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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

17/11/2021 14:32 (SGT) 17/11/2021 09:30 (SGT) Toh Guan Flyover, Singapore TRAFFIC JUNCTION Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

GBE165H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No Email Address Mobile Phone No

Alternative Phone No

CHUA YEW SENG CONSTRUCTION & ELECTRICAL ENGRG

PTE LTD

1XXXXX060G

himec@singnet.com.sg (Phone) +65-97613126 +65-89195873

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

Nissan Cabstar

Employment

No - Claiming third party Commercial vehicle

Manual 2953

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy Policy Number

Cover Note Number

EQ Insurance Company Ltd Comprehensive

No

DMCPHQ21-003055

DRIVER

Name of Driver

SETHU SURESH

i	Passport No/FIN	0000005750
	Date Of Birth	GXXXX575Q
	Occupation	31/03/1990
	Date Of Driving Pass	Outdoor
	Driving experience	10/11/2021
	Gender	0 MONTH
	Mobile Number	Male (Phane) +65 90105973
	Alt. Phone Number	(Phone) +65-89195873
	Email Address	himac@singnot.com.cg
	Address	himec@singnet.com.sg BLK 10 UBI CRESCENT #06-26
	Address complement	UBI TECHPARK
	Postcode	408564
	Is the driver the policyholder?	THAT I SHOW I SH
	If No, Relationship of the Driver with the Insured	No
	Does Driver Own Other Vehicles?	Employee
	Vehicle Registration Number of Other Vehicle Owned by Driver	No
	vehicle Registration Number of Other Vehicle Owned by Driver	<u></u>
	Insurance Company of Other Vehicle Owned by Driver	
	The second secon	
	GENERAL INFORMATION OF THE ACCIDENT	
	Type of Accident	Collision - Head to Rear
	Weather Conditions	Clear
	Road Surface	Dry
		21,9
	OTHER INFORMATION	
	Was any foreign vehicle involved in the accident?	No
	Number of vehicles involved in the accident	No 2
		No
	Was anybody injured in the Accident? 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?	-
	,, -0	
	CIRCUMSTANCES OF ACCIDENT	
	PLEASE REFER TO SKETCH PLAN	
	ATTACHMENT(S)	
	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 Vehicle Manufacturer Vehicle Model	PC3247E Toyota Hiace
Vehicle Variant	-
Vehicle Colour	1 <del>8</del>
Vehicle Category	Commercial vehicle
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)	-
Tto. Of Tasseriger (including briver)	-

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Signatu Time	1	Driver's S & Time	ignature (If driver is	not the policyh	older) / Date	Witnessed by Rep	
Sketch Plan	704	arm	FLYOUAR	TURIS	RIGHT	70 PIK	(cHone 41)
			2/1	<b>1</b>			
A) GBE	1654		B	[7]			
B) PC ?	3247E		B		4		

Describe Cir	rcumstance	s of the Ac	cident							
Dr.	17/11/20			09:30	I	WAS	#7	Toff	GUARO 1	2400
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	*)									
Declaration									1	

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 17,11 202 (DD/MM/YYYY), TIME: (09:30) (HH:MM)
LOCATION: JUROUL WAST LOT GIAM PLYOURR
DETAILS OF VEHICLE    Company
c) ADDRESS:
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  (Including driver)  (Including driver)  (Including driver)  DINRIC/FIN/PASSPORT: G22155756 CONTACT: 89195873  CIADDRESS: BLOCK 10 Obj Crosent # 06-26
#d)DATE OF BIRTH: (31 /03 / 1900) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)DATE OF DRIVING PASS 10 Nou 2021  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POUCE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:
He of passenger a) VEHICLE NUMBER: PC 324 7 E MODEL: TOPOTA HACK Including driver) b) DRIVER'S NAME:
( ) NRIC/FIN/PASSPORT: CONTACT: 9170056   9. THIRD PARTY VEHICLE (d) VEHICLE NUMBER: MODEL:
Includion design el DRIVER'S NAME:
( ) NRIC/FIN/PASSPORT: CONTACT:: 913056

email =

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

#### COMMERCIAL VEHICLE PRIVATE (SCH I) Comprehensive Classic

Certificate No.: DMCPHQ21-003055

Classic Plan - EQ authorized workshop only

Form: LCVP1 Excess:

1. Index Mark and Registration Number of Vehicles

Section 1: YEID: WindScreen:

Additional

\$\$500.00 S\$3,000.00 All Claims

\$\$100.00

GBE165H

2. Name of Policyholder CHUA YEW SENG CONSTRUCTION & ELECTRICAL ENGRG PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act 18/08/2021

4. Date of Expiry of Insurance 17/08/2022

5. Person or Classes of persons entitled to drive\*

Goods Carrying - (MZ300) Authorised Driver. Any of the following:-

(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\*

1) Use in connection with the Insured's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER:

1) Use for hire or reward or for racing pace-making reliability trial or speed testing.

2) Use whilst drawing a greater number of trailers in all than is permitted by Law.

3) Use for the carriage of passengers for hire or reward.

4) Liability arising from or in connection wiht the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

\*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.

IWE 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 : MAYBANK SINGAPORE LIMITED

B000087/IVAN INSURANCE BROKERS PTE LTD Date of Issue: 14/08/2021 14:04

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.

A Member of Citystate

**EQI** Motor Accident Hotline

6311 3211

