

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 10/04/2023 18:11 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 08/04/2023 17:30 (SGT)
Exact Location of Accident 2 Adam Rd, Singapore 289876
Additional Location Information ADAM FOOD CENTRE CARPARK (A0024)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG4947M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHD RIDZWAN BIN ABDUL RAHMAN
NRIC No SXXXX280D
Email Address MRIDZWAN610@HOTMAIL.COM
Mobile Phone No (Phone) +65-93637957
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Policy Number / Cover Note Number DMPPHQ22-007347

DRIVER

Name of Driver MUHD RIDZWAN BIN ABDUL RAHMAN
NRIC No SXXXX280D
Date Of Birth 13/07/1961
Occupation Indoor

Date Of Driving Pass	14/06/2016
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93637957
Alt. Phone Number	-
Email Address	MRIDZWAN610@HOTMAIL.COM
Address	BLK 610 #03-160 ELIAS ROAD
Address complement	-
Postcode	510610
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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

ON THE STATED TIME & DATE ON THE STATED LOCATION, I, VEHICLE 'A' SLG4947M WAS PARKED STATIONARY IN MY PARKING LOT. VEHICLE 'B' GBG8878Y WAS REVERSING INTO THE LOT AND COLLIDED ONTO MY FRONT LEFT SIDE OF MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG8878X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MR LIM
Contact Number	(Phone) +65-82814663
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

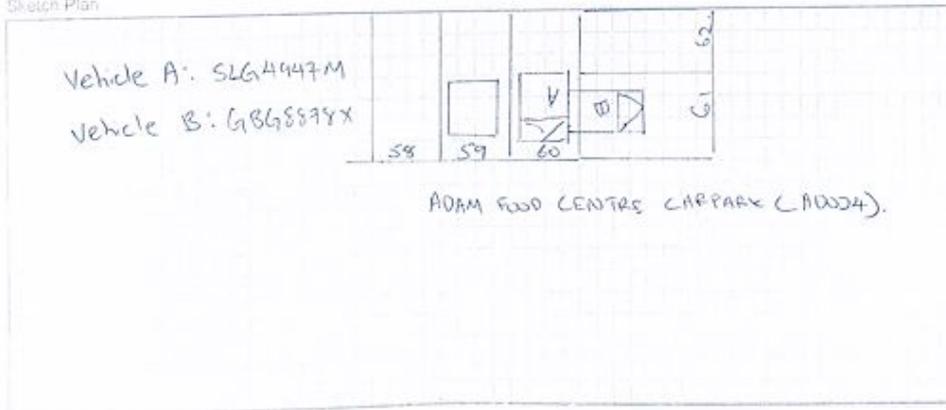
1. This report is to identify the details of the accident to speed up the claims process.
 2. This report will be completed by the Policyholder and/or the Actual Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to invalidate policy liability.
 4. The insured's 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 solely for archiving and that copies of this report will for a fee be made available upon application by interested parties.
 7. By the completion of this report to the insurers, you hereby consent to the archiving of this report at this centre and to copies of the report being made available aforesaid.
- I, Consent under the Personal Data Protection Act (PDPA)
1. to collect, acknowledge, agree and consent that
 2. My name, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 generated 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
 3. collecting, handling and/or dealing with my claims, including the settlement of the claims and any necessary investigations relating to the claims,
 4. investigating the accident and/or my claims
 5. enquiring out and/or dealing with my instructions or responding to any enquiries by me,
 6. administering my claims (including the making 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 correspondence) and/or
 7. not complying with applicable law in administering, processing, handling and/or dealing with my claims
 8. (collectively the "Purposes")
 9. that all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
 10. that 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.

Mohd Zuan
Insurer's Signature / Date & Time

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


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

Sketch Plan



Description Circumstance of the Accident

ON THE STATED TIME & DATE ON THE STATED LOCATION, I, VEHICLE 'A' SLG4947M WAS PARKED STATIONARY IN MY PARKING LOT. VEHICLE 'B' GBG8878Y WAS REVERSING INTO THE LOT AND COLLIDED ONTO MY FRONT LEFT SIDE OF MY VEHICLE.

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

Melissa Green
Date & Time

Melissa Green
Driver's Signature (if driver is not the policyholder) Date & Time



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



















Singtel WiFi Calling 10:29 AM 71%

[2022] SLG4947M - CI PDF - 679 KB

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

eqnsurance
You're Got a Friend

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 Premier

Certificate No. : **DMPPHQ22-007347**

Comprehensive Plan - Any Workshop
 Form: MX2
 Excess:
 Named Driver: S\$500.00
 Unnamed Drivers Add: S\$2,000.00
 YEID Additional: S\$3,000.00

1. Index Mark and Registration Number of Vehicles
 SLG4947M

2. Name of Policyholder
 MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act
 30/09/2022

4. Date of Expiry of Insurance
 29/09/2023

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.

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 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 :

B000006/Anika Insurance Brokers & Consultants Pte Ltd
 Date of Issue : 12/09/2022 16:07

Authorised Signatory
 EQ Insurance Company Limited

Exp No. : **DMPPHQ21-006838**

A Member of Citystate