

## 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 ..... 04/08/2021 16:08 (SGT)  
Date of Accident ..... 28/07/2021 14:00 (SGT)  
Exact Location of Accident ..... 166 Upper E Coast Rd, Singapore 455270  
Additional Location Information ..... SERVICE ROAD OFF NALLUR ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBS3951L

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMAD FAIZAL BIN YUSMAL  
NRIC No ..... S7523921A  
Email Address ..... fyusmal@gmail.com  
Mobile Phone No ..... (Phone) +65-97552844  
Alternative Phone No ..... +65-97552844

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... TENERE  
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 - Reporting only  
Vehicle Category ..... Motorcycle  
Transmission ..... Auto  
CC ..... 700

#### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMMPHQ21-000442  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MUHAMAD FAIZAL BIN YUSMAL  
NRIC No ..... S7523921A

Date Of Birth .....	07/08/1975
Occupation .....	Indoor
Date Of Driving Pass .....	11/03/1997
Driving experience .....	24 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97552844
Alt. Phone Number .....	+65-97552844
Email Address .....	fyusmal@gmail.com
Address .....	78 MOH GUAN TERRACE #01-01
Address complement .....	-
Postcode .....	162078
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 - Head to Rear
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 vehicle 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 AND STATEMENT

#### 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 .....	SMG2383R
Vehicle Manufacturer .....	Audi
Vehicle Model .....	A5
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN CHUAN HON
NRIC No .....	S7632249Z
Contact Number .....	(Phone) +65-98344370
Address .....	-

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

1/30/2020


Protected By Symantec

SKETCH PLANIMPORTANT 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. 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 &amp; Time:

4/8/21

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

  
 Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

1/30/2020

Protected By Symantec

## SKETCH PLAN

CAR SMG2383R

CAR  
SMG2383R  
motorcycle  
FBS3951L  
SHOP HOUSE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was coming to a stop and braking when my motorcycle went over a patch of sand. The ABS activated and the motorcycle did not come to a stop on time and hit the right rear side of said car bumper.

## DECLARATION

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

Policyholder's Signature

Date &amp; Time: 4/8/21

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

8/4/2021

Mail - CDGE Braddell Private Cars Crash Repair Counter - Outlook



8. Apr. 2021 15:32

No. 5403 P. 1

**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. 1978-00480-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**MOTORCYCLE**

Comprehensive

Certificate No. : DMMPHQ21-000442

Form: MY1  
Excess: S\$750.00**1. Index Mark and Registration Number of Vehicles**

FBS3851L

**2. Name of Policyholder**

MUHAMAD FAIZAL BIN YUSMAL

**3. Effective Date of the Commencement of Insurance for the purpose of the Act**

08/04/2021

**4. Date of Expiry of Insurance**

07/04/2022

**5. Person or Classes of persons entitled to drive\***

Restricted to Named Drivers Only

- 1) The Policyholder / Insured
- 2) PIOTR CELAREK

\* 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\***

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

THE POLICY DOES NOT COVER:

- (1) Use for hire or reward
- (2) Use for racing pace-making reliability trial or speed-testing
- (3) Use for the carriage of goods (other than samples) in connection with any trade or business
- (4) 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 :

A000338/Ban Hock Hin Co. Pte Ltd  
Date of Issue : 08/04/2021 15:37

Authorized Signatory  
EQ Insurance Company Limited

A Member of Citystate



























