

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	06/03/2023 15:03 (SGT)
Reported by	Driver
Date of Accident	06/03/2023 02:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK6370E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HO SIN TECK WINSTON
NRIC No	SXXXX923J
Email Address	hjayho@hotmail.com
Mobile Phone No	(Phone) +65-97922237
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-002570

DRIVER

Name of Driver	RYAN HO HOWE JIN
NRIC No	SXXXX195Z
Date Of Birth	15/07/1999
Occupation	Indoor

Date Of Driving Pass	07/03/2019
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-90301802
Alt. Phone Number	-
Email Address	hjayho@hotmail.com
Address	27 MOUNT FABER ROAD #07-11
Address complement	MOUNT FABER LODGE
Postcode	099200
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 - Head to Rear
Weather Conditions	Raining
Road Surface	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
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	XD2351T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMASAMY SHINIVASAN
Passport No/FIN	GXXXX080R

Contact Number	(Phone) +65-97973959
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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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

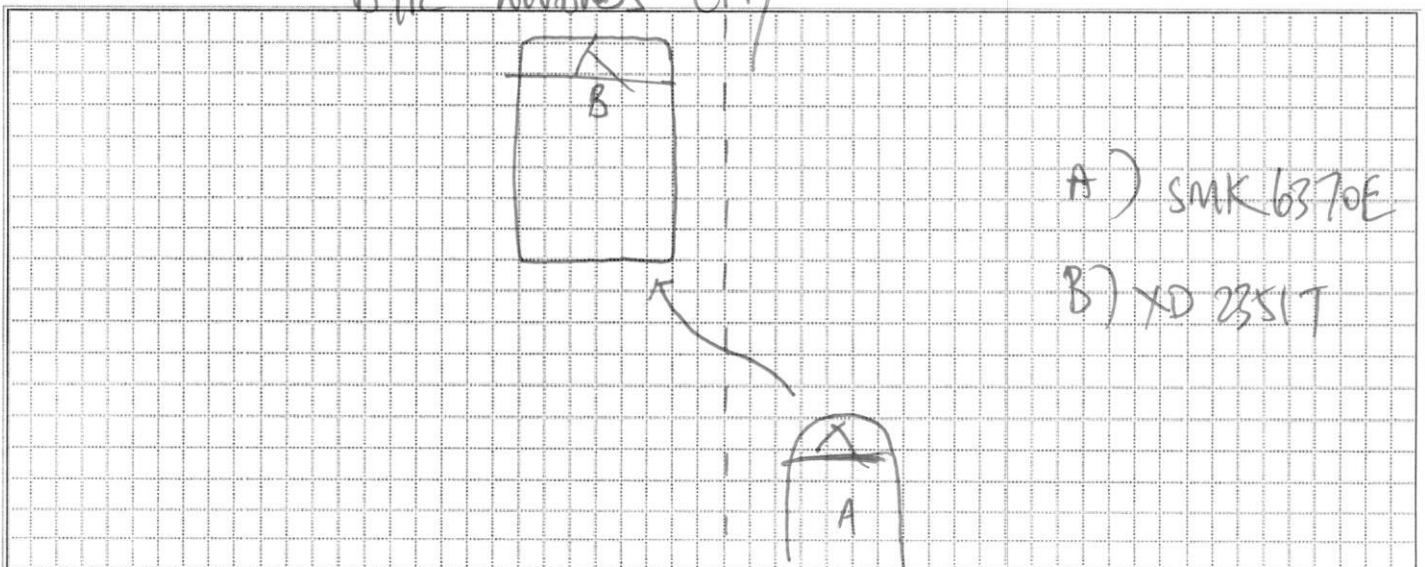
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Actual 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

Road conditions were wet and slippery with the onset of heavy drizzling / raining the entire day leading up to the event.

Driving along AYE towards city. Heading home at around 2.30 am.


Signalling to change lanes to exit at Lower Delta EXit. In the midst of changing lanes from lane 2 to 3, misjudged the timing of my lane changing and the speed of the truck in front of me on lane 3.

Front left of my vehicle (party A) hit the attenuator of the truck (party B) and activated the airbags on the left side and driver's side of my vehicle.

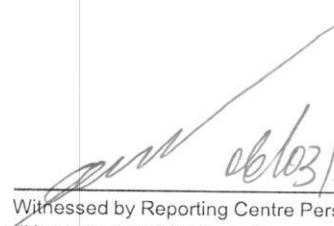
Declaration

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

Policyholder's Signature / Date & Time

 06/03/2023 13:19

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

 06/03/2023

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

ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 03 / 2023) (DD/MM/YYYY), TIME: (02 : 30) (HH:MM)

LOCATION: AYE towards City

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMK6370E
 b) INSURANCE COMPANY: WY
 c) POLICY NUMBER: DMPH02-00270
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Hyundai Avante
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Winston Ho Sin Teck (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1424923J CONTACT: 97922237
 c) ADDRESS: 27 Mount Faber Road, #07-11 Mount Faber Lodge (S099200)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
 a) NAME: Ryan Ho Howe Jin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9922195Z CONTACT: 90301802
 c) ADDRESS: 27 Mount Faber Road, #07-11 Mount Faber Lodge (S099200)

d) DATE OF BIRTH: (15 / 07 / 1999) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07/05/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: son

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: XD235IT MODEL:
 b) DRIVER'S NAME: RAMASAMY SHINIVASAN
 c) NRIC/FIN/PASSPORT: 67396080R CONTACT: 9797 3959

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME: CONTACT:
 c) NRIC/FIN/PASSPORT:

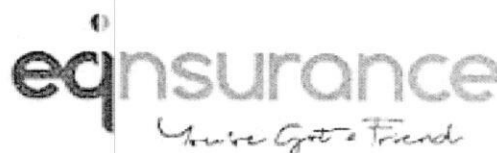
email: hjayho@hotmail.com
 VINDO

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. : DMPPHQ22-002570**

Classic Plan - EQ authorized workshop only

Form: MX2

Excess:

Insured & Named Driver	S\$500.00 (Section 1 - Own Damage)
Unnamed Driver	S\$1,000.00 (Section 1 - Own Damage)
YEIDR	Additional S\$3,000.00
Wind Screen	S\$100.00

1. Index Mark and Registration Number of Vehicles

SMK6370E

2. Name of Policyholder

HO SIN TECK WINSTON

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

18/04/2022

4. Date of Expiry of Insurance

17/04/2023

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.

* 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 :

A000019/ENis Kua Yong Huat
Date of Issue : 23/03/2022 22:48Authorised 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.