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 23/07/2021 17:56 (SGT) Date of Accident 22/07/2021 19:00 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TWDS TUAS ENTERING BKE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM5362K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NG BOON SIANG NRIC No S1634342J Email Address njy_jie_ying@hotmail.com Mobile Phone No (Phone) +65-81232372 Alternative Phone No +65-81232372

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Colt 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? Yes Vehicle Category Private car Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Type of Coverage Comprehensive Fleet Policy Policy Number DMPPHQ21-000479 Cover Note Number

DRIVER

Name of Driver NG JIE YING NRIC No. S9340456D

Date Of Birth 30/10/1993 Occupation Indoor Date Of Driving Pass 22/12/2017 Driving experience 3 YEARS AND 7 MONTHS Gender Female Mobile Number (Phone) +65-98179112 Alt. Phone Number Email Address njy_jie_ying@hotmail.com Address BLK 283 CHOA CHU KANG AVE 3 #09-406 Address complement Postcode 680283 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Chain Collision 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? No 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT FRONT VEHICLE SUDDENLY JAMMED BRAKE. I BRAKE BUT COULD NOT STOP IN TIME AND COLLIDED ONTO VEHICLE B REAR PORTION. THERE'S ANOTHER VEHICLE INVOLVED IN FRONT OF VEHICLE B. 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 | SGP7333B |
|-----------------------------|-------------|
| Vehicle Manufacturer | - |
| Vehicle Model | _ |
| Vehicle Variant | _ |
| Vehicle Colour | _ |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | _ |
| Address | _ |

| Address complement | - |
|---|-----------|
| Postcode | - |
| Insurance Company Name | _ |
| Nature Of Damage | - |
| Details of property damaged in accident | VEHICLE B |
| No. Of Passenger (Including Driver) | _ |

DETAILS OF OTHER VEHICLE PROPERTY 2

| Valida Dagistration Number | |
|---|-------------|
| Vehicle Registration Number | SMU3909U |
| Vehicle Manufacturer | _ |
| Vehicle Model | _ |
| Vehicle Variant | _ |
| Vehicle Colour | _ |
| Vehicle Category | Private car |
| Name of Driver | - |
| | |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | _ |
| Insurance Company Name | _ |
| Nature Of Damage | _ |
| Details of property damaged in accident | VEHICLE C |
| No. Of Passenger (Including Driver) | |
| 110. OH 2335HUGH HIIGHUHHU DHV5H | _ |

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>.
- 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;
- (ii) 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 & Driver's Signature (If deliver is not the policyholder) / Date & Time

Sketch Plan

Witnessed by Reporting Centre Personnel

SME

Describe Circumstances of the Accident

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| Declaration | | |
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| We declare the foregoing particula | rs are true in every respect. | |
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| Polinyholdaria Signatura / Data 9 | Driver's Schature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre |
| Policyholder's Signature / Date & | AT A SIGNATURE (III URIVER IS NOT THE PORCYTONIE!) / Date | Personnel |
| Time | & Timper | Personnel |
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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580

Tel (55) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

| | | ADDEND | MUM | |
|-------------------------|----------------------|------------------|----------------------|--|
| PARTICULARS OF PE | | | rs: | |
| Original Report No: | 3314217NO | 9008 | Vehicle Registration | No: 3JM 5262K |
| Name(as shownin NRIC) : | NET fill y | 11167 | NRIC/FIN/Passporti | 1NO: 3JM 53626 NO: 29340456 |
| (*Vehicle Driver / Ve | hicle Owner) (*) Pla | ease delete as a | ppropriate | |
| Address | B112383 0 | 2410A CHO | CANGAVE 27 | 409-406 Singapore(6-6026 98-7-9(12 |
| Contact (Tel) | | | Mobile No.: | 9817 9112 |
| Email Address : | | | | |
| Date of Accident : | 29107/20 | 127 | Time of Accident : _ | 19.00 PR |
| Place of Accident : | PTE 10 | NDS TOLA | ENTALING & | PE |
| Insurance Company: | | Ea | | |
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| $ \nearrow $ | | | | |
| Policyholder / Driver's | | - | | |

EQ Insurance Company Limited 5 Maxwell Hoad #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.: DMPPHQ21-000479

1. Index Mark and Registration Number of Vehicles

2. Name of Policyholder NG BOON SIANG

3. Effective Date of the Commencement of Insurance for the purpose of the Act 13/01/2021

4. Date of Expiry of Insurance 12/01/2022

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.

*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(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.

HP: Tai Thong Lee Trading Pte Ltd misjb/HO/TSA0006/Hong Wei Vehicle Pte

A Member of Citystate

Authorised Signatory



Insured/Named Driver SGD500.00

EQI Motor Accident

Hotline 6311 3211

SGD1,000.00

Additional SGD3,000.00

Form: MX2

YEID

Unnamed Drivers

EQ Insurance Company Limited