

# 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 ..... 06/11/2021 10:13 (SGT)  
Date of Accident ..... 05/11/2021 11:25 (SGT)  
Exact Location of Accident ..... 219 Lor 8 Toa Payoh, Singapore 310219  
Additional Location Information ..... CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLH4279C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHESIN LIMOUSINE SERVICES PTE LTD  
- ..... 201428473E  
Email Address ..... chesinlimo@gmail.com  
Mobile Phone No ..... (Phone) +65-90907733  
Alternative Phone No ..... +65-90907733

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Axio  
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 ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPPHQ21-0007998  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GERALD LEONG WENG KIT  
NRIC No ..... S9520083D

Date Of Birth .....	09/06/1995
Occupation .....	Indoor
Date Of Driving Pass .....	02/07/2021
Driving experience .....	4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90907733
Alt. Phone Number .....	-
Email Address .....	geraldleongwk@gmail.com
Address .....	BLK 457 ANG MO KIO AVE 10 #03-1516
Address complement .....	-
Postcode .....	560457
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 .....	Collided into Parked Vehicle
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	JASMINE YEO JIA MIN
Gender .....	Female

#### 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 ATTACHED.

#### 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 .....	SMM3000H
Vehicle Manufacturer .....	Audi
Vehicle Model .....	Tt
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	GOH JIN LIAN
NRIC No .....	S9038058C
Contact Number .....	(Phone) +65-98366851
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	Aviva Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLZ7658C
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	C-hr
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	OH BOON SENG
NRIC No .....	S1303785Z
Contact Number .....	(Phone) +65-96183201
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	NTUC Income Insurance Co-operative Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### WITNESS DETAILS

##### WITNESS 1

Name .....	JASMINE YEO JIA MIN
Phone .....	(Phone) +65-82887440
Email .....	-

SKETCH PLAN

IMPORTANT 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

*[Signature]*

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

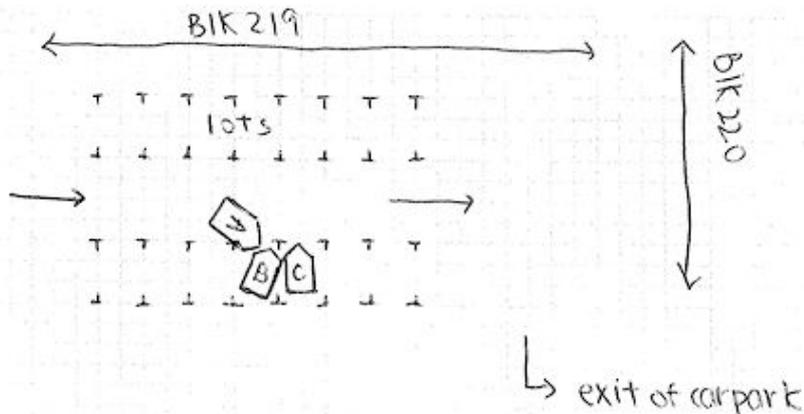
05/11/2021 | 1530

*[Signature]*

Witnessed by Reporting Centre Personnel

**Sketch Plan**

- A: SLH4279C
- B: SLZ7058C
- C: SHM3000H



Describe Circumstances of the Accident

On 05/11/2021 @ 11:25hrs, I was driving SLH4279C in the carpark of block 219 Top Payoh Lorong B carpark. As I was exiting my parking lot, and while turning right, my steering was locked suddenly for a brief moment and I accidentally bumped into vehicle SLZ7658C in its parking lot. Vehicle SLZ7658C shifted in its lot and bumped into vehicle SMM3000H in its parking lot from the impact from my vehicle. Both parked vehicles (SLZ7658C and SMM3000H) had no passengers or drivers in the vehicle at the time of accident.

I took pictures of the accident and I left my particulars on the windshield of both vehicles, and have exchanged details with all relevant parties when they had contacted me. No one was injured in this accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

05/11/2021 | 1530

*[Handwritten Signature]*

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. : DMPPHQ21-007998**

Classic Plan - EQ authorized workshop only

Form: MX2

Excess:

Employee

Non-Employee

YEIDR

WindScreen

S\$500.00(Section 1 - Own Damage)

S\$1,000.00(Section 1 - Own Damage)

Additional S\$3,000.00

S\$100.00

**1. Index Mark and Registration Number of Vehicles**

SLH4279C

**2. Name of Policyholder**

CHESIN LIMOUSINE SERVICES PTE LTD (Not Driving)

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

02/11/2021

**4. Date of Expiry of Insurance**

01/11/2022

**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 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 : Motor-Way Credit Pte Ltd

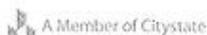
A000180/Hund & Hobbes

Date of Issue : 28/10/2021 15:41

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.



## Letter of Authorization

Chesin Limousine Services Pte Ltd  
448 Bright Hill Drive #03-143  
Singapore 570448

To whom it may concern

RE: SLH4279C (Toyota Axio Hybrid)

I, Director of Chesin Limousine Services Pte Ltd, hereby authorize Gerald Leong Weng Kit (S9520083D) to act on my behalf to submit accident report(s) for the abovementioned vehicle registered under my company.

Signed/ Dated



(Mr) Yeo Kim Huat  
9090 7733



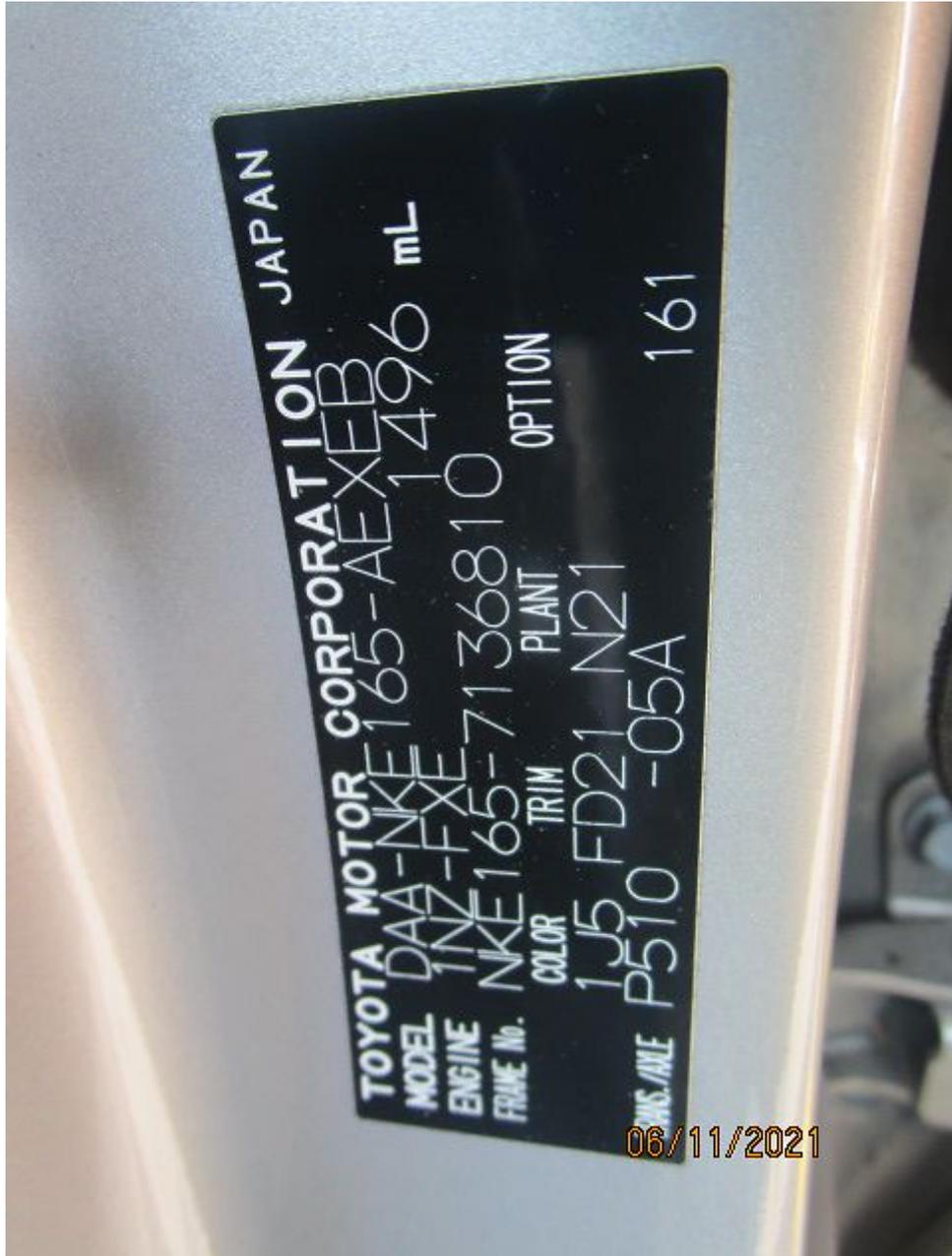




















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SC1 K21B5000B Vehicle Registration No: SLH4379e  
 Name (as shown in NRIC): Gerard Leong Hong Kit NRIC/FIN/Passport No: S666083D  
 (\* Vehicle Driver/Vehicle Owner) (\* Please delete as appropriate)  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 05/11/2021 Time of Accident: 1125  
 Place of Accident: BK 219 Toa Payoh Lorong & Carpark.  
 Insurance Company: EQ Insurance Company Ltd.

**(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:

To amend accident location to read as BK 219 Toa Payoh  
Lorong & carpark.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: