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# 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 Form by insurance companies is not an admission of policy liability of 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 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 20/03/2023 16:50 (SGT) Reported by Driver Date of Accident 20/03/2023 08:30 (SGT) **Exact Location of Accident** Tampines Ave 10, Singapore Additional Location Information JUNCTION OF TAMPINES LINK Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBG3781Z

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner PEAK ENGINEERING & CONSULTANCY PTE. LTD. Company Reg No 2XXXXX941D **Email Address** hcrmyself@gmail.com Mobile Phone No (Phone) +65-90036860 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual CC 1598

#### INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Policy Number / Cover Note Number DMCPHQ22-001017

#### DRIVER

Name of Driver TAN CHEK BOON NRIC No SXXXX469H Date Of Birth 31/07/1961 Occupation Outdoor

Date Of Driving Pass 25/05/1979 Driving experience 43 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-90036860 Alt. Phone Number Email Address hcrmyself@gmail.com Address BLK 872B TAMPINES STREET 86 #15-63 Address complement Postcode 522872 Is the driver the policyholder? If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 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? 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 SNG7667C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver SHARIFAH ALFAH BINTE SYED ZAINAL

(Phone) +65-97626924

Contact Number

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

VEHICLE NO: DATE OF ACCIDENT:

- 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 Authorised 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 Police for investigation.
- 6. The report will be forw arded 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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 w ith 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

#### Sketch Plan

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Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY, PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

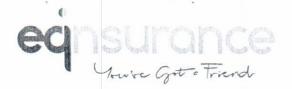
Witnessed by Reporting Centre Personnel

# ACCIDENT REPORTING FORM

Date of Accident: 20/03/2023 Time of Accident: 0830 (24Hrs)
Vehicle No: GBG 378/3 Vehicle Make/Model: N 200/N/SCAN
Exact Location of Accident: Tampania Ave 10 Junction of Tampins link
Owner's Name/NRIC: PEAK ENGINEERING & CONSULTANCY PTE LTD
Driver's Name/NRIC: Tan Chelo Boon
Driver's Contact: 90036860 Insurance Co & Policy No: EQ INSURANCE
Driver's Email Address: hcrmuself@gmail.com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify:
Reporting Party: 1) Owner 2) Driver 3) Owner & Driver
What do you wish to claim (Please circle one only)  1) Own Insurance 2) Other Vehicle The one you want to claim against) 3) Reporting (For Recording Purposes
Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)  Private Use Work Purpose
Weather Condition & Road Conditions?  Clear & Dry Raining & Wet / After-Rain & Wet / Drizzling & Wet
Occupation Indoor Outdoor
Any Injuries? (MC of 3 Days or more, police report is required)
Yes No If Yes, which police station?
The Other Party (Vehicle B) Details Driver's Name/IC: Shant Ah Alfah Bte Syed 3 afral Vehicle No: 5NG 7667
Insurance Company: Driver's Contact: 97626924
(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)
Other Vehicle (Vehicle C):
Passengers Vehicle A: Vehicle B:
Language Used  Mandarin / English / Malay / Tamil / OTHERS:

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

Certificate No.: DMCPHQ22-001017

 Index Mark and Registration Number of Vehicles GBG3781Z Form: LCVP1
Excess:

Section 1 YEID-AC A

SGD500.00 Additional SGD3,000.00

 Engine No. and Chassis No. HR16087884D / VM20105154

3. Name of Policyholder
PEAK ENGINEERING & CONSULTANCY PTE LTD

4. Effective Date of the Commencement of Insurance for the purpose of the Act 22/03/2022

5. Date of Expiry of Insurance 26/07/2023

EQI Motor Accident Hotline

6311 3211



6. 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

\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a 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.

7. Limitations 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.

Authorised Signatory EQ Insurance Company Limited

unwjt/HO/A000012/Liew Chin Shin Jeffr

A Member of Citystate