

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	17/04/2023 16:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/04/2023 17:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS SLE BEFORE MERCHANT ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4153C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEAH JUN WAH
NRIC No	SXXXX823D
Email Address	wynns1161@gmail.com
Mobile Phone No	(Phone) +65-91781161
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ23-001098

DRIVER

Name of Driver	CHEAH JUN WAH
NRIC No	SXXXX823D
Date Of Birth	09/06/1989
Occupation	Outdoor

Date Of Driving Pass	11/01/2022
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91781161
Alt. Phone Number	-
Email Address	wynns1161@gmail.com
Address	BLK 288B COMPASSVALE CRESCENT #14-361
Address complement	-
Postcode	542288
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	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?	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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW1563C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	CHEAH JUN WAH
Gender	Male
Phone No	(Phone) +65-91781161
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLW4153C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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SKETCH PLAN

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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 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

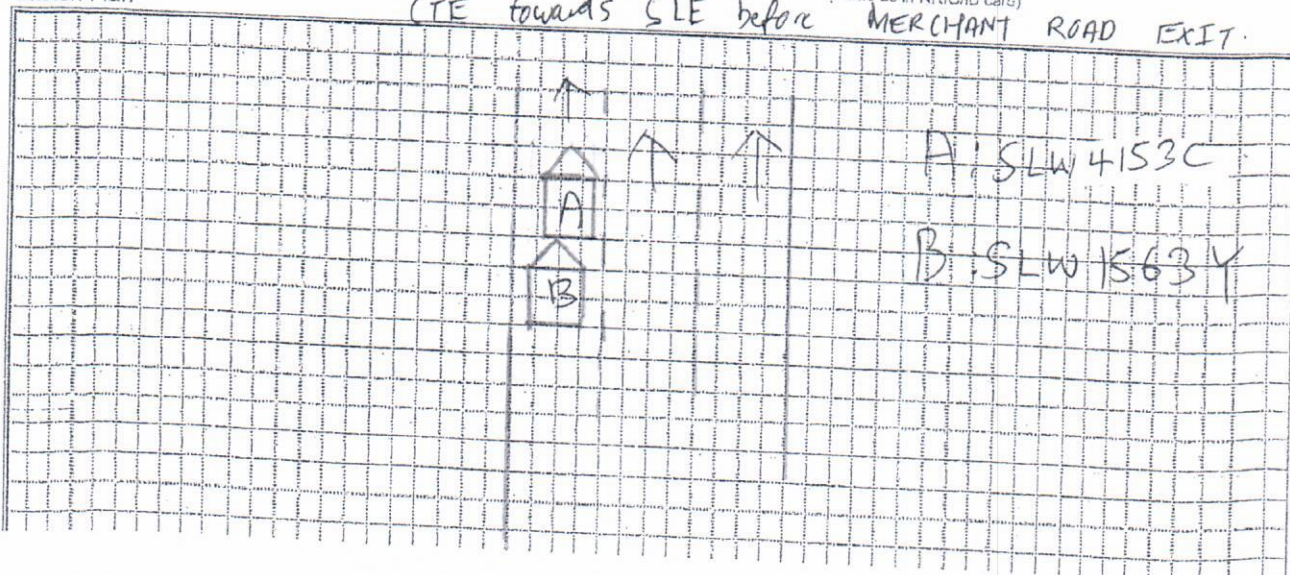
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

CTE towards SLE before

MERCHANT ROAD EXIT.

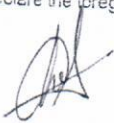


Describe Circumstance of the Accident

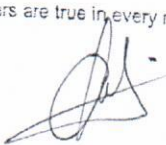
I am travelling along CTE towards SLE before
MERCHANT ROAD EXIT. The traffic was heavy, the
vehicle in front of me stop so I followed to slow down
and stop. Suddenly, I felt an huge impact from the
rear of my vehicle. I got down and see, vehicle B
had hit onto my vehicle A.

Dedclaration

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



Policyholder's Signature / Date & Time



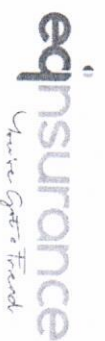
Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

17/04/2023

Date of Accident : 15042023 Accident Time: 1740 (24-HR-FORMAT)
Accident Place : CTE towards SLE before Merchant Road Exit
Vehicle Reg. No (Car plate No.) : SLW4153C CC: 1800
Insurance Company : EQ Vehicle Make/Model: TOYOTA CHR.
Name of Registered Owner : Policy No. DMPPHQ 23-001098
ID of Registered Owner : Company / Individual ~~NING~~ CHEAM JUN WAH
OWNER EMAIL ADDRESS : Co Reg No: Owner's NRIC No: 589898230
Wynns1161@gmail.com : Co Contact No: Owner's Contact No: 91781161
DRIVER'S Name : DRIVER'S NRIC No:
DRIVER'S Date of Birth : 09061989 DRIVER'S License Pass Date 11012022
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : BLK 288B COMPASSVALE CRESENT #11-381 #5542288
DRIVER'S Contact No./ Alt No. : 1) - 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : Wynns1161@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 1 Name & Gender: CHEAM JUN WAH / M
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes (name of the injured person):
Other Party Driver's Particulars (if any)
Vehicle Reg No: SLW1563C Vehicle Reg No:
Vehicle Make/Model: Vehicle Make/Model:
Name DRIVER: Name DRIVER:
IC No. DRIVER: IC No. DRIVER:
DRIVER'S Contact & add: DRIVER'S Contact & add:
REPORT FORM EXPLAINED IN: ENGLISH / CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT: OWNER / DRIVER \ BOTH

EQ Insurance Company Limited
5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3003 | 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

Certificate No. : DMPPHQ23-001098
PRIVATE CAR
Comprehensive Premier

Comprehensive Plan - Any Workshop

Form: MX2

Excess:
Insured/Named Driver: S\$600.00
Unnamed Drivers: S\$1,100.00
YEID Additional: S\$3,000.00

1. **Index Mark and Registration Number of Vehicles**
SLW4153C

2. **Name of Policyholder**
CHEAH JUN WAH

3. **Effective Date of the Commencement of Insurance for the purpose of the Act**
08/02/2023

4. **Date of Expiry of Insurance**
08/02/2024

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.

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 : Tokyo Century Leasing (s) Pte Ltd

A000007/Asira Assurance Agencies LLP
Date of Issue : 12/01/2023 15:00

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMPPHQ22-001011