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# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

  2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

  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 3. Information provided must be as truthful and accurate as possible. (A) which incorporate 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.

7. by the loagement of this report to the insurers, you hereby consent to the archivit	g of this report at the centre and to copies of the report being made available aforesaid.
ACCIDEN	T STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	06/03/2023 15:03 (SGT) Driver 06/03/2023 02:30 (SGT) AYE, Singapore TOWARDS CITY Singapore
DETAILS O	FOWN VEHICLE
Vehicle Registration Number	SMK6370E
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No HO SIN TECK WINSTON SXXXX923J hjayho@hotmail.com (Phone) +65-97922237
VEHICLE PARTICULARS	
Manufacturer Model 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 CC	Hyundai Avante - Private use  Yes Private car Auto 1591
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	EQ Insurance Company Ltd DMPPHQ22-002570
DRIVER	
Name of Driver NRIC No Date Of Birth Occupation	RYAN HO HOWE JIN SXXXX195Z 15/07/1999 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 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 XD2351T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

GXXXX080R

RAMASAMY SHINIVASAN

Vehicle Category

Name of Driver

Passport No/FIN

Contact Number	(Phone) +65-97973959
Address	-
Address complement	_
Postcode	_
Insurance Company Name	2
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 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)

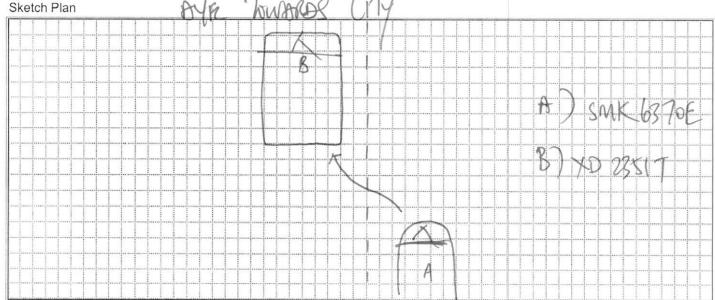
I understand, acknowledge, agree and consent that:

- (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 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
- (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

06/03/2023 Actual Driver's Signature (if driver is not the

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



vJun2022

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 lines to exit at Lower Delta EXit. In the midst of changing lanes from lane 2 to 3, misjudged the timing of my lane changing
Signalling to change lines 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 track in the an take a
Front left of my vehicle (party A) hit the attenuator of the truck (party B)
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

| Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Date & Time | Da

# AGGIDENT'STATEMENT

1 2 20 10000000	
ACCIDENT DATE: (06. 103 12623) (DD/MM/YYY), TIME: (02. 30 )(HH:MM)	•
LOCATION: AYE towards City	
2 1	
1. DETAILS OF VEHICLE	
alvehiole NUMBERI SMK6370 E	
BINSURANCE COMPANYI	
CIPOLICY NUMBER: DIMENTY / THYRD PARTY FIRE &THEFT)	
CIPOLICY HUMBER: DIMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
B)MAKE & MODELL FINANCIAL (1 OPRY / MOTORCYCLE, / OTRINI	
D)MAKE & MODEL: Hyundai Avante  ()TYPE: (SALOON) COUPE / MPY / VAN / LORRY / MOTORCYCLE, / OTHERS)  ()TYPE: (SALOON) COUPE / MPY / VAN / LORRY / MOTORCYCLE)	
g) VEHICLE CATEGORITIES IT THE Private Use	
h)purpose of using AT ACCE (NES/NO)	
1) ARE YOU CLAIMING UNDER TOOK OF AIM / REPORTING ONLY)	
IF NO PLEASE STATE (IMISO PAINT)	
2 INTEREST POLICY HOUSEN - T. L. PALALE I PEMACEL	
ANAMEL WINSON CHILDREN CONTACT TITLE	
DINRIC/FIN/PASSPORT: 5/424923J  OIADDRESS: 27 Mount Faber Road, #07-11 Mount Faber Lodge (5099200)	
CIADDRESS: 27 MOURT 1935	
* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER	
DRIVER DRIVER	
WALEY FEMALES  WALEY FEMALES  GINAME: Ryan Ho Howe Jin CONTACT: 40301802	
(1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1	
BINKIC/FIN/ Acoust Face Court # 07-11 Mount races	
(1) CIADDRESS: 27 MOUNT TABLE TO THE CONTROL OF THE	
d) DATE OF DIRTH: ( 15 / 07 / 1999 ) (DD/MM/YYYY)	
eloccupation: (NDOOR / OUTDOOR)	
TINAME TO DICIVILLY TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T	
6) OCCUPATION: INDOOR TO 10 10 12019  1) DATE OF DRIVING PARS  4. WAS DRIVER AN EMPLOYEE OF THE INSURED: SOMPANY? (YES Y NO)  1F NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  1F NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
TE NO, RELATIONSHIP OF THE DRIVER OTHERS	
IF NO, RELATIONSHIP OF THE DIVERS.  5. GIWEATHER CONDITION! (CLEAR / RAINING / OTHERS.  5. GIWEATHER CONDITION! (CLEAR / RAINING / OTHERS.	
5, GIWEATHER CONDITION WED OTHERS	
7. a) REPORTED TO POLICE (YES (NO)	
IF YES, PLEASE STATE WITHOUT	
8. THIRD PARTY VEHICLE XD 23517 MODELL XD 23517	
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(Inducting deliver) 1) HRIC/FIM/PASSPORT!	1
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email. = hjayho@hotmail.com

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | Tax 65 6224 2903 | www.egireuranoe.com.ng rng 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

1. Index Mark and Registration Number of Vehicles

Unnamed Driver

Insured&Named Driver S\$500.00(Section 1 - Own Damage) S\$1,000.00(Section 1 - Own Damage)

YEIDR WindScreen

Additional S\$3,000.00 \$\$100.00

2. Name of Policyholder

SMK6370E

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

EQI Motor Accident Hotline

6311 3211

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 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.

NWE 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/Elvis Kua Yong Huat Date of Issue: 23/03/2022 22:48

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.

