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SN0823540002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 04/05/2023 12:08 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (04/05/2023 12:08 (SGT))



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.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

04/05/2023 12:08 (SGT) Actual Driver 02/05/2023 21:00 (SGT) Yio Chu Kang, Singapore JINCTION WITH ANG MO KIO AVENUE 5 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLG6820G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No

RONNIE RENE LOH LAYE SXXXX815G annajulianatan@gmail.com

(Phone) +65-91897474

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Opel Astra

Private use

No - Claiming third party Private car

1399

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number EQ Insurance Company Ltd DMPPHQ22-007656

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

TAN LEE CHENG SXXXX593J 20/02/1966 Indoor



Date Of Driving Pass 25/02/1992 Driving experience 31 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-81008270 Alt. Phone Number Email Address annajulianatan@gmail.com Address 102 GERALD DRIVE #03-74 Address complement SELETAR SPRING CONDO Postcode 798593 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 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 PASSENGER 1 Name BERNICE Gender Female 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

FBQ1639M

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	-
Vehicle Category	Motorcycle
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)	_

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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
- 5. Any false reporting may be referred to the Police for investigation.
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, 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) 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
- (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' 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

Ang Nio Kio Ave 5

Ray A Kong YIO Chy

SLG 6820 G

FBQ1639M

cribe Circumstar	nces of the Accident
. ************************************	
On the Stor	ited date and time, I was travelling along
YIO CHUKO	ing Road. The traffic light turned amber and I
came to a	or Stop of the Junction of AMK Ave. 5.
Suddenly	. I felt an impact on the very portion of my
,	
Venicle.	

Declaration

Whe 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

Affinessed by Reporting Centre Personnel

Date of Accident	: 62 05 2023 Accident Time: 2100 kms (24-HR-FORMAT)
Accident Place	: Junction of the country
Vehicle Reg. No (Car plate No.)	: Junction of Yio Chu Kang Rd & AMK Aves
Insurance Company	: SLG6820G Vehicle Make/Model: OPEL ASTYA
Name of Registered Owner	TOTICY NO. DIMPPHO 22 - 001656
ID of Registered Owner	: Co Reg No:
	: Co Reg No: Owner's NRIC No: SIBIIBISG
DRIVER'S Name	: Co Contact No: Owner's Contact No: 9189 7474
DRIVER'S Date of Birth	: Tan Lee Cheng DRIVER'S NRIC No: S1765593)
Relationship bet. Owner & Driver	: 20 02 1966 DRIVER'S License Pass Date 25 02 1992
DRIVER'S Address	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
	: 102 Gerald Drive \$103-74 Seletar Springs Condo
DRIVER'S Contact No./ Alt No.	:1) 8100 8270 2) S(798593)
DRIVER'S Occupation	: INCOOK 1001DOOK (eg. working inside or outside of an ofc)
Email Address	_ annajulianatan e gmail. com
Weather & Road Surface	CLEAR & DRY LRAINING & WET LAFTER RAIN & WET
Reporting Type	Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driv Was the accident reported to the police Was there any video Captured by car of Exact purpose for which vehicle was	Passenger Name: Bernice Gender: M/F e? YES \ NO Passenger Name: Gender: M/F camera; YES \ NO Any Injuries YES \ NO Injured Name: Robbite
Oth	peing used at the time of accident: Private use \ Work purpose
Vehicle Reg NoFBQ 1639M	er Party Driver's Particulars (if any)
Vehicle Make Model:	
Name DRIVER	
IC No. DRIVER.	
DRIVER'S Contact & add	
	Party Driver's Particulars (if any)
Vehicle Reg No.	
Vehicle Make Model.	Vehicle Reg Mo Vehicle Make Model
Name DRIVER	Name DRIVER
IC No DRIVER	IC No DRIVER
OPTVER'S Contact & add	

EQ Insurance Company Limited 5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqineurance.com.eg 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

PRIVATE CAR

Comprehensive Classic

Certificate No.: DMPPHQ22-007656

Classic Plan - EQ authorized workshop only

Form: MX2

1. Index Mark and Registration Number of Vehicles

SLG6820G

Excess: **Unnamed Driver**

Insured&Named Driver S\$500 00(Section 1 - Own Damage) S\$1,000.00(Section 1 - Own Damage) Additional S\$3,000.00

YEIDR

WindScreen

\$\$100.00

2. Name of Policyholder

RONNIE RENE LOH LAYE

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 10/10/2022
- 4. Date of Expiry of Insurance 09/10/2023
- 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: Maybank Singapore Limited

A000298/Tong Hin Insurance Agency Pte Ltd Date of Issue: 22/09/2022 11:59

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.

A Member of Citystate

