Model **GRANTURISMO** Variant

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 - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number DMPPHQ19-007365

Cover Note Number

DRIVER

Name of Driver MARCUS ONG YONG QIANG NRIC No S9105309H Date Of Birth 09/02/1991 Occupation Indoor

Date Of Driving Pass 12/08/2009 Driving experience 11 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-94897930 Alt. Phone Number +65-94897930 Email Address marcusoyq@gmail.com Address BLK 719 PASIR RIS ST 72 #07-87 Address complement Postcode 510719 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT G/20201207/7084 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 FBG2964U

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Motorcycle

Name of Driver
S0008676B

Contact Number	(Phone) +65-86844724
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDUL WAHAB BIN MOHAMED HASSAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBG2964U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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>.
- 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.
- 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.
- 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.

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.:

PRECUSE

SKETCH PLAN A FP (680) B FB G 2964 Ce (0) Road work | G | A | Progressin | G | X |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/12/2022 @ about 12:03pm, I was driving my con (EP 1680L) along Tampines Ave 10 in the extreme right lane. addends a motor-bike filter into
Tampines Ave 10 in the extreme right lane addents a motor bile filter into
my lave from the left without check & give way the orcaning troffic
from his right, i immediately standard to the right and step on my brake to avoid
collision with the bike, however the motorbike still grazed and collided onto
left portion of my our and my our funt right portion was scratched onto
the road divider when it my to avoid the bike. After the collision, the motorbile
thing off and by down inhorst fung cer. I then come out from my or to
assist the untortike rider by or her installed on comera recorder and i
willing to aspect my accident lain amore
assist the motorbike rider. My cr his installed an comera recorder and i willing to submit my accident video hostere for my accident claim purpose. Attached Police. Report: 6/20012070/7084

DECLARATION

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

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.:



















1 of 2

Report No. G/20201207/7084

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made	Vide Re	port No.		Station Diary No.
07/12/2020 23:42				
Name Of Informant	Address			
MARCUS ONG YONG QIANG	719 PAS	719 PASIR RIS STREET 72 #07-87 SINGAPORE 510719		
ID Type / ID No.	Contact	Contact No.		
NRIC NO / S9105309H	Home/O	ffice:	Mobile:	
			84281243	
Nationality	Email Ad	Email Address		
SINGAPORE CITIZEN	marcusc	marcusoyq@gmail.com		
Occupation	Sex	Age	Date of Birth	Race
Self-Employed	Male	29	09/02/1991	Chinese
Institution/School Name	Languag English	ge	-	
Date/Time Of Incident	Location	Location Of Incident		
07/12/2020 12:03 - 07/12/2020 12:03	Along ta	Along tampines ave 10		
Priof details	at Assertionships			

Brief details.

On 07/12/2020 at about 12.03pm, I was driving my car (EP1680L) along tampines ave 10 at the extreme right lane. Suddenly a motorbike(FBG2964U) filter into my lane from the left without checking and did not give way to the oncoming traffic from his right. I immediately skidded to the right and jammed my brakes to avoid collision with the bike. However the motorbike still grazed and collided onto the left portion of my car and my car front right portion was scrached onto the road divider when I try to avoid the bike. After the collision the motorbike flung off and lay down in front of my car. I then come out from my car to assist the motorbike rider. Checked with the rider to see if he was badly injured and needed an ambulance but he said he was fine. He picked up his bike and rode off after we exchanged particulars(Abdul Wahab Bin

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: 07/12/2020 23:42
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201207/7084

Mohamed Hassan, S0008676B). My car has been installed with a in-car camera recorder and I am willing to submit my accident video footage for my accident claim purpose.

Victim			
Person Name	MARCUS ONG YONG QIANG	<u> </u>	
ID Type	NRIC NO	ID No	S9105309H
Gender	Male	Age	29
Race	Chinese	Language	English
Occupation	Self-Employed	Address	719 PASIR RIS STREET 72
			#07-87 SINGAPORE 510719
Mobile No	84281243	Is Informant A	Yes
		Victim?	
Person Name	MARCUS ONG YONG QIANG (Informant)		

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: 07/12/2020 23:42
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

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

Certificate No.: DMPPH019-007365

 Index Mark and Registration Number of Vehicles EP1680L

2. Name of Policyholder
MARCUS ONG YONG QIANG

Form: MX3 Excess:

Insured SGD5,000.00
Insured (Outside SG) SGD10,000.00
WdScrn/Snroof/Mnroof SGD1,000.00

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 11/11/2019
- 4. Date of Expiry of Insurance 23/02/2021

5. Person or Classes of Persons entitled to drive*

(a) The Policyholder

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

EQI Motor Accident Hotline

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 Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations 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 and on race track
- (c) use for the carriage of goods (other than samples) in connection with any trade or business $% \left(1\right) =\left(1\right) \left(1\right)$
- (d) use for any purpose in connection with the Motor Trade
- (e) use by any other persons than those defined as entitled to drive in paragraph 5 above

*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.

Engine No. M145T180140 Chassis No. ZAMLH45C000061964 UNWTSY/H0/B000006/ANIKA INSURANCE BROK

A Member of Citystate

Authorised Signatory
EQ Insurance Company Limited