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SN0823650004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 05/06/2023 15:34 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (05/06/2023 15:34 (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 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or witholding or material facts may allow insurance companies to reputation.

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

05/06/2023 15:34 (SGT) **Actual Driver** 01/06/2023 15:55 (SGT) Woodlands Ave 6, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKV154T

INSURED/POLICYHOLDER

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

No KARIS KOH SIEW GOH SXXXX739B reporting.gt@gmail.com (Phone) +65-98995511

VEHICLE PARTICULARS

Manufacturer Model Variant

Volkswagen Golf

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

Private use

your vehicle? Vehicle Category Transmission CC

No - Claiming third party Private car Auto 1395

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

EQ Insurance Company Ltd DMPPHQ22-006448

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN TECK SOON SXXXX609D 18/11/1963 Indoor

Date Of Driving Pass 05/11/1986 Driving experience 36 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-91852133 Alt. Phone Number Email Address reporting.gt@gmail.com Address BLOCK 250 TAMPINES STREET 21 #09-514 Address complement Postcode 520250 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver No Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions AFTER RAIN 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? Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No. (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230603/2028 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 SKT1992U Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour	
Vehicle Category	=
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	177.
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
the daily of (melading briver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	TAN TECK SOON
Phone No	Male
Address	(Phone) +65-91852133
Address Complement	•
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	_
Injured person in which vehicle?	SLIGHT INJURY
Were seat belts worn?	SKV154T
	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow
- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 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
- (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

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

Sketch Plan

Describe Circumstance of the Accident	
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Lefer to TP Report T/ 20230603/2028	
T/ 2022 n/ m2 1 2000	
(10003) 8028	
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e declare the foregoing particulars are true in every respect.	
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cyholder's Fignature / Date & Time Driver's Signature (if driver is not the policyholder // Date Witnessed by Repo	rting Centre Personnel

Scanned with CamScanner





1 of 3

Report No. T/20230603/2028

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

REPORT	OF A TRAFF	IC ACCIDENT		
Date/Time Report Made: 03/06/2023 13:41			Vide Report No.:	Station Diary No.: 63
Informa	int's Partic	ulars		
Name of Informant: TAN TECK SOON			Address: APT BLK 250 TAMPINE 520250	S STREET 21 #09-514 SINGAPORE
ID Type / ID No.: NRIC NO / \$1578609D Nationality: SINGAPORE CITIZEN		09D	Contact No.: Home/Office:	Mobile: 91852133
		'EN	Email:	
Sex: Male	Age: 59	Date of Birth: 18/11/1963	Type of Informant: Driver	
Race. Chinese			Language:	
Occupation: CONTROLLER MANAGER			Driving Licence Informati	on: Date of Expiry:

General Infor	mation of the Acci	dent	STATE OF STATE		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2023 15:5	E	Type of Location X-Junction
Location: WOODLAND	S AVENUE 6		101/00/2025 15.5		4
Weather: Clear		Road Surface: Dry			
		Traffic Control: Traffic Light - Wor	rking	Traf	fic Volume:
Between Moving Vehicles - Head To Rear		To Rear		Any amt No	one conveyed by culance:

Vehicle No.	Type	Make	Model	and a second		
SKT1992U Car		MOGEL	Color	Condition	No of Passenge	
					Slightly	1
SKV154T	Car				Damaged	
					Slightly	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured. NIL	Here of D. J.
	Use of Pedestrian Crossing: NA







Report No. T/20230603/2028

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver					80.52	015700	000
Name	TAN TECK SOON			ID No.		S15786	090
Related Vehicle	SKV154T (Car)		SKV154T (Car) Contact No		act No.	918521	33
Hospital/Clinic	POW FAMILY CLINIC & SURGERY		RY	Class of Driving Licence & Expiry Date		Class: 3 Date of	Expiry: NIL
Date Treatment	01/06/2023	Date Disc	harge	01/08	72023		
No. of Days gran	ted Medical Leave	04	Degree of	Injury	Sligh	t	
Name	LIM XUAN LE SHAUN			ID No		S92197	991
Related Vehicle	NIL			Contact No.		9724791	25
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: N Date of	IIL Expiry NIL
Date Treatment	NIL Date D			harge	NIL		
	ted Medical Leave	NIL					

Brief Details.

On 01/06/2023 at about 1555hrs, I was driving along Woodlands Avenue 6 with my car vehicle (SKV154T) heading towards SLE. I stopped at the Cross Junction as the traffic light was red.

However, ten seconds after I stopped, the car vehicle behind me (SKT1992U) did not stop and hit the back of mine causing a head to rear collision.

After the accident I felt pain at the back of my neck and my lower back due to the impact of the collision.

After the incident, I met up with the driver of SKT1992U and told him that I wanted to claim insurance. I then proceeded to take down his particulars.

No police and ambulance attended my incident. After the incident, I went to POW FAMILY CLINIC & SURGERY to make a check on my injuries sustained from the accident. The clinic then gave me a four-day MC.

I wish to add that I am making this report for record purposes. That is all.





Report No. T/20230503/2028

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT

Signature of Officer Recording The Report: SGT 2 AFIF FIKRI BIN ABDULLAH JUNAIDI

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / AEIT / SLANG YLTING, STEPHANIE Contact No.: 65476414

NP168

Signature Of Informant:

Date/Time: 03/06/2023 13:41

Classification Of Case:

Date of Accident	: 01/06/33 Accident Time: 1555 (24-HR-FORMAT)
Accident Place	: Woodlands Are 6
Vehicle Reg. No (Car plate No.)	: StV1547 cc: 1.4 Vehicle Make/Model: Volksulagen Golf
Insurance Company	: EQ Policy No. OM PPHQ 22-0064168
Name of Registered Owner	: Company / Individual Kon's Koh Siew Goh
ID of Registered Owner OWNER EMAIL ADDRESS: YEJONTO WG. Gt Ogwall.10M	: Co Reg No: Owner's NRIC No: 16/33739/3 : Co Contact No: Owner's Contact No: 9899 5511
DRIVER'S Name	: Tan Teck Soun DRIVER'S NRIC No: SIS786010
DRIVER'S Date of Birth	: 18/11/63 DRIVER'S License Pass Date 08/11/86
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: Therol
DRIVER'S Address	: Block 250 Tompines St 21 Hof-514 8(820520
DRIVER'S Contact No./ Alt No.	:1) 9185 2133 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: reporting gt @ guart. com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Oner Party \ Claim Own Insurance
Number of Passengers (including Dr Was the accident reported to the pol Was there any video Captured by ca Exact purpose for which vehicle was Any injuries, if yes(name of the in	Name & Gender; Ice? VES \ NO Is camera: YES \ NO Is being used at the time of accident: Private use \ Work purpose Injured person)
Other	Party Driver's Particulars (if any)
Vehicle Reg No: PET 199211	
Vehicle Make\Model:	The state of the s
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:
REPORT FORM EVEL AINED IN A FRANCISCO	
	CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT : OWNE	R/DRIVER/E(OTI)

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

PRIVATE CAR Comprehensive Premier

Certificate No.: DMPPHQ22-006448

Comprehensive Plan - Any Workshop

Form: MX2 Excess:

YEID

Insured/Named Driver: Unnamed Drivers: Additional:

\$\$500.00 \$\$1,000.00 \$\$3,000.00

1. Index Mark and Registration Number of Vehicles SKV154T

2. Name of Policyholder KARIS KOH SIEW GOH

3. Effective Date of the Commencement of Insurance for the purpose of the Act 26/08/2022

4. Date of Expiry of Insurance 25/08/2023

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 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.

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: DBS BANK LTD

A000007/Astra Assurance Agencies LLP Date of Issue: 11/08/2022 10:40

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMPPHQ21-005857

A Member of Citystate