

## 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 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 ability.
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 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 Report	29/07/2016 14:57
Date Of Accident	27/07/2016 22:15
Exact Location Of Accident	PIE TOWARD CTE ( SLE )
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB9238C
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### Insured/Policyholder

Name Of Registered Owner	FUTURE INNOVATION & CONSTRUCTION PTE LTD
Co Reg No	200909282K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81245688
Alternative Phone No	Office-93856360

### Vehicle Particulars

Manufacturer	ISUZU
Model	CXZ81K-19.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK USE
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
If No, Please state action to be taken	
Vehicle Category	Commercial Vehicle

### Insurance Company

Name of Insurance Company	EQ Insurance Company Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCPHQ15-002321
Cover Note Number	

### Driver

Name of Driver	SUN MIN JIE
Work Permit No	G5265416K
Date Of Birth	05/03/1982
Occupation	Outdoor
Date Of Driving Pass	20/11/2014
Driving Experience	1 Year And 8 Months
Gender	Male
Mobile Number	(Local) +65-81245688
Fax Number	
Contact Number	Office-93856360
Email Address	NOEMAIL

Address	99 SECOND LOK YANG ROAD
Postcode	628171
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED STATEMENT.

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3255X
Vehicle Make/Model/Colour	TAXI BLUE
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBA2058S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number UNKNOWN  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address

## Sketch Plan Pg.1

### Describe Circumstances of the Accident

I was driving along PIE Slip road towards CTECSLE) on the right lane. Vehicle C collided into vehicle D, so I stopped behind vehicle C. Moments later, vehicle B collided into the rear of my vehicle, the impact pushed my vehicle forward to collided into vehicle C. No one is injured in this accident. Reporting was late due to unable to find the insurance cert,

## Declaration

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 & Time

Witnessed by Reporting Centre  
Personnel

**SKETCH PLAN**

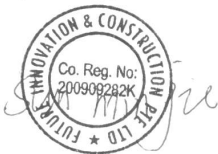
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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

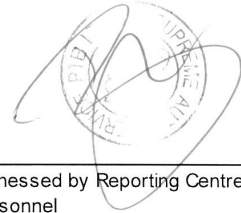
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (b) collectively the "Purposes"
- (c) 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
- (d) 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

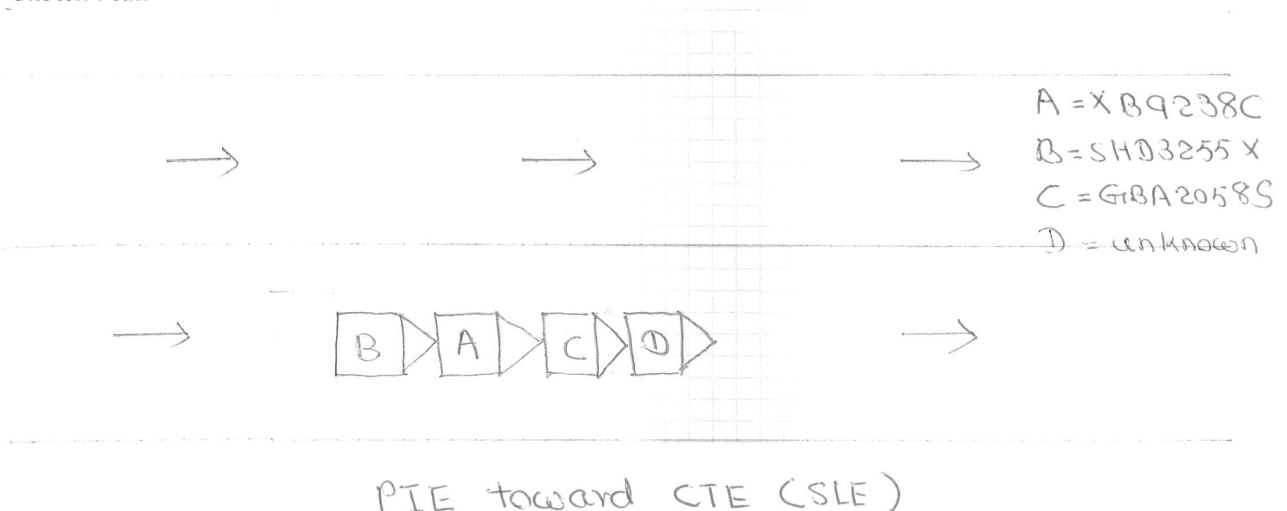


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

**Sketch Plan**



Accident Photo





Accident Photo



Accident Photo







Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

