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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 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.
- 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 01/12/2022 09:37 (SGT)
Reported by Driver
Date of Accident 14/11/2021 18:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information 85 SCIENCE PARK DR CARPARK
Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Employment

Manual

1461

No - Reporting only

Commercial vehicle

Vehicle Registration Number GBD5840P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KIDFORTE PTE LTD
Company Reg No 1XXXXX896H
Email Address uhoobus@gmail.com
Mobile Phone No (Phone) +65-62766033
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Renault Model Kangoo 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

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Policy Number / Cover Note Number DMCPHQ21-004456

DRIVER

Name of Driver
NRIC No
Date Of Birth
Occupation

LIM YONG KIAT(LIN YONGJIE) SXXXX185B 20/05/1994 Indoor

Data Of Driving Page	
Date Of Driving Pass Driving experience	22/07/2014
Gender	7 YEARS AND 4 MONTHS
Mobile Number	Male
A. D. D. Control of the Control of t	(Phone) +65-81277848
	uhoobus@gmail.com
Address	16 WEST COAST CRESCENT
Address complement	#07-11
Postcode	128044
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
land of Other Valida Other Division	H
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	
Road Surface	AFT RAIN
Nodu Sullace	Wet
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 No
	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
AT MOTIMENT(O)	
A constitution of the cons	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
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## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP3688H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	S =
Contact Number	(Phone) +65-94355758



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 Actual 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 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

CO. REG. NO.

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

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

Describe Circumstance of the Accident	1
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other vehicle come to a stop partially	behind me aft
I have done my check when reversion	2011
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resesing	200 0 1000 100

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

# ACCIDENT STATEMENT

ACCIDENT DATE: 1/4/1/22 HOD/	MM/YYYY TIME! 10 00
LOCATION: 85 SCIENCE BA	RK DR CARPARK
1. DETAILS OF VEHICLE	
GIVEHICLE NUMBER: 4BD58	'(D )
DINSTRANCE CONS.	40%
DINSURANCE COMPANY: EQ	(4)
CIPOLICY TYPE	
ELMAKES MODEL 2500	HIRD PARTY / THIRD PARTY FIRE &THEFT)
THE WEST OF STORE OF	VI I DODY I HOTOR SHELL
GIVEHICLE CATEGORY: (PRIVATE / CO h) PURPOSE OF USING AT ACCIDENT TI	AANAEDONAL DAMA
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IJARE YOU CLAIMING UNDER YOUR OF	WN INSURANCE (YES/NO)
IF NO. PLEASE STATE (THIRD PARTY CL 2. INSURED / POLICY HOLDER	AIM / REPORTING ONLY)
AINAME KIDEORTE OTE	170
AINAME: KIOFORTE PTE DINRIC/FIN/PASSPORT:	(MALE / FEMALE)
C)ADDRESS:	CONTACT: 62766033
CONTINUE TO 3.d IF DRIVER ALSO PO	LICYHOLDER
(Including driver) alNAME: LIM YONG 10197 DINRIC/FINIPASSEDET SOLVER	(LIN YONG)
70/-//	
GIDATE OF BIRTH: (30 / 05/1990)	CHODIMALIANON
STOCCOPATION: IINDOOR / OHTOOOS	1
TYEARS OF DRIVING EXPRERIENCE: 22	107/2014
4. WAS DRIVER AN EMPLOYEE OF THE I	NSURED'S COMPANYP (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVE	R WITH INSURED:
<ol> <li>DINOAD SURFACE: (DRY WELV OTHERS)</li> </ol>	ING/OTHERS After ram
6. WAS ANYBODY INJURED ITES MOL	A STATE OF THE STA
7. a) REPORTED TO POLICE (YES MO)	
IF YES, PLEASE STATE WHICH POLICE STA	4 Trong 11
. O. THIRD PARTY VEHICLE	Control of the Contro
a) VEHICLE NUMBER: SMP36881	4 MONDEL
OF DRIVEK 2 NAME:	
OJ NRIC/FIN/PASSPORT;  9. THIRD PARTY VEHICLE	CONTACT 9425 F7 FC
9. THIRD PARTY VEHICLE	7 4 3 3 4 13 8
O VEHICLE NUMBER:	MODEL
d) VEHICLE NUMBER:  9) DRIVER'S NAME:  1) NRICYHN/PASSPORT:	
1) NRICI/FIN/PASSPORT:	CONTACT;
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weil when	61,000 911011 000

VIDEO = 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

## COMMERCIAL VEHICLE PRIVATE (SCH I) Comprehensive Classic

Certificate No.: DMCPHQ21-004456

1. Index Mark and Registration Number of Vehicles

Classic Plan - EQ Authorised Workshop Only

Form: LCVP1 Excess:

Section 1:

\$\$500.00

YEID-AC Additional:

\$\$3,000.00

2. Name of Policyholder

GBD5840P

KIDFORTE PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act 31/12/2021

4. Date of Expiry of Insurance 30/12/2022

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

Goods carrying - (MZ300) Authorised Driver.

Any of the following :-

1. The Policyholder

2. Any person on the order or with the permission of the Policyholder

**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\*

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 with 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.

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: UNITED OVERSEAS BANK LIMITED

A000383/Ensure Pte Ltd Date of Issue: 28/12/2021 13:14

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMCPHQ20-004590

A Member of Citystate