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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.

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
- 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.

- 4. The issue and acceptance of this norm 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

13/12/2021 14:39 (SGT) 10/12/2021 18:40 (SGT) 11 Leedon Heights, Singapore 267955 D'LEEDON CONDO B1 TO B2 CARPARK SLOPE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKU2895E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No

No ONG CHIN HUI STEVEN JOSEPH SXXXX696H jeromeoas@gmail.com (Phone) +65-96161325 +65-97262507

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 Scirocco

Private use

No - Claiming third party Private car

Auto 1390

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

EQ Insurance Company Ltd Comprehensive DMPPHQ21-007136

DRIVER

Cover Note Number

Name of Driver NRIC No

ONG AH SHUN JEROM FRANCIS TXXXX006H

Date Of Birth 29/04/2000 Occupation Indoor Date Of Driving Pass 03/12/2020 Driving experience 1 YEAR Gender Male Mobile Number (Phone) +65-97262507 Alt. Phone Number Email Address jeromeoas@gmail.com Address 12 GOLDHILL DRIVE Address complement Postcode 308961 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 AFTER RAIN Road Surface 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) 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? Police Station Name Tanglin Division Headquaters Police Station Phone No (Phone) +65-18003910000 Alt. Police Station Phone No. (Fax) +65-63964900 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT E/20211212/7012 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 SNC6324U Vehicle Manufacturer Toyota

Noah

Private car

Vehicle Model

Vehicle Variant Vehicle Colour Vehicle Category

	Name of Driver	
٠	Contact Number	-
	Address	
	Address complement	77
		-
		-
	Insurance Company Name	-
	Nature Of Damage	¥1
	Details of property damaged in accident	-
	No. Of Passenger (Including Driver)	-0

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ONG AH SHUN JEROM FRANCIS Gender Male Phone No (Phone) +65-97262507 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT INJURY Injured person in which vehicle? SKU2895E 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 <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.

	A.	new 13/13/202
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		

D'loedon Coudo BI to BZ Carpark Slope

Volicle A: SKU 2895E

Volicle B: SNC6324U

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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



Date of Accident	: 10/12/2021 Accident Time: 1840	(24-HR-FORMAT)
Accident Place	D'leadon Conclo B1 to B1	
Vehicle Reg. No (Car plate No.)	: SKU 1975 Vehicle Make/Model: 1	
Insurance Company	EO	MPPHQ 21-007136
Name of Registered Owner	: Company / Individual Ong Chin Hui	The property of the state of th
ID of Registered Owner	: Co Reg No Owner's NR	The Constant Line
	: Co Contact No: Owner's Cor	
DRIVER'S Name	: Ong An Shun Jerome Francis DRIVER'S NRI	C. No.: T0015006H
DRIVER'S Date of Birth	: 29 April 2000 DRIVER'S License Pass	
Relationship bet, Owner & Drive	er : Spouse \ Parents \ Children\ Sibling \ Emplo	
DRIVER'S Address	12 Goldhill Drive Singapore 308	5961
DRIVER'S Contact No./ Alt No	J	(0)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside	and the second
Email Address	: jeromeous@gmail.com	or ourside of strotc) Zimmel
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AF	TER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Cla	
Number of Passengers (including Was the accident reported to the Was there any video Captured by	Driver); 0 Passenger Name; police? YES \ NO Passenger Name;	Gender: M/F Gender: M/F ured Name: DNA An Chun Jerome Francis
Exact purpose for which vehicle	was being used at the time of accident: Private is	ured Name: se \ Work purpose
	Other Party Driver's Particulars (if any)	
-Vehicle Reg No: SNC 6324		R V
Mehiele Make Model. Toyota	Noch Vehicle Make Model:	
Name DRIVER.	Mame DBIVER:	
ONO. DRIVER.	IC No. DRIVER:	
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Name DRIVER.		
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1 of 1

Report No. E/20211212/7012

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

Date/Time Report Made	Vide Re	port No.		Station Diary No.	
12/12/2021 15:37		· ·			
Name Of Informant	Address	3			
ONG AN SHUN JEROME FRANCIS	12 GOL	DHILL DRIV	VE SINGAPORE 3	308961	
ID Type / ID No.	Contact	No.			
NRIC NO / T0015006H	Home/C	Office:	Mobile:		
		97262507			
Nationality	Email A	Email Address			
SINGAPORE CITIZEN	JEROM	JEROMEOAS@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race	
Student	Male	21	29/04/2000	Chinese	
Institution/School Name	Langua English				
Date/Time Of Incident		Location Of Incident			
10/12/2021 18:40	11 LEE	11 LEEDON HEIGHTS DLEEDON SINGAPORE 267955			
Duinf details					

Brief details.

On the stated date and time I vehicle SKU2895E was stationary before the stop line of the stated venue. Suddenly vehicle SNC6324U who was coming down from the slope behind me hit onto my vehicle's rear portion.

The impact was great and it causes a sudden jerk and I hit my head against my headrest.

After a while I felt pain on my neck head and shoulders.

The next day I proceeded to Sin Min Clinic to seek treatment and I was given 4 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/12/2021 15:37
Officer In-Charge Of Case:	Classification Of Case:

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 Premier

Certificate No.: DMPPHQ21-007136

Premier Plan - Any Workshop

Form: MX2 Excess:

1. Index Mark and Registration Number of Vehicles SKU2896E

Unnamed Driver

Insured&Named Driver S\$500.00(Section 1 - Own Damage)

EQI Motor Accident

Hotline

6311 3211

YEIDR

WindScreen

S\$1,000.00(Section 1 - Own Damage) Additional \$\$3,000.00

S\$100.00

2. Name of Policyholder

ONG CHIN HUI STEVEN JOSEPH

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 25/09/2021
- 4. Date of Expiry of Insurance 24/09/2022
- 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 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.

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: Tokyo Century Leasing (Singapore) Pte Ltd

A000447/Gen Capital Insurance Agency Pte Ltd Date of Issue: 24/09/2021 15:31

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.

A Member of Citystate