

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 24/09/2021 16:04 (SGT)
Date of Accident 23/09/2021 15:22 (SGT)
Exact Location of Accident 31 Pasir Ris Drive 3, Singapore 519491
Additional Location Information INFRONT OF EASTVALE CONDO
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGZ6387A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NANTHAKUMAR S/O CHANDRAN
NRIC No S8819372E
Email Address kumar@jayfredengineering.com
Mobile Phone No (Phone) +65-93899937
Alternative Phone No +65-91280681

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 Private car
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPPHQ20-007206
Cover Note Number -

DRIVER

Name of Driver LOW HOCK YAM
NRIC No S8411619Z

Date Of Birth	20/04/1984
Occupation	Indoor
Date Of Driving Pass	26/08/2004
Driving experience	17 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91280681
Alt. Phone Number	-
Email Address	jeremy@jayfredengineering.com
Address	35 PASIR RIS DRI 3 #07-06
Address complement	-
Postcode	519493
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	BUSINESS PARTNER
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 STATEMENT AND SKETCH

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ8868S
Vehicle Manufacturer	Lexus
Vehicle Model	Es250
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TING BOON KIAT
NRIC No	S6911334F
Contact Number	(Phone) +65-91162738
Address	-

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

SKETCH PLANIMPORTANT NOTICE

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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

Refer to Annex A

Annex A

Describe Circumstances of the Accident

There is some roadworks on Pasir Ris Drive 3 in front of entrance of Eastvale condominium. Due to narrowing lane, traffic is slow.

The vehicle in front (SMQ 8868S) did a brake and my vehicle (SGZ 6387A) touched the vehicle (SMQ 8868S).

No damage was done to both vehicles.



Declaration

We declare the foregoing particulars are true in every respect.

COMFORTDELGRO ENGINEERING PTE LTD
383 SIN MING DRIVE
SINGAPORE 575717

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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. : DMPPHQ20-007206****1. Index Mark and Registration Number of Vehicles**

SGZ6387A

2. Name of Policyholder

Nanthakumar S/O Chandran

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

12/11/2020

4. Date of Expiry of Insurance

11/11/2021

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.

Classic Plan - EQ authorized workshop only

Form: MX2

Excess:

Insured&Named Driver S\$600.00(Section 1 - Own Damage)

Unnamed Driver S\$1,100.00(Section 1 - Own Damage)

YEIDR Additional S\$3,000.00

WindScreen S\$100.00

EQI Motor Accident
Hotline**6311 3211**

* 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 :

B000006/Anika Insurance Brokers & Consultants Pte Ltd

Date of Issue : 14/10/2020 11:22

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.





Sent from my iPhone















