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SN08235M0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 30/05/2023 12:19 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (30/05/2023 12:19 (SGT))



# SINGAPORE ACCIDENT STATEMENT

Please report <u>correctly</u> the details of the accident to speed up the claims process

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

3. Information provided must be as truthful and deceased by 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 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

30/05/2023 12:19 (SGT) **Actual Driver** 20/05/2023 21:25 (SGT) Bukit Timah Rd, Singapore BEFORE CHOA CHU KANG ROAD Singapore

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBB7575C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

AH THIM BATTERY ELECTRICAL MOTOR SERVICE 2XXXX300E elienaccl@yahoo.com (Phone) +65-98230469

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

Dongfeng Eq5021

Employment

No - Reporting only Commercial vehicle Manual 1310

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number EQ Insurance Company Ltd DMCPHQ23-000084

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHEN CHEE CHUN SXXXX963E 22/11/1943 Outdoor

Date Of Driving Pass 20/11/1964 58 YEARS AND 6 MONTHS Driving experience Gender (Phone) +65-98230469 Mobile Number Alt. Phone Number elienaccl@yahoo.com **Fmail Address** BLK 2 TECK WHYE AVENUE #12-196 Address Address complement 680002 Postcode No Is the driver the policyholder? 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 Collision - Head to Rear Type of Accident Weather Conditions Clear Dry Road Surface 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? 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 SGG1226P Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category

WONG BAN CHEE

SXXXX345C

Name of Driver

NRIC No

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

- . Please report correctly the details of the accident to speed up the claims process.
- . This Form must be completed by the Policyholder and/or the Actual Driver.
- 1. 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 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.
- 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
- (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) / Date & Time

正派电池电器序号 HTHIMBATTERY ELECTRICAL MOTOR SERVICE Uniness Reg No 238543 / 608

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the

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

Sketch Plan

A) GBB 1575C

B) SGG 1726P

B) SGG 1726P

B) SGG 1726P

B) SGG 1726P

B) BULLT Panjang R.d.

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Declaration

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

/ Date & Time

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 20 05 2023	TIME OF ACCIDENT: 21: 25
VEHICLE NO: GBB 7575C	TRANSMISION: AUTO / MANUAL
MAKE & MODEL :	LOCATION: UPPER BUKIN TIMES ROAD
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
/ PRIVATE USE / PRIVATE HIRE	OD/ TRIKE PARTY NEI
INSURANCE COMPANY:	POLICY NO:
TYPE OF COVERAGE :	VEHICLE TYPE: DOUGHENLY (SALOON / EQ 50)
	(SALOON / E4 50) / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	
NAME OF OWNER: ALT THIM BETTHEY FUNCTION	23854300E
MOTOR SHRVICK	CONTACT NO:
ADDRESS:	CONTACT NO
THE THE PROPERTY OF THE PARTY O	VIDEO RECORDING : YES / NO
EMAIL ADDRESS: ELIENACCL & Yathoo. Com	NRIC: \$2039963 E CONTACT NO: 98230469
NAME OF DRIVER : AS ABOVE / IF NO :	320,000
CHEM CHEE CHUN	PASSENGER: MALE( ) FEMALE ( )
DRIVER OWNER RELATIONSHIOP :	12/1/
DATE OF BIRTH: 22 / 1/ / 1943	DRIVING PASSING DATE: 70 / 11 / 1964
OCCUPATION : INDOOR / OUTDOOR	ADDRESS: BIK 2 TRCK WHYE AVE # 12 196
	680002
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO/ IF YES WHERE ?
/DAINING / OTHERS	ROAD SURFACE DRY / WET / OTHERS
WEATHER CONDITION: CLEAR / RAINING / OTHERS	
VEHICLE B REG NO: SGY 1226 P	VEHICLE C REG NO :
DRIVER NAME: WOULD BON CHALL	DRIVER NAME :
NRIC: 5/133345 C	NRIC:
NRIC: 3 (55) (5	
CONTACT :	CONTACT:
VEHICLE D REG NO :	ANY WITNESS? NO, IF YES:
	NAME :
DRIVER NAME :	CONTACT:
NRIC :	
CONTACT:	
WAS NOTICE OF PROSECUTION GIVEN? ( YES /NO)	WERE SEAT BELTS WORN ? YES / NO
IF YES, AGAINST WHOM:	WERE INJURY CONVEYED BY AMBULANCE : YES NO
	WERE INJURY CONVETED OF AMILION

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 ) **Third Party**

Certificate No.: DMCPHQ23-000084

1. Index Mark and Registration Number of Vehicles

GBB7575C

2. Name of Policyholder AH THIM BATTERY ELECTRICAL MOTOR SERVICE

3. Effective Date of the Commencement of Insurance for the purpose of the Act 28/01/2023

4. Date of Expiry of Insurance 27/01/2024

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

\* 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\*

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

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:

A000342/Abwin Pte Ltd Date of Issue: 13/12/2022 15:55

**Authorised Signatory** EQ Insurance Company Limited

Exp No.: DMCPHQ22-000154

A Member of Citystate

Form: LCVP1

YEID-AC Additional:

\$\$3,000.00

**EQI** Motor Accident Hotline

6311 3211

