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.

- 4. The issue and acceptance of this is form by instrained 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 13/07/2021 15:25 (SGT) Date of Accident 13/07/2021 07:50 (SGT) Exact Location of Accident Near Blk 515, Singapore Additional Location Information JURONG WEST STREET 51 (NEAR BLK 515 BUS STOP) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM3830D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **FOO JOON FATT** NRIC No. SXXXX927D

Email Address FOOJOONFATT56@GMAIL.COM

Mobile Phone No (Phone) +65-98164470

Alternative Phone No +65-98164470

VEHICLE PARTICULARS

Manufacturer Hyundai Model Tucson 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? Vehicle Category

Transmission CC

Private use

No - Claiming third party Private car

Auto

1591

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Type of Coverage Comprehensive

Fleet Policy

Policy Number DMPPHQ21-004484

Cover Note Number

DRIVER

Name of Driver **FOO JOON FATT** NRIC No. SXXXX927D

Date Of Birth 15/04/1956 Occupation Outdoor Date Of Driving Pass 23/11/1977 Driving experience 43 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-98164470 Alt. Phone Number +65-98164470 Email Address FOOJOONFATT56@GMAIL.COM Address **BLK 270 TOH GUAN ROAD** Address complement #03-97 Postcode 600270 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name LEE BEE CHOO Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Jurong East Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008999999 Alt. Police Station Phone No (Fax) +65-66655791 Police Station Address No. 92 Boon Lay Way Singapore 609962 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAILS. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SMB342Z

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 Formmust 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.
- 6. 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 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.
- 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' law yers/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;
- (lii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



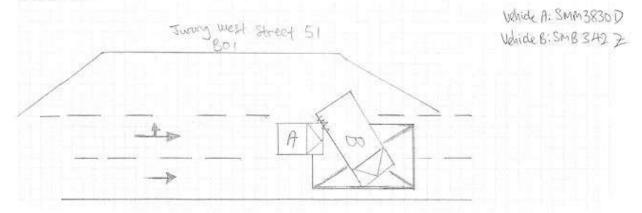
Policyholder's Signature / Date &

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 13/07/2021 at about 07:50 AM, I was driving my vehicle (A) SMM 38300
along Burang west street 51 towards Jurang west street 52.
It was a rainy day and floor on the road was wet. I stopped my
venicle at the traffic Juction. Sudderly Wehicle (B) SMB 3427 came
from my left minor road into the main road and stratch my front Left
9
side of my vehicle.

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel





















Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

Report No. T/20210713/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2021 10:44		Made:	Vide Report No.:	Station Diary No.: 27	
Informa	nt's Partic	ulars			
Name of Informant: FOO JOON FATT			Address: APT BLK 270 TOH GUAN ROAD #03-97 SINGAPORE 6		
ID Type / ID No.: NRIC NO / \$1150927D			Contact No.: Home/Office: Mobile: 98164470		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 65	Date of Birth: 15/04/1956	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Heavy Vehicle Driver		er	Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/07/2021 07:50	Type of Location Straight Road	
Location: JURONG WE Weather: Heavy rain	ST STREET 51	Road Surface:		Road Speed Limit:	
		Traffic Control:		Traffic Volume: Heavy	

Details of Vo	ehicle Involved	7			A 0 6/5	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMB342Z	Bus/Coach/Mi nibus				No Damage	0
SMM3830D	Car	HYUNDAI	TL TUCSON FL 1.6 GLS T-GDI DCT 2WD	Brown	Slightly Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20210713/2023

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 2 of 3 Report No. T/20210713/2023

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMM3830D	EQ INSURANCE COMPANY LTD.	DMPPHQ21- 004484	27/06/2021	26/06/2022	

Details of Perso	n Involved		47.		7 TA	- Valley and Williams
Any Pedestrian I	nvolved: No					
No. of Pedestrian			Use of Pe	destriar	Cross	ing: NA
Driver						
Name	FOO JOON FATT	FOO JOON FATT		ID No	•	S1150927D
Related Vehicle	NIL			Conta	ict No.	98164470
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL		
No. of Days granted Medical Leave NIL			Degree o		NIL	

Brief Details.

On the 13/07/2021, at about 0752hrs, I was driving vehicle bearing registration plate number SMM3830D, travelling along Jurong West St 51, to send my wife to work.

As we were about to pass a bus stop (B01) in front of Blk 515 Jurong West St 51, the bus service number 187 bearing registration plate number SMB342Z exited and I gave way to him to exit the bus stop however, the rear of the bus swung to outwards and its rear right side collided in to my front left of my vehicle bearing registration plate number SMM3830D. The bus captain did not stop the bus and continued to drive off.

Subsequently, I tried to go after the bus bearing registration plate number SMB342Z and stopped in front of the bus to get the Indian Male bus captain's particulars, however he horned at me twice and refused to come down from the bus, he also kept point at his watch indicating that he was rushing for time, after which I took some photos of the bus number plate, service number and the photo of the bus captain before moving off my vehicle.

Subsequently, after that I sent my wife to work and proceeded to the police station to lodge a report. I wish to state that I did not manage the get the particulars of the Bus Captain driving the bus service 187 (SMB342Z).





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

3 of 3 Report No. T/20210713/2023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report D / Sgt 2 LEE XIN MEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/07/2021 10:44
Officer In Charge Of Case: TP / HRT / SI STEPHANIE, CHEUNG TSZ YING Contact No.: 96208032	Classification Of Case:
Authentication Stamp NP168 SINGAPORE SILICE FORCE SILICE FORCE SILICE FORCE	
SIGNATURE	

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



Classic Plan - EQ Authorised Workshop Only

\$\$500.00

\$\$3,000.00

Form; MX2 Excess

Insured/Named Driver

Additional

EQI Motor Accident

Hotline

6311 3211

Unnamed Drivers:

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 Classic

Certificate No.: DMPPHQ21-004484

1. Index Mark and Registration Number of Vehicles SMM3830D

2. Name of Policyholder

FOO JOON FATT

3. Effective Date of the Commencement of Insurance for the purpose of the Act 27/06/2021

4. Date of Expiry of Insurance 26/06/2022

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 permissio permission.

 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.

IWE 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:

ACC0211/MDivine Insurance Agency Date of Issue : 08/06/2021 10:09

Authorised Signatory EQ Insurance Company Limited

1 1 1 1 1 1 N

Exp No.: DMPPHQ20-003623

A Member of Citystate