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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/03/2018 12:02
Date Of Accident	08/03/2018 04:50
Exact Location Of Accident	ENTRY OF KPE FROM SENGKANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD7595P
Insured/Policyholder	
Name Of Registered Owner	WEST WAY CAR RENTAL PTE LTD
Co Reg No	201607941M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81288789
Alternative Phone No	OFFICE-63522171
Vehicle Particulars	
Manufacturer	MAZDA
Model	2-1.5 (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 HIRE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ17-000059
Cover Note Number	
Driver	
Name of Driver	NASRUL HISYAM BIN NEZARWAN

 NRIC No
 \$8848640D

 Date Of Birth
 27/11/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 17/03/2017

Driving Experience 0 YEAR AND 11 MONTH

Gender MALE

Mobile Number (LOCAL) +65-87425633

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 93 PAYA ALEBAR WAY #10-3043

Postcode 370093

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRED

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
Number of vehicles involved in the accident 2
Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Was any other material or property damaged?

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name 10 UBI AVENUE 3

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE 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 SBN4063U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name NASRUL HISYAM BIN NEZARWAN

Approximate Age Injuries Sustain

Injured person in which vehicle? SJD7595P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

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 Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Police for investigation.
- 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.
- 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:
 - 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:
 - 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.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder

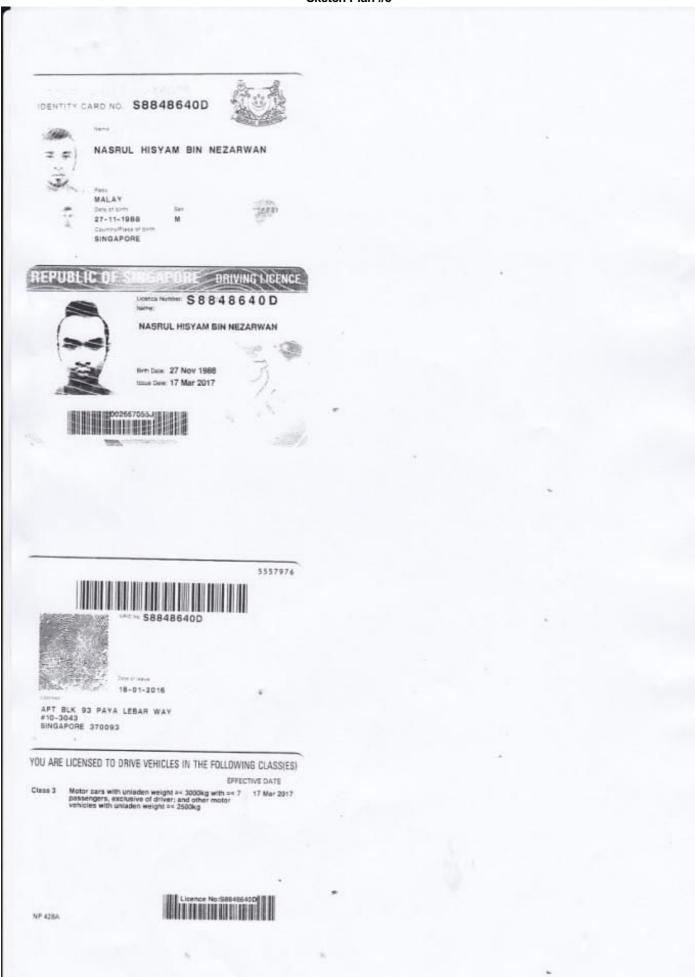
Date & Time: 12

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GLARMC SketchPlanForm_V3

	N
***************************************	- ASJO75 8 SBN40
CH PLAN	B SBN40
Entry of KPE from Strakou	y towards Air
The and I will the state of the	Jilan Har
7	aliantia. ilil
 	
` \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
The state of the s	
	11111111111111
Harry	
	<u> </u>
RIBE CIRCUMSTANCES OF THE ACCIDENT	
- was gaine towards Airport hoad	at the entry
f KPE from Lengtong on the 300	I lane. De i
id already changed to the End him	e, there is a
lack con which made a gudden lan	e change
owards the 2nd lane. The third you	dy car didnt
ignal while charging of lone and i	was unable to
top and hit the third party car at	the right rear
unper. My airbaig une deployed en	d stopped
e ar on the 2nd lane. The third	yardy air did
of stop and Kopt morning with I can	1.
r infort of me.	
RATION	TEAL
eclare the foregoing particulars are true in every respect.	The last of the la
9/ 10/3	to the All
S A	
Driver's Signature Reporting	g Centre Personnel's Signature
Ani Ani	g Centre Personnel's Signature







Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20180311/2061

REPORT	OF A	TRAFFIC	ACCIDENT

	ne Report M 118 14:24	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partice	ulars		
	Informant: _ HISYAM E	BIN NEZARWAN	Address: APT BLK 93 PAYA LEB SINGAPORE 370093	AR WAY #10-3043 HDB-GEYLANG
	/ ID No.: D / S884864	40D	Contact No.: Home/Office:	Mobile: 87425633
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 29	Date of Birth: 27/11/1988	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupat EXECU		T SERVICE	Driving Licence Informat Class: 3	tion: Date of Expiry:

General Inform	mation of the Accident	man and			COMPANIES AND ADDRESS
Type of Accident:	Injury Conveyed By Amb	ulance	Drink Drive: No	Date/Time of Accident: 08/03/2018 04:50	Type of Location:
KALLANG PA	Traveling Toward Road AYA LEBAR EXPRESS from Sengkang		*	-	
Weather:	non congraing	Road	Surface:		Road Speed Limit:
Traffic Flow:		Traffic	c Control:		Traffic Volume:
Type of Collis	ion:				Anyone conveyed by ambulance: Yes

Details of V	ehicle Invo	lved	17 19 19		IS NOT BELLEVILLE	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SBN4063U	Car					0
SJD7595P	Car				Totally Damaged	0

Details of Person Involved	The state of the s
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20180311/2061

2 of 3

Report No. T/20180311/2061

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Oriver		7 A D\A/A N	1	ID No.		S8848640D
Name	NASHRUL HISYAM BIN NEZARWAN		•	Contact No.		
(339)						87425633
Related Vehicle	SJD7595P (Car)			Class of		
		ITAL				Class: 3
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Driving Licence & Expiry Date		Date of Expiry: NIL
-		TD	ate Disch	narge	08/03	3/2018
Date Treatment	08/03/2018		egree of		Serio	us
No. of Days gran	ted Medical Leave 02	454344646	NAME OF			是是是任何的
Driver		ZARWAN	1	ID No.		S8848640D
Name	NASRUL HISYAM BIN NEZARWAN					
				Contact No		87425633
Related Vehicle	NIL	NIL				
				Class of		Class: 3
Hospital/Clinic	NIL			Driving Licence & Expiry Date		Date of Expiry: NIL
			D. I. Die	charge	NIL	
Date Treatment	NIL		Date Disc	ulaige	NIL	

On the 08/03/2018 at about 0451 hrs, i was traveling along KPE from Sengkang when i met an accident. I was on the extreme left lane of the road when i wanted to fliter to the right lane when a vehicle in front of me made a sudden turn to the right lane and i couldn't stop in time and collided onto him. No in car camera . Conveyed to CGH with 2 days MC.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180311/2061

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
SEBASTIAN NG JING PEI

Signature Of Informant:

Date/Time:
11/03/2018 14:24

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp





