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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 Actual 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.

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 Private use

accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto 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 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) 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 demaged in against	-
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 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.
- 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 aforesald.
- 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.

older's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Describe Circum	stance of the Accide	ent			
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Declaration

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 (Name as in NRIC/ID card)

	*If no proper documents are produce				
	*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.				
	Date of Accident: 02/08/2021 (dd/mm/yy) Time of Accident: 08:10 (24-HR-FORMAT)				
	Vehicle No.: SMF5843 Vehic	cle Make & Model / Engine (cc): Hyunder (ucson. Private Hire: (YN)			
	Exact location of Accident: Yio	Chu Kary Rd Slip Road from Hougary Ave 9			
	Policyholder's Name / IC No. : 16	20 Yew Lam ROC/UEN (Company) S 1689149E.			
	Driver's Name / IC No. :	(As Above)			
	Driver's Contact No.: 96 972	299 Company Contact No / Owner Contact No:			
	Driver's Address: 266 Yro	Chu Kang Rd #03-14 S (545684)			
	Owner Email address: akbbnk	egma: (- Com Insurance Company:			
	Driver Email address :				
,	Relationship between Owner & Driv Owner/ Spouse / Children / Friend / P	rer: (Please CIRCLE one only) arents / Sibling / Relative / Employee / Hirer or Others specify:			
(What do you wish to claim? (Please	TICK one only)			
	Own Insurance/Other Vehic	le (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 lob) Indoor/ Outdoor			
١	Private use / Work purpose	*No. of Passengers (Including Driver):			
	*Passenger Name:	Gender: Male / Female x() Gender: Male / Female x()			
	Weather condition & Road condition	ns? (On the day of accident)			
١	Clear & Dry / Raining & W	et / After-Rain & Wet / Drizzling & Wet / Others:			
`	Was there any video captured by you	r Car Camera? Yes / No Remarks:			
	Any Injuries: Yes No (I	f YES) Injured Person' Name:			
	Injuries Sustain:	Injured Person in Which Vehicle:			
	Police Report filed: Yes	No (If YES) Which Police Station:			
	V	The Other Party(s) Details:			
	1. Driver's Name / IC No: Anna	Malai (57780784E Vehicle No: SLF 1074G1			
	Driver's Contact No: 9/122	,			
		Vehicle No:			
	CONTRACTOR	Insurance Company:			
	I IDVEL & COMPACT INO				
	*Independent Witness (If Any):	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.oqinsuranco.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

1. Index Mark and Registration Number of Vehicles

Classic Plan - EQ Authorised Workshop Only

Form: MX2 Excess

YEID

Insured/Named Driver: Unnamed Drivers:

Additional:

\$\$1,000.00 \$\$3,000.00

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

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 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

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMPPHQ20-007936

A Member of Citystate