

## 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 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	11/04/2018 14:46
Date Of Accident	30/03/2018 12:50
Exact Location Of Accident	ALONG MANDAI AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1386E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VIN1977 GENERAL SERVICES
Co Reg No	53106681M
Email Address	VINNG6852@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93805592

### Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS ACE-3.0 D DX (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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-004568
Cover Note Number	

### Driver

Name of Driver	ZHUO WEIJIE
NRIC No	S8708743C
Date Of Birth	12/03/1987
Occupation	INDOOR
Date Of Driving Pass	05/01/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84971117
Fax Number	
Contact Number	
EEmail Address	DANIELZHUO87@GMAIL.COM

Address	BLK 407 FAJAR ROAD #05-323
Postcode	670407
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : DERICK BAY SWEE SIANG GENDER: : MALE

#### 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

PLEASE REFER TO SKETCH PLAN.

#### 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	SHC4303P
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN HOCK CHENG
NRIC/Passport Number	S6913492J
Contact Number	97571846
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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.(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.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11/04/18 1350HRS

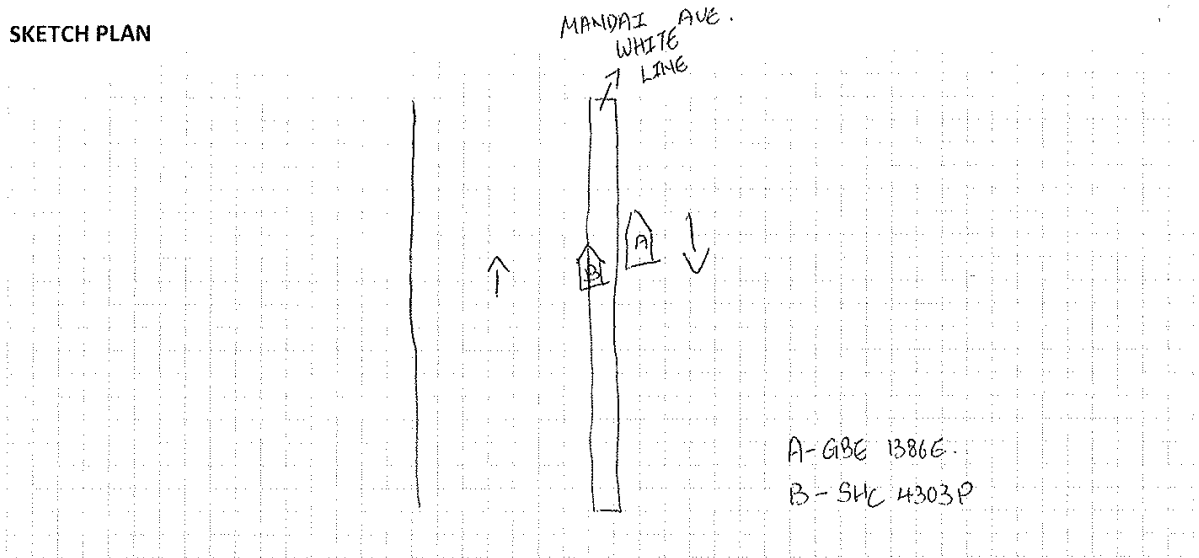


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

11/4/18 @ 2pm

## Sketch Plan Pg. 2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/03/2018 AT ~~11:45~~ AROUND 1250HRS, WE ARE ON OUR WAY TO MANDAI CREMATORIUM AS A FUNERAL IS STILL ONGOING. AS IT IS DURING QING MING FESTIVAL, THE TRAFFIC CONDITION IS VERY JAM. AS WE HAVE TIME CONSTRAINT, TRAFFIC POLICE OFFICER ALLOW US TO CUT QUEUE AND DRIVE TOWARDS MANDAI CREMATORIUM. I SWITCHED ON MY HAZARD LIGHT AND SOUND MY HORN EVERY NOW AND THEN ALONG THE STRECH AND THIS TAXI SHC 4303 P SUDDENLY SWERVED OUT FROM MY LEFT. MY RIGHT <sup>SIDE</sup> ~~HEAD~~ BRUSHED ~~HE~~ ONTO HIS LEFT SIDE REAR. AS BOTH WAY TRAFFIC IS PACKED, I AM UNABLE TO SWERVE TO MY RIGHT TO PREVENT THIS ACCIDENT AS THE TAXI HAS NO SIGNAL TO GIVE US THE INTENTION HE IS COMING OUT.

AS I WAS busy with work so the report was filed late.

### DECLARATION

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

Policyholder's Signature  
Date & Time:  
Company Chop (if applicable)

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11/04/18 1405HRS.

Reporting Centre Personnel's Signature  
Name: Shuman  
NRIC/FIN No.: 11/4/18  
Tel. No.: 64527018

Accident Photo



Accident Photo

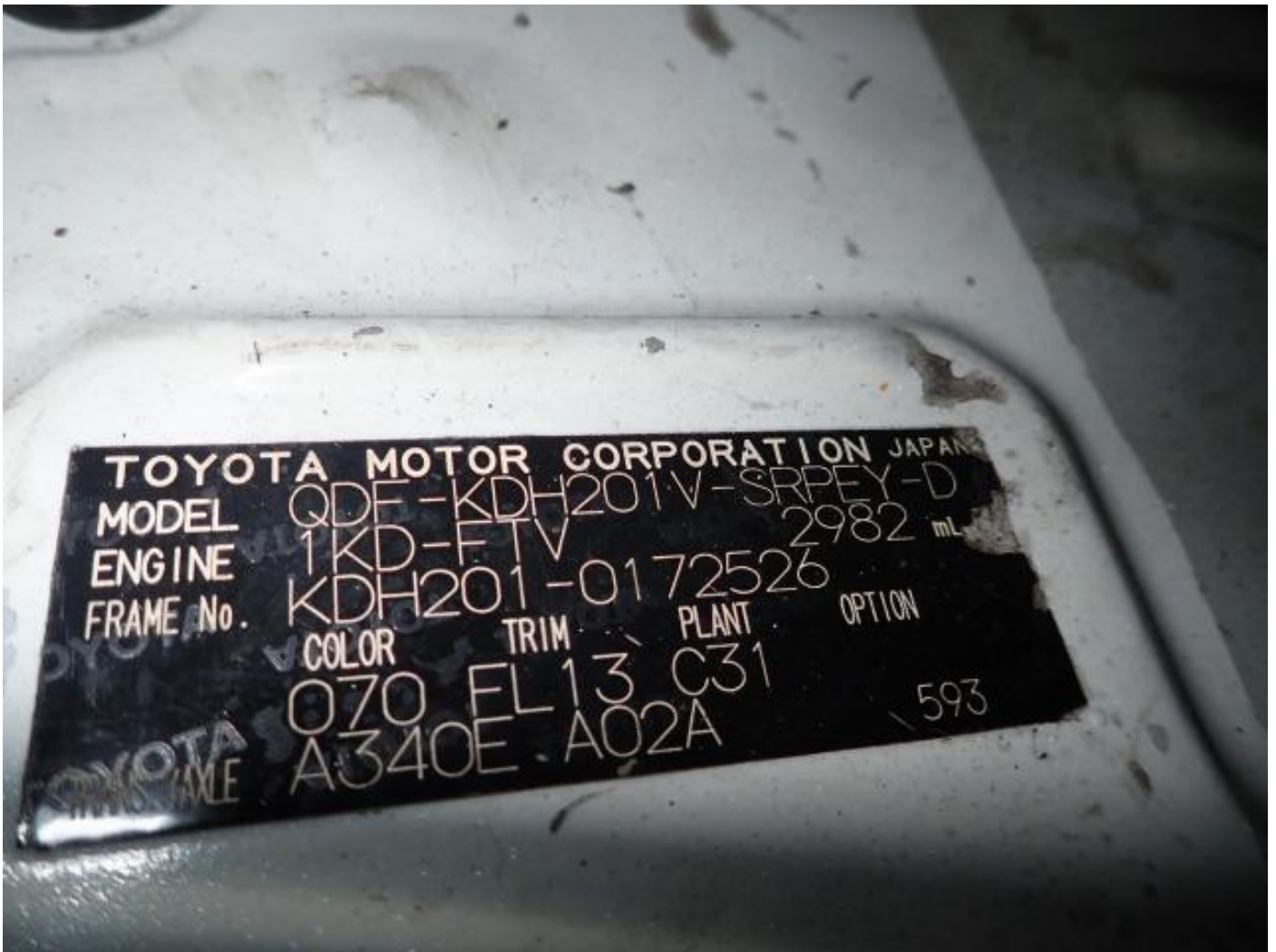


Accident Photo





Accident Photo





Accident Photo



Accident Photo



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