

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	11/04/2022 18:08 (SGT)
Date of Accident	09/04/2022 18:50 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	Ang Mo Kio Ave 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU3894C
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Zaetun Binte Abbas
NRIC No	S7144071J
Email Address	idk_amir07@hotmail.com
Mobile Phone No	(Phone) +65-91135014
Alternative Phone No	+65-91135014

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ22-000178
Cover Note Number	-

DRIVER

Name of Driver	Muhammad Amiruddin Bin Mohamad Azmi
NRIC No	T0313866B

Date Of Birth	23/05/2003
Occupation	Indoor
Date Of Driving Pass	16/02/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91135014
Alt. Phone Number	-
Email Address	idk_amir07@hotmail.com
Address	Blk 892A, Woodlands Drive 50, #02-137
Address complement	-
Postcode	730892
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 - Change/cross lane
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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Mohamad Azmi
Gender	Male

PASSENGER 2

Name	Muhammad Arif Iqbal
Gender	Male

PASSENGER 3

Name	Muhammad Syukri
Gender	Male

PASSENGER 4

Name	Muhammad Munawwar
Gender	Male

PASSENGER 5

Name	Zaetun Abbas
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

Refer to attached sketch plan.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJJ1321X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM8582Z
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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) -

SKETCH PLAN

IMPORTANT NOTICE

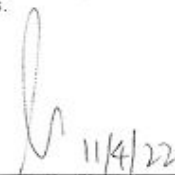
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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. 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

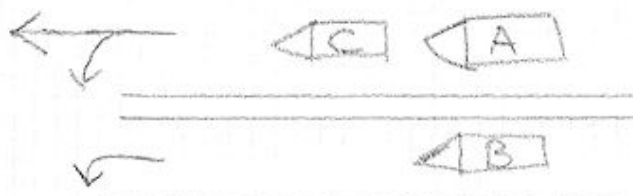
 11/04/2022

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

 11/4/22

Witnessed by Reporting Centre Personnel

Sketch Plan


 A- 9MV3894C
 B- SJJ1321X
 C- SLM8582Z

 Please note that you might be able to submit an Own Damage claim under your own policy within 14 days.
☐ Claim Own Damage (OD) ☐ Claim Third Party (TP) ☒ Reporting Only ☐ Claim OD/TP at other workshop



Describe Circumstances of the Accident


On the 9th of April 1850hrs I was in the second lane wanted to ~~move~~ shift over to the left lane. Signaled to the left checked my left side mirror but failed to checked my blindspot. At first glance of my side mirror & there wasn't any car but the car that I crashed onto was actually just beside my car. After crashed onto Car B the ~~the~~ impact brought my car to the right that causes my car to crash onto Car C.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 11/04/2022
Driver's Signature (If driver is not the policyholder) / Date & Time

 11/4/22
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



PRIVATE CAR SCHEDULE

Page 1 of 10

Agency	A000308	Class of Policy	PRIVATE CAR	Policy Number	DMPPHQ22-000178
Account	A000308	Issued on	15/12/2021 in Singapore		
Client	0194999	Acceptance Date	15/12/2021		

Period of Insurance from 19/01/2022 to 18/01/2023, both dates inclusive

Insured's Name ZAETUN BINTE ABBAS
 Address BLK/HOUSE NO. 892A #02-137
 WOODLANDS DRIVE 50
 SINGAPORE 730892

Business/Occupn Other Profession (Indoor)
 Financial interest Maybank

Premium	Basic Annual Premium	SGD770.36		
	Plus NCD Protector @ 10%	SGD77.04		
	Total Annual Premium	SGD847.40	Premium Due	SGD847.40
			Premium GST	SGD59.32
			Total Due	SGD906.72

Risk No. 001	PRIVATE CAR				
1. Registration	SMU3894C	Make/Model	TOYOTA WISH 1.8 MPV 1798cc		
Type of Cover	Comprehensive	No. of seats	7	Body Type	MPV
Engine No.	22R1674683	Capacity cc's	1798	Yr of Manuf/Regn	2015/2016
Chassis No.	JTDGG280J003250			NCB%	50.00
				Certificate Ref.	MX2
Sum Insured: Market Value at the time of loss			SGD0.00		
Named Driver(s)			SGD600.00		
Unnamed Drivers			SGD1,100.00		
YEID		Additional	SGD3,000.00		
Named Drivers MOHAMAD AZMI BIN KARUOK					

PRIVATE CAR COMPREHENSIVE - CLASSIC PLAN (Ver. 10)

For information on Motor Claims Framework (MCF), please visit GIA websites
 (www.gia.org.sg /pdfs /Industry /Motor /MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
 Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the
 Certificate of Insurance. You will have to pay the Excess for every claim made
 against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have

Continued on page 2



PM2005-Ver3.0