



## 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 Submission	26/02/2021 11:51 (SGT)
Date of Accident	25/02/2021 16:40 (SGT)
Exact Location of Accident	15 Changi North Street 1, #01-20, Singapore 498765
Additional Location Information	JUNNIMED BUILDING OPENSOURCE CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9650C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JUNNIMED SERVICES PTE. LTD.
Company Reg No	2XXXXX128H
Email Address	admin@junnimed.com
Mobile Phone No	(Phone) +65-81338777
Alternative Phone No	(Home) +65-81338777

#### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	EQ
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ20-005507
Cover Note Number	-

#### DRIVER

Name of Driver	KOH MEI LING SERENE
NRIC No	SXXXX119F
Date Of Birth	02/08/1982
Occupation	Indoor

Date Of Driving Pass	28/12/2009
Driving experience	11 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81338777
Alt. Phone Number	-
Email Address	admin@junnimed.com
Address	APT BLK 217C SUMANG WALK
Address complement	#11-220
Postcode	823217
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### 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	GBE1186R
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HUNG THIEM RYH
NRIC No	SXXXX200J
Contact Number	(Phone) +65-97623534
Address	-
Address complement	-
Postcode	-



Insurance Company Name	AIG
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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 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 making 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

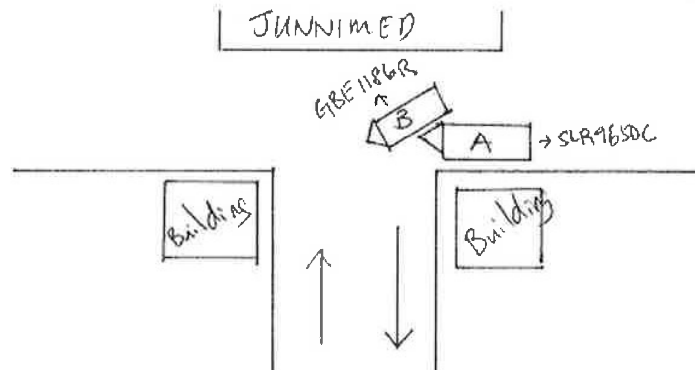
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



## Describe Circumstances of the Accident

On 25 Feb 2021, estimate 1640 hrs, vehicle B (GBE1186R)  
~~collected~~ collided with stationary vehicle A (SLR965DC)  
 at vehicle A's office building area.

Vehicle B is collecting a parcel at Jinniswood.

After picking up the parcel, vehicle B hit vehicle A  
 upon moving off.

Vehicle B driver S1421200J Hung Thiem Ryh.

## Declaration

We declare the foregoing particulars are true in every respect.

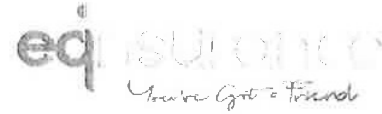




Se Kene Koh

 Steven Chee  
 Insurance Advisor  
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 HP: 8511 2203  
 Fax: 6285 8620

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. : DMPPHQ20-005507

1. Index Mark and Registration Number of Vehicles  
 SLR9650C

2. Name of Policyholder  
 JUNNIMED SERVICES PTE LTD (Not Driving)

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
 31/08/2020

4. Date of Expiry of Insurance  
 30/08/2021

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.

Premier Plan - Any Workshop  
 Form: MX2  
 Excess:  
 Employee S\$500.00 (Section 1 - Own Damage)  
 Non-Employee S\$1,000.00 (Section 1 - Own Damage)  
 YEIDR Additional S\$3,000.00  
 WindScreen S\$100.00

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 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.

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 :

A000255/Winner Consultancy Pte Ltd  
 Date of Issue : 05/08/2020 11:36

Authorized Signatory  
 EQ Insurance Company Limited

#### Note

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.

A Member of Citystate