

## 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 willful 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	16/01/2018 15:09
Date Of Accident	15/01/2018 17:00
Exact Location Of Accident	BRADDEL ROAD TOWARDS BARTLEY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9476X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KL LOGISTICS PTE LTD
Co Reg No	201307586H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64552957
<b>Vehicle Particulars</b>	
Manufacturer	SCANIA
Model	P360LA4X2MSZ
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCSHQ17000052
Cover Note Number	
<b>Driver</b>	
Name of Driver	KHOO HOCK BENG
NRIC No	S10585921
Date Of Birth	19/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1974
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90876716
Fax Number	
Contact Number	
Email Address	KLLOGISTICS@YAHOO.COM.SG

Address BLK 977 JURONG WEST STREET 93 #03-367 SINGAPORE 640977

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 CHAIN COLLISION

Weather Conditions CLEAR

Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

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

I was driving along the said location, on the CTRE lane of three lane road. vehicle b drove past me on my left and suddenly came closed and tried to cut into my lane. In the event the right portion hit onto my front left, the car continue to spin to my right and hit onto my chassis. Another vehicle was involved and I'm not aware how the third car came into contact

### 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 SJK8224S

Vehicle Make/Model/Colour HYUNDAI/HD AVANTE 1.6 A/GOLD

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN HOCK HENG

NRIC/Passport Number S8022713B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKU5331X

Vehicle Make/Model/Colour	SUBARU/LEGACY 2.5/SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHEE SENG
NRIC/Passport Number	S7737459J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

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**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 be 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 purposes 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 be 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 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.

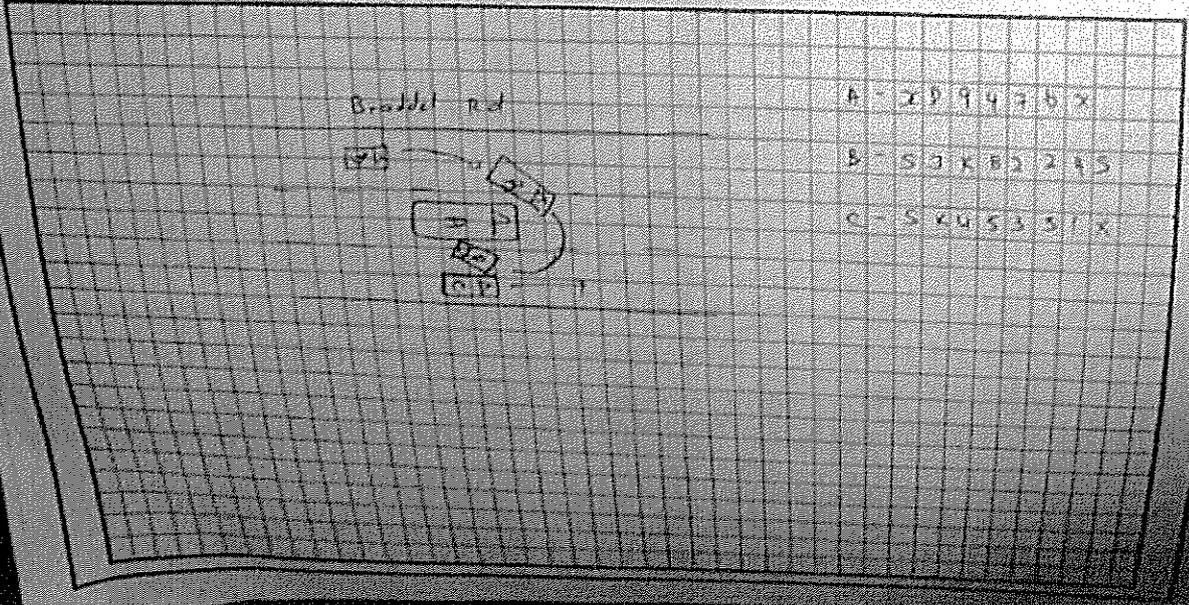
*[Handwritten Signature]*



VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMAD HELMY BIN  
ALEHAM

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

**Sketch Plan**



ACCIDENT STATEMENT (2000 characters)

I was driving along the said location, on the CTRE lane of three lane road.vehicle b drove past me on my left and suddenly came closed and tried to cut into my lane. In the event the right portion hit onto my front left, the car continue to spin to my right and hit onto my chassis. Another vehicle was involved and I'm not aware how the third car came into contact

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMAD HELMY BIN ALEHAM

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time: