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 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.

- 4. The issue and acceptance of this is form by instrained 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 30/12/2022 18:03 (SGT) Reported by Date of Accident 30/12/2022 11:30 (SGT) Exact Location of Accident Geylang Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Kia

Vehicle Registration Number SJU1776J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HENG KOK PENG NRIC No S8428548Z Email Address JOHNHENG02@GMAIL.COM Mobile Phone No (Phone) +65-96200255 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Cerato 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

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Manual CC 1591

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Policy Number / Cover Note Number DMPPHQ22-003756

DRIVER

Name of Driver HENG KOK PENG NRIC No S8428548Z Date Of Birth 17/09/1984 Occupation Outdoor

Date Of Driving Pass 18/02/2003 Driving experience 19 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96200255 Alt. Phone Number Email Address JOHNHENG02@GMAIL.COM Address 571 PASIR RIS STREET 53 Address complement #04-48 Postcode 510571 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes 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 PASSENGER 1 Name **GWEE POH CHENG** Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN AND POLICE REPORT ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	SJT5478Z
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	SLK2972G
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	571 PASIR RIS STREET 53 #04-48 510571 - 3 DAYS MC SJU1776J
Name of injured person Gender Phone No Address Address Complement	-
Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- 3 DAYS MC SJU1776J - No

Y 2-0-180 EV 180	
escribe Circumstance of I	the Accident
	Refer to Police Report
	Police Report No. : T/20221230/7024
	/
/	
-	

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

Policyholder's Ślgna'ture / Date & Time

Driver's Signature (4 driver is not the policyholder) / Date & Time

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

2

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.
- 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:

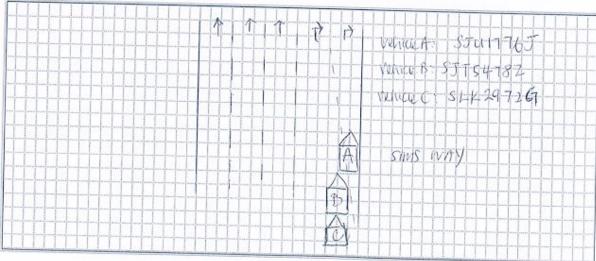
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (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.

Policyhold Signature / Date & Time

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

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

Sketch Plan



1























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20221230/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2022 13:26		Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars				
Name of Informant: HENG KOK PENG			Address: 571 PASIR RIS STREET 53 #04-48 SINGAPORE 510571			
ID Type / ID No.: NRIC NO / S8428548Z			Contact No.: Home/Office:	Mobile: 96200255		
Nationality: SINGAPORE CITIZEN		Email: JOHNHENG02@GMAIL.COM				
Sex: Male	Age: 38	Date of Birth: 17/09/1984	Type of Informant: Driver			
Race: Chinese		Language: English	Institution / School Name:			
Occupation: Manager		Driving Licence Information: Class: Date of Expiry:				

General Inform	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/12/2022 11:30	Type of Location: Straight Road	
Location: GEYLANG R	OAD				
[C. 1577 T. 1574 L. 157 [C. 1577 L.		Road Surface: Dry		Road Speed Limit: 60 Km/h	
		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	lved	PERSONAL PROPERTY.			
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJT5478Z	Car				Seriously Damaged	0
SJU1776J	Car	KIA	CERATO FORTE KOUP 1.6 SX MT D/AB 2DR SR	White	Seriously Damaged	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20221230/7024

CONTINUATION OF REPORT

Details of V	emcie mvo	iveu				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLK2972G	Car				Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU1776J	EQ INSURANCE COMPANY LTD.	DMPPHQ22- 003756	04/06/2022	03/06/2023

Details of Perso	n Involved				711939	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	destria	n Cross	sing: NA
Passenger			LES BERTELLIN			
Name	GWEE POH CHEN	G		ID No.		S0341186I
Related Vehicle	SJU1776J (Car)			Conta	act No.	91146118
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng ce &	Class: NIL Date of Expiry: NIL
Date	30/12/2022		Date	30/12/2022		2/2022
No. of Days gran	ted Medical Leave	Degree o	f	Sligh	t	
Driver						
Name	HENG KOK PENG			ID No).	S8428548Z
Related Vehicle	SJU1776J (Car)			Conta	act No.	96200255
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng ce &	Class: NIL Date of Expiry: NIL
Date	30/12/2022		Date	30/12/2022		2/2022
No. of Days gran	ted Medical Leave	03	Degree o	f	Sligh	t

Brief Details.

On 30/12/2022 at around 1130am I was driving my vehicle SJU1776J on KPE entering sims way before Geylang Road. The front vehicle stop as it is red light I followed suit. My vehicle was stationary when suddenly I heard a loud bang and huge impact. I alighted and realised that I was involved in a 3 cars chain collision. 2nd vehicle is SJT5478Z and the 3rd vehicle is SLK2972C. We took photos and exchange particulars and proceed to file a report to insurance. I wish to state that my mother Gwee Poh Cheng is in the vehicle with me and the point of time. After the accident we felt pain and discomfort and consulted a doctor and was given 3 days mc.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 4 Report No. T/20221230/7024

CONTINUATION OF REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20221230/7024

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 30/12/2022 13:26
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
NP168	

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.: DMPPHQ22-003756 Classic Plan - EQ authorized workshop only

Form: MX2 Excess:

1. Index Mark and Registration Number of Vehicles

SJU1776J

Unnamed Driver S\$500.00(Section 1 - Own Damage)
S\$1,000.00(Section 1 - Own Damage)
YEIDR Additional S\$3,000.00

EQI Motor Accident

Hotline

6311 3211

WindScreen S\$100.00

2. Name of Policyholder HENG KOK PENG

3. Effective Date of the Commencement of Insurance for the purpose of the Act

04/06/2022

4. Date of Expiry of Insurance 03/06/2023

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: Maybank Singapore Limited

A000319/DASSURANCE Date of Issue: 09/05/2022 10:32

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