

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	12/08/2021 12:47 (SGT)
Date of Accident	11/08/2021 11:00 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN16C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHOA BOON KIAT (CAI WENJIE)
NRIC No	SXXXX955C
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-97338946
Alternative Phone No	+65-97338946

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Macan
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
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ20-008790
Cover Note Number	-

DRIVER

Name of Driver	CHOA MONG CHAY
NRIC No	SXXXX987D

Date Of Birth	09/07/1961
Occupation	Indoor
Date Of Driving Pass	18/04/1979
Driving experience	42 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97338946
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	72 JALAN KEMUNING
Address complement	-
Postcode	769794
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	AFTER RAIN
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT D/20210812/7004

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	FBE5865M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	EDY FAWZI BIN MUHAMMAD TAIP
NRIC No	SXXXX314J
Contact Number	(Phone) +65-89522219
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHOA MONG CHAY
Gender	Male
Phone No	(Phone) +65-97338946
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SMN16C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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.

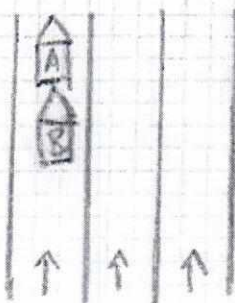
Policyholder's Signature / Date & Time

Sketch Plan

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

BUKITIMAH ROAD

Witnessed by Reporting Centre Personnel



A - SMN16C

B - FBE586SM

Describe Circumstances of the Accident

On the stated date & time

I was driving my vehicle bearing carplate number SMN16C on Bukit Timah Rd.

As I was travelling straight, there was traffic building ahead. I gradually reduce speed where I suddenly felt a great impact from the rear. I alighted from my vehicle to realise that I was involved in a head to rear accident with the other vehicle bearing carplate number EBF5865M.

The Rider and pillion of the other vehicle had sustained injuries but rejected on being conveyed by the ambulance.

Police Report D/20210812/7004

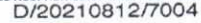
Declaration

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

Witnessed by Reporting Centre Personnel



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: 12/08/2021 11:16
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



D/20210812/7004

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210812/7004

Suspect			
Person Name	Edy Fawzi Bin Mohammad Taip		
ID Type	NRIC NO	ID No	S9612314J
Gender	Male	Age	25-25
Race	Boyanese	Language	English
Victim			
Person Name	CHOA MONG CHAY		
ID Type	NRIC NO	ID No	S1510987D
Gender	Male	Age	60
Race	Chinese	Language	English
Occupation	Working proprietor (wholesale trade)	Address	72 JALAN KEMUNING SINGAPORE 769794
Mobile No	97338946	Is Informant A Victim?	Yes
Person Name			
CHOA MONG CHAY (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: 12/08/2021 11:16
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Personal Particulars of Owner & Driver (Vehicle A)

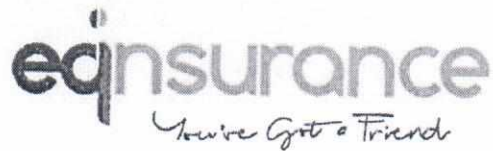
Date of Accident: 11 / 08 / 2021 (dd/mm/yy) Time of Accident: 11 : 00 (24-HR-FORMAT)
Vehicle No.: SMN16C Vehicle Make & Model: PORSCHE MACAN
*Transmission : ☐ Manual ☒ Auto *C.c : 155 1984
Exact location of Accident: BUKIT TIMAH ROAD
Policyholder's Name: CHOA BOON KIAT (CAI WENJIE) NRIC/FIN/REG No.: S8532955C
*Policyholder's email address : REPORTING@MYCAR.SG
Driver's Name: CHOA MONG CHAY NRIC/FIN/REG No.: S1510987D
*Driver's email address : REPORTING@MYCAR.SG
Driver's Contact No.: 97338946 Company Contact No (If any): _____
Date of birth: 09/07/1961 Driving Pass Date: 18/04/1979
Driver's Address: 72 JALAN KEMUNING, Singapore (769794)
Insurance Company: EQ
Policy No.: DMPPHQ20-008790 Type of Coverage Comprehensive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____
What do you wish to claim? (Please **TICK** one only)
☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Type of Accident
☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____
Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): 1
*Passenger Name: _____ Gender: Male / Female
*Passenger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☐ Clear & Dry / ☐ Raining & Wet ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? O Yes / ☒ No
Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person' Name: CHOA MONG CHAY
Injuries Sustain : BODY Injured Person in Which Vehicle: SMN16C
Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Clementi Division HQ

The Other Party (S) Details:

1. Driver's Name / IC No: EDY FAWZI BIN MUHAMMAD TAIP S9612314J Vehicle No: FBE5865M
Driver's Contact No: 89522219 Insurance Company : _____
2. Driver's Name / IC No (If Any): _____ Vehicle No: _____
Driver's Contact No: _____ Insurance Company : _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681

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.: **DMPPHQ20-008790**

Form: MX2

Excess:

Insured/Named Driver SGD2,000.00

Ins/N Drvr-OutsideSG SGD4,000.00

Unnamed Drivers SGD3,000.00

U/n Driver-OutsideSG SGD6,000.00

YEID Additional SGD3,000.00

WdScrn/Snroof/Mnroof SGD500.00

1. Index Mark and Registration Number of Vehicles

SMN16C

2. Name of Policyholder

CHOA BOON KIAT (CAI WENJIE)

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

31/10/2020

4. Date of Expiry of Insurance

22/01/2022

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.

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

(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: Tokyo Century Leasing (Singapore) Pte Ltd
unwjt/HO/B000082/ANIKA INSURANCE BROK



A Member of Citystate

Authorised Signatory
EQ Insurance Company Limited