

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	22/11/2017 15:39
Date Of Accident	17/11/2017 11:50
Exact Location Of Accident	CLEMENTI MRT BUS STOP (BESIDE SHOPPING CENTRE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY277D
Insured/Policyholder	
Name Of Registered Owner	SIMPLEX TECHNICAL SERVICE & SUPPLIES PTE LTD
Co Reg No	198700464C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91251088

Vehicle Particulars

Manufacturer	KIA
Model	PICANTO-1.1 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-004745
Cover Note Number	

Driver

Name of Driver	ZAW HTAY
Passport No/FIN	G7581899N
Date Of Birth	11/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	14/08/2017
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91251088
Fax Number	
Contact Number	
EEmail Address	ENG@SIMPLEX.COM.SG

Address
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 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
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. 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 THE ATTACHED REPORT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD1072U
 Vehicle Make/Model/Colour SILVER TAXI
 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

SKETCH PLAN

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7. By the lodgment 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
 - (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



X _____
 Policyholder's Signature
 Date & Time:

ms. 22/11/17, 4pm

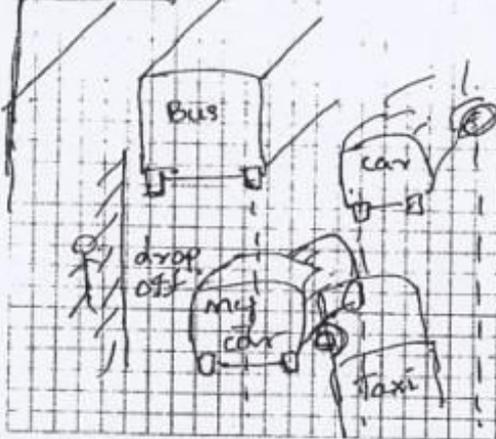
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:



 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN
bus stop



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17/11/2017, around 11:50 Am, I approached to bus stop stand and drop off one person ~~from~~ at behind the bus which also dropping off passengers in bus land lane.

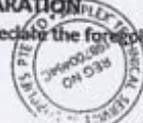
And I changed the lane to go ahead to 2nd lane, I occupied the lane 80%. In 2nd lane, in front of my car some cars are stopped to give the way for bus to go out. I also so that I also stopped accordingly front cars in 2nd lane.

During that moment, slowly hit my car by Taxi (SHD 107211) from behind of my car. And caused to paint scratched to my car's driver door and Taxi's left front bumper.

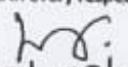
Remarks \Rightarrow Taxi is capable speed and purposely hit my car.

DECLARATION

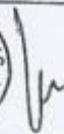
I/We declare the foregoing particulars are true in every respect.

X 

Policyholder's Signature
Date & Time:


17# 22/11/17, 400 hrs

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

Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:

Sketch Plan #3

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
SIMPLEX TECHNICAL SERVICE & SUPPLIES PTE LTD

Sector: **MANUFACTURING**

Name
ZAW HTAY

Occupation
PROJECT ENGINEER

S Pass No.
D 90752561

Date of Application
18-05-2017

Date of Issue
06-06-2017

Date of Expiry
20-04-2018

L8008611



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
G7581899N

Name
ZAW HTAY

Start Date: **11 Jan 1976**

Issue Date: **14 Aug 2017**

Valid Till: **13/08/2022**

002713436C



VISIT PASS
Immigration Regulations

Name
ZAW HTAY

Date of Birth: **11-01-1976** Sex: **M** Nationality: **MYANMAR**

FIN: **G7581899N** Date of Issue: **06-06-2017** Date of Expiry: **20-04-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

	EFFECTIVE DATE
Class 3C Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver	14 Aug 2017

NP 42BA

Licence No: **G7581899N**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

