



# 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	28/03/2023 16:28 (SGT)
Reported by	Actual Driver
Date of Accident	27/03/2023 19:00 (SGT)
Exact Location of Accident	Gul Way, Singapore
Additional Location Information	TURN RIGHT TO GUL CIRCLE (TRAFFIC LIGHT)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE.

Vehicle Registration Number	GBJ3779R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TIAN HWEE LONG ENTERPRISES
Company Reg No	4XXXX900K
Email Address	sltanjanettan@gmail.com
Mobile Phone No	(Phone) +65-97885921
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

## INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ23-000944

## DRIVER

Name of Driver	LAU HWA CHIANG
NRIC No	SXXXX480H
Date Of Birth	20/11/1956
Occupation	Outdoor

Date Of Driving Pass	19/04/1978
Driving experience	44 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97885921
Alt. Phone Number	-
Email Address	sltjanettan@gmail.com
Address	BLK 234 LORONG 8 TOA PAYOH #05-280
Address complement	-
Postcode	310234
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	-
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	YQ1284E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	LAU HWA CHIANG
Gender	Male
Phone No	(Phone) +65-97885921
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ3779R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

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6. The 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.
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' 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 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' 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.

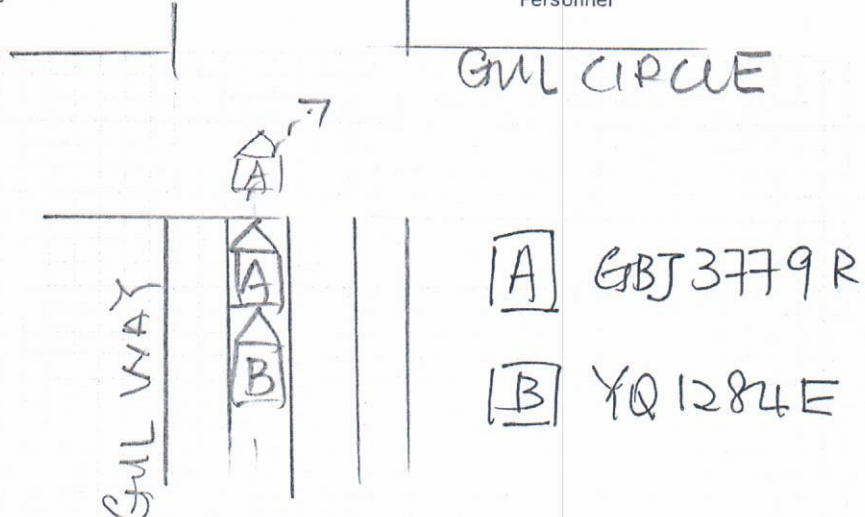


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

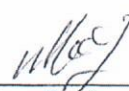
I WAS STOPPED IN FRONT OF TRAFFIC LIGHT  
WAITING TO TURN RIGHT TO GUL CIRCLE.  
SUDDENLY ONE OF THE VEHICLE NO. YQ1284E  
DIDN'T STOPPED & HIT DIRECTLY BADLY TO  
MY BACK OF VEHICLE. THE IMPACT WAS  
VERY STRONG & I FEEL UNCOMFORTABLE.

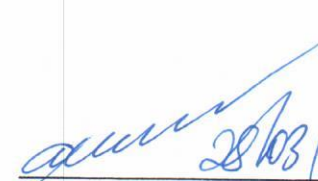
Declaration

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

VEHICLE NO: GBJ 3779R

MAKE &amp; MODEL :

TOYOTA DYNA  
150 5MT

AUTO / MANUAL

DATE OF ACCIDENT	27 / 03 / 2023	*C.C.
TIME OF ACCIDENT	1900 AM / PM	
LOCATION OF ACCIDENT	GUL WAY TURN RIGHT TO GUL CIRCLE (TRAFFIC)	
EXACT PURPOSE USED AT TIME OF ACCIDENT	(EMPLOYMENT) / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	TIAN HINEE LONG ENTERPRISES	
EMAIL: SLTANJANETTAN@GMAIL.COM	Office:	MOBILE: 97885921
NRIC	40460900K	
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY	YES (NO)	
INSURANCE CO.	EQ INSURANCE	
TYPE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCPHQ23-000944	
NAME OF DRIVER	AS ABOVE / IF NO: LAU HWA CHIANG	
NRIC	S1207480H	
DATE OF BIRTH	20 / 11 / 1956	
ANY PASSENGER	YES / NO: 0	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	(Outdoor) / Indoor	
DATE OF DRIVING PASS	19 APR 1978	
GENDER	(Male) / Female	
CONTACT NO.	Mobile: 97885921 / Office: / Home:	
EMAIL	SLTANJANETTAN@GMAIL.COM (S'310234)	
ADDRESS	B1K234 LORONG 8 TOA PAJOH #05-280	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No: INSURER:	
RELATIONSHIP	(Employee) / If No:	
WEATHER CONDITION	(Clear) / Raining / Other:	
ROAD SURFACE	(Dry) / Wet / Other:	
ANY INJURIES	No / If yes: Who? DRIVER	
CONVEYED BY AMBULANCE	No / If yes: Who?	
POLICE REPORT	(No) / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?	
VEHICLE B NO.	YQ1284E Any Passenger: 0	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES (NO)	
WAS THERE ANY AUDIO RECORDED?	YES (NO)	
SCENE ACCIDENT PHOTOS TAKEN?	(YES) NO	
**WORKSHOP:	YSK AUTO WORKSHOP	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES (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. : DMCPHQ23-000944**

Classic Plan - EQ Authorised Workshop Only

Form: LCVP1

Excess:

Section 1:

YEID-AC Additional:

S\$500.00

S\$3,000.00

**1. Index Mark and Registration Number of Vehicles**

GBJ3779R

**2. Name of Policyholder**

TIAN HWEE LONG ENTERPRISES

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

08/04/2023

**4. Date of Expiry of Insurance**

07/04/2024

**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 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 : Swee Seng Credit Pte Ltd

A000137/I. Insurance  
Date of Issue : 07/03/2023 11:09Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMCPHQ22-000923

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Business

Owner ID: 900K

### Vehicle Details

Vehicle No.: GBJ3779R

Vehicle to be Exported: Yes

Intended Deregistration Date: 28 Mar 2023

Vehicle Make: TOYOTA

Vehicle Model: DYNA 150 5MT

Primary Colour: Silver

Manufacturing Year: 2019

Engine No.: 1KD2849480

Chassis No.: JTFAT35Y40K212844

Maximum Power Output: -

Open Market Value: \$27,082.00

Original Registration Date: 08 Apr 2019

First Registration Date: 08 Apr 2019

Transfer Count: 0

Actual ARF Paid: \$1,355.00

### Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 07 Apr 2029

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

PQP Paid: \$13,295.00

COE Rebate Amount: \$8,013.00

**Total Rebate Amount: \$8,013.00**

The information contained herein is correct as at 28 Mar 2023

OK