



## 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 Actual 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	02/08/2022 17:15 (SGT)
Reported by	Both
Date of Accident	02/08/2022 08:10 (SGT)
Exact Location of Accident	Hougang Ave 9, Singapore
Additional Location Information	SLIP ROAD TOWARDS YIO CHU KANG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF5843R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEO YEW LAM
NRIC No	SXXXX149E
Email Address	akbbnb@gmail.com
Mobile Phone No	(Phone) +65-96972299
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Tucson
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ21-008410

### DRIVER

Name of Driver	TEO YEW LAM
NRIC No	SXXXX149E
Date Of Birth	16/10/1965
Occupation	Indoor



Date Of Driving Pass	25/03/1983
Driving experience	39 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96972299
Alt. Phone Number	-
Email Address	akbbnb@gmail.com
Address	266 YIO CHU KANG ROAD #03-14
Address complement	-
Postcode	545684
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Major/Minor Rd
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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 SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF1074G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANNAMALAI
NRIC No	SXXXX784E

Contact Number	(Phone) +65-91122260
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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

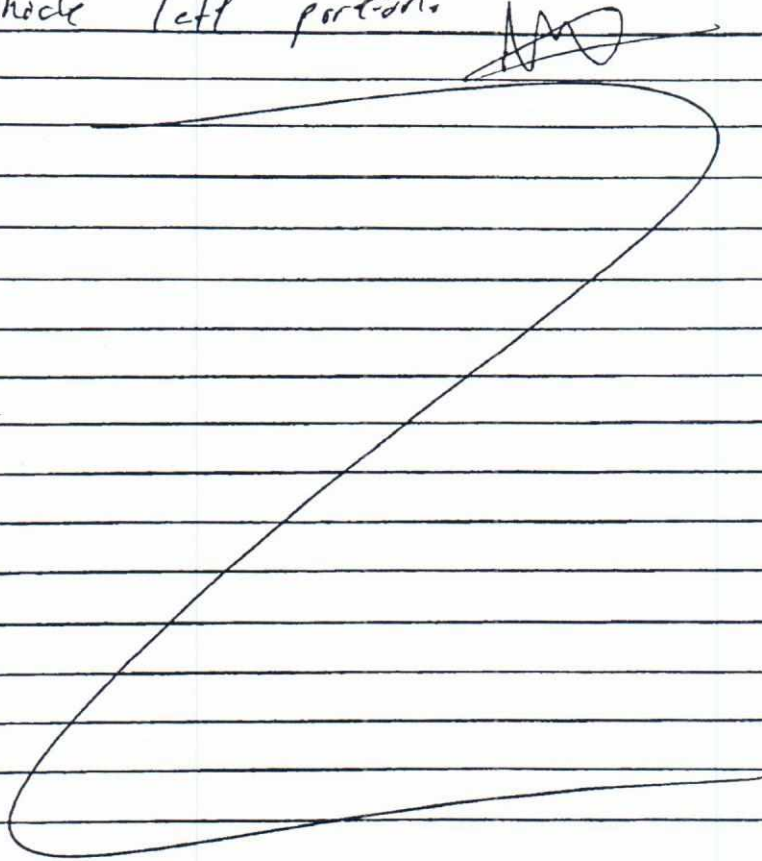
  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



Describe Circumstance of the Accident

On mention date and time, I was travelling along the said road. Suddenly Veh B (SLF10746) drive out from the slip road and collided onto my vehicle left portion.



Declaration

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

  
02/08/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 02/08/2022 (dd/mm/yy)

Time of Accident: 08:10 (24-HR-FORMAT)

Vehicle No.: SMF5843R Vehicle Make & Model / Engine (cc): Hyundai Tucson Private Hire: (Y/N) (N)

Exact location of Accident: Yio Chu Kang Rd Slip Road from Hougang Ave 9

Policyholder's Name / IC No.: Teo Yew Lam ROC/UEN (Company) S168914QE

Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☒

Driver's Contact No.: 96972299 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: 266 Yio Chu Kang Rd #03-14 S(545684)

Owner Email address: akbbnb@gmail.com Insurance Company: \_\_\_\_\_

Driver Email address: \_\_\_\_\_ 10/10/1965 25/03/1983

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

\*No. of Passengers (Including Driver): \_\_\_\_\_

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x( )

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x( )

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: \_\_\_\_\_

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: Annamalai / S7780784E Vehicle No: SLF1074G

Driver's Contact No: 91122260 Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

**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. : DMPPHQ21-008410**

Classic Plan - EQ Authorised Workshop Only

Form: MX2

Excess:

Insured/Named Driver:

S\$500.00

Unnamed Drivers:

S\$1,000.00

YEID Additional:

S\$3,000.00

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

SMF5843R

**2. Name of Policyholder**

TEO YEW LAM

**3. Effective Date of the Commencement of Insurance for the purpose of the Act**  
19/11/2021

**4. Date of Expiry of Insurance**  
18/11/2022

**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  
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 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 : MAYBANK SINGAPORE LIMITED

A000381/Chiang Wern Choong Alex  
Date of Issue : 15/11/2021 12:29

Exp No. : DMPPHQ20-007936

Authorised Signatory  
EQ Insurance Company Limited