

SINGAPORE ACCIDENT STATEMENT

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
- 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 First Submission 21/10/2024 11:25 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 20/10/2024 18:45 (SGT) **Exact Location of Accident** Tampines Ave 5, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SKX298B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN HOCK BOON NRIC No S1734813B **Email Address** HOCKBOON_TAN@YAHOO.COM Mobile Phone No (Phone) +65-90063462 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model A180 Variant Exact purpose for which vehicle was being used at time of 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 1600 Vehicle Fuel First Regisration Date

INSURANCE COMPANY

Effective Date/Time of Ownership

Name of Insurance Company EQ Insurance Company Ltd Policy Number / Cover Note Number DMPPHQ23-011368

DRIVER

Chassis no

Name of Driver TAN HOCK BOON NRIC No S1734813B Date Of Birth 01/03/1966 Occupation Indoor **Driving Pass Date** 31/12/1991 **Driving License Pass Class** 3 Driving License Validity Valid Driving experience 32 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-90063462 Alt. Phone Number **Email Address** HOCKBOON_TAN@YAHOO.COM Address 62 LENGKONG TIGA #09-06 Address complement Postcode 417455 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 Chain Collision 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 CHOO CHENG FOONG Gender Male 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 20/10/2024 AT ABOUT 6.45PM, WHILE DRIVING ALONG TAMPINES AVE 5 AT THE JUNCTION, VEHICLE IN FRONT OF ME STOP DUE TO TRAFIC LIGHT RED. I FOLLOWED SUIT AND STOP. SUDDENLY, VEHICLE B (SKB5533E) FROM BEHIND HIT ONTO THE REAR OF MY VEHICLE A (SKX298B). THE IMPACT HAD CAUSED MY VEHICLE TO MOVE FORWARD AND HIT ONTO THE REAR PORTION OF VEHICLE C (SLS8220L). ATTACHMENT(S) Are accident photos available for attachment?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKB5533E 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 VEHICLE B No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS8220L 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 **VEHICLE C** No. Of Passenger (Including Driver)

SKETCH PLAN

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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any will misrepresentation or withholding of material facts may allow insurance companies to repudiate policy flability.
- 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. 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 report being made available aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 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 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 hourer(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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

folioyhetder's Signature / Date & inte	Driver's Signature (# driver is not the policyholder) / Date & Time		Witnessed by Reporting Centre Personnel		
ketch Plan	5		O C	0	
Yen A! SKX 3981					
en, 8 : 3KB 5533					
en 6: 515 820					

(A) Do 10. He all short 6.45 pm who for driving along yampines Ave 6 at the Junching, relicite in front of one Stop date to mappine state of the Junching that the first and stop suddeness, vehicle (B) \$2.85.532 from behind hit into the car of my rebuck (A) \$4.85.532 from behind had cours one yellide to more from and but onto the crave of yellide to more from and but onto the crave of yellide (C) \$15.82.201.	Describe Circumstances of the Accident
at the Fruitting, relicale in front of rice Stop date to Inteffic Eight Red I fullow East and Stop southerests white B 55332 from Sohnd het into the rear of my violate (A) SKY288 Are impact had cours my vehicle for more forward and hit onto the rear of vehicle (C) SLS 82201.	On 20-10-24 at about 6.45 pm while driving along yampines Ave &
Fight Red I tallow suit and stop suddens vehicle (5) X8T5336 from behind hit into the car of my vehicle (10) SKYDER The impact had cause my vehicle to more provided and but onto the car of vehicle (5) SLS 82201	at the Junction, relaide in front of me Stop due to Trapfic
from behind hit into the car of my velicite to more forward and but onto the car of velicite to more forward and but onto the car of velicite (e) \$15,82201.	light Red I bellow suit and Stop suddenly vehide (B) SKB 5533
The impact had cover my vehicle to more forward and but only the day of vehicle (0)\$15,82201	from behind hit into the rear of my velocite (A) SKX28FR
onto the near quebidi (c) \$15.82201	The impact had cause my vehicle to more forward and but
	onto the rear of vehicle (c) SIS 82201.
· 中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国	

Declaration

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 & Time

Witnessed by Reporting Centre Personnal