

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	06/09/2021 17:05 (SGT)
Date of Accident	04/09/2021 13:30 (SGT)
Exact Location of Accident	22 New Industrial Rd, Singapore 536208
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN8935X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH AI LEE
NRIC No	SXXXX213G
Email Address	clement_ong315@hotmail.com
Mobile Phone No	(Phone) +65-97662354
Alternative Phone No	+65-84038833

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
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-002882
Cover Note Number	-

DRIVER

Name of Driver	ONG KOK HENG
NRIC No	SXXXX109C

Date Of Birth	05/07/1963
Occupation	Outdoor
Date Of Driving Pass	24/10/1983
Driving experience	37 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84038833
Alt. Phone Number	-
Email Address	clement_ong315@hotmail.com
Address	BLK 315 BUKIT BATOK STREET 32 #04-101
Address complement	-
Postcode	650315
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 on 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	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE 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	SMS5895Y
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG KOK HENG
Gender	Male
Phone No	(Phone) +65-84038833
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKN8935X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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

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

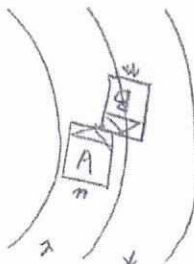
Witnessed by Reporting Centre Personnel

Sketch Plan

Primax >> New Industrial Road

Vehicle A: SKN 8935X

Vehicle B: SMS5895Y



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A(SKNB935X) was travelling at the stated location as I was going up the slope from the entrance of the carpark. Suddenly, vehicle B(SMC5895Y) going down of the slope cut into my lane and collided onto front right portion of my vehicle causing damages.

Declaration

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

2014

Date of Accident: 04/09/2021 Accident Time: 1330hrs (24-HR-FORMAT)
Accident Place: Primax, 22 New Industrial Road
Vehicle Reg. No (Car plate No.): SKN 8935X Vehicle Make/Model: Volkswagen Golf
Insurance Company: EQ Policy No. DMPPH021-002882
Name of Registered Owner: Company / Individual Goh Ai Lee
ID of Registered Owner: Co Reg No: - Owner's NRIC No: S60302136
Co Contact No: - Owner's Contact No: 94870350 97662354

DRIVER'S Name: Ong Kok Heng DRIVER'S NRIC No: S16171091
DRIVER'S Date of Birth: 05/07/1963 211171091C 21/07/1963 DRIVER'S License Pass Date: 24 Oct 1983
Relationship bet. Owner & Driver: (Spouse) Parents Children Sibling Employee Others: -
DRIVER'S Address: APT B1K 315 Bukit Batok Street 3D #04-101 Singapore 650315
DRIVER'S Contact No / Alt No: 1) 8403 8833 2) -
DRIVER'S Occupation: INDOOR / OUTDOOR (eg. working inside or outside of an office)
Email Address: clement_ong 315 @ hotmail.com
Weather & Road Surface: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type: Reporting Only Claim Other Party Claim Own Insurance

Number of Passengers (including Driver): 01 Passenger Name: - Gender: M/F
Was the accident reported to the police? YES / NO Passenger Name: - Gender: M/F
Was there any video Captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: Ong Kok Heng
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose Injured Name: -

Other Party Driver's Particulars (If any)

Vehicle Reg No: SMS 5895Y
Vehicle Make/Model: -
Name DRIVER: -
IC No. DRIVER: -
DRIVER'S Contact & add: -

Vehicle Reg No: -
Vehicle Make/Model: -
Name DRIVER: -
IC No. DRIVER: -
DRIVER'S Contact & add: -

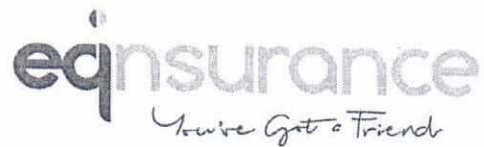
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Vehicle Reg No: -
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Name DRIVER: -
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DRIVER'S Contact & add: -

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 Classic

Certificate No. : DMPPHQ21-002882

Classic Plan - EQ authorized workshop only

Form: MX2

Excess:

Insured&Named Driver	S\$500.00(Section 1 - Own Damage)
Unnamed Driver	S\$1,000.00(Section 1 - Own Damage)
YEIDR	Additional S\$3,000.00
WindScreen	S\$100.00

1. Index Mark and Registration Number of Vehicles

SKN8935X

2. Name of Policyholder

GOH AI LEE

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

09/04/2021

4. Date of Expiry of Insurance

24/07/2022

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 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 : OCBC Bank Limited

A000137/I. Insurance

Date of Issue : 08/04/2021 18:08

Authorised 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.

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: 840821960002 Vehicle Registration No: SKN8935X
Name (as shown in NRIC): ONG KOK HANG NRIC/FIN/Passport No: 5XXXX109C
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 84038833
Email Address: _____
Date of Accident: 04/09/2021 Time of Accident: 8:30
Place of Accident: 22 NEW INDUSTRIAL ROAD
Insurance Company: EQI

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

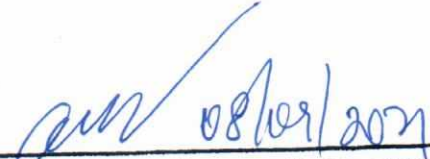
① EMAIL ADDRESS TO (change) → only315@hotmail.com

② OWNER CONTACT NUMBER TO 97662354

③ DRIVER DATE OF BIRTH TO 05/07/2021

④ CHANGING TO (man)

Policyholder / Driver's Signature
Date:

 08/09/2021
Reporting Centre Personnel's Signature
Name: