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SN0821960002-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 06/09/2021 17:05 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 2 (08/09/2021 11:12 (SGT))



# 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

- This Form must be completed by the Policyholder and/or the Authorised Driver
   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.
   The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
   Any false reporting may be referred to the Police for investigation.
   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.
   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.

ACCIDEN	ISTATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	06/09/2021 17:05 (SGT) 04/09/2021 13:30 (SGT) 22 New Industrial Rd, Singapore 536208 - Singapore
DETAILS OF	FOWN VEHICLE
Vehicle Registration Number	SKN8935X
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No GOH AI LEE SXXXX213G clement_ong315@hotmail.com (Phone) +65-97662354 +65-84038833
VEHICLE PARTICULARS	
Manufacturer Model 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	Volkswagen Golf - Private use No - Claiming third party Private car Auto 1395
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	EQ Insurance Company Ltd Comprehensive No DMPPHQ21-002882
Name of Driver NRIC No	ONG KOK HENG 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	Control of the Contro
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
	F-12.
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	
Weekle and death and death and less than 18 and 18	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	~
CIRCUMSTANCES OF ACCIDENT	
St. St. Mark Mark St.	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are assident photos available for attachment?	V
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	OMOFOREY
Vehicle Registration Number	SMS5895Y
Vehicle Manufacturer Vehicle Model	-
Vehicle Variant	•
Vehicle Colour	•
Vehicle Category	Private cor
Name of Driver	Private car
Contact Number	*
Address	• ·
Address complement	•
Address complement	•

Postcode	
Insurance Company Name	
Nature Of Damage	arrecections = ==
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

### 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.
- 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 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' 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;
- (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' 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

16171091

Sketch Plan

Primax 22 New Industrial Road

Witnessed by Reporting

Personnel

vehicle B: SMSE895Y

Describ	e C	ircums	stance	s of th	e Accid	lent										
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# Declaration

VWe 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

Winessed by Reporting Centre Personnel

Date of Accident	ou on Sox Accident Time: 1330hr (24-HR-FORMAT)
Accident Place	1 Primax, 22 New Industrial Road
Vehicle Reg. No (Car place No.)	SKN 8935X Vehicle Make/Model: Volkswagen Golf
Insurance Company	EQ Policy No. DMPPHO21 -003882
Name of Registered Owner	· Company / Individual Grob Ai Lee
ID of Registered Owner	: Co Reg No: Owner's NRIC No: 26030>186,
	Co Contact No! Owner's Contact No; 94870358
DRIVER'S Name	
DRIVER'S Date of Birth 05/07/	Ong kok Hong DRIVER'S NRIG No: SIb17109C  ORIVER'S License Pass Date 24 Oct 1983
Relationship bet. Owner & Driver	Spouse Parents (Children) Sibling LEmployeel Others:
DRIVER'S Address	APT BIK 315 BUKIT BOTOK Street 30 #04-101 Singapore 650315
DRIVER'S Contact No./ Alt No.	11) 8403 8833 / 2) -
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: clement _ ong 315 @ hotmail. com
Weather & Road Surface	CLEAR & DRY   RAINING & WET VAPTER RAIN & WET
Reparting Type	THE BET FROM WET WET WHER RAIN & WET
Number of Pessengers (including D Was the accident reported to the po Was there any video Captured by o	Reporting Only   Claim Other Party   Claim Own Insurance  Eivel): 01
Exact purpose for which yebicle w	Injured Name: as being used at the time of accident: Private use \ Work purpose-
<u> </u>	ther Party Driver's Particulars (if any)
Yehicle Res No: CMS 50 95	Venicle Reg No:
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DRIVER'S Contact & add	
Oth	er Party Driver's Particulars (if any)
Vehicle Reg No	Vehicle Reg No:
Vehisle Make Model	Vehicle Make Wodel:
Name DRIVER.	
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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)

EQI Motor Accident

Hotline

6311 3211

YEIDR

Additional S\$3,000.00

WindScreen

S\$100.00

2. Name of Policyholder

GOH AI LEE

SKN8935X

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

Person or Classes of persons entitled to drive\*

1. Index Mark and Registration Number of Vehicles

(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 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.

INVE 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

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 <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

			ADDENDU	M .	ş
(A)	PARTICULARS OF PE	RSON MAKING THE	AMENDMENTS:		
					No: SKN 2935X
	Name (as shown in N	RIC): ONG KOK HE	eug	NRI <b>C/F</b> IN/Passport	Not SXXXXIOSC
	(*Vehicle Driver/Veh	icle Owner) (*) Plea	ase delete as app	ropriate	
	Address:			Ou	Singapore ( )
	Contact (Tel)!			Mobile No.1 84	026.825
	Email Address:	1 1			0.25
	Date of Accident;	NOCKOLY)		Time of Accident: _	0.807
	Place of Accident:	22 NRW INDU	woun los	)	
	Insurance Company	EQT			
(B)	ADDITIONAL INFO	RMATION / AMENDM	ENTS:		
	I have made a repo make the following	rt on the above-men	ntioned accident	and would like to incl	ude additional information or
	make the following	SS To CLEMA	6in 0111-2	ra Horman 1	om
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