

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	02/05/2018 14:53
Date Of Accident	29/04/2018 11:45
Exact Location Of Accident	ADAM RD TWDS ADAM DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6498S
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Insured/Policyholder

Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81301183

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ17-000185
Cover Note Number	-

Driver

Name of Driver	MUHAMAD SHAH BIN REGARD
NRIC No	S7015750J
Date Of Birth	21/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1990
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90263294
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 19 UPPER BOON KENG RD #04-1210
Postcode	380019
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

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 ATTACHED STATEMENT.

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	SDA8825G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA KEE LOCK
NRIC/Passport Number	S1507108G
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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4. The name and insurance number on Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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7. By the lodging 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 abroad.
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 processed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Ministry of Justice of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) receiving, handling and/or dealing with my claims including the settlement of the claims and any necessary investigation relating to the claims;
 - (ii) investigating the accident and/or my claim;
 - (iii) complying with 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, undelivered/undelivered disclosure of certain personal data about me to bring about delivery of the same as well as on the internet (such as e-mail/short message); and/or
 - (v) complying with any law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurers 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) any Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or subcontractors, 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, investigations and enhancements in present and all future claims;
- (e) the information collected under (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing claims;
 - (ii) to any other report and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulations, laws or court orders.



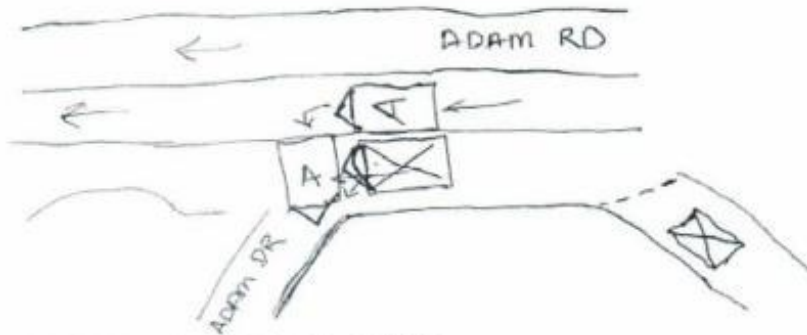
Printed Name:
Date & Time:

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

Reporting Person's Signature
Name:
SPR/CRS No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29/04/18 AT 1145AM AFTER PICKING UP PASSENGERS FROM BUKIT TIMAH SHOPPING CENTRE TO PROCEED TO DESTINATION, WHILE STOPPING TO TURN LEFT TOWARD ADAM RD, AFTER TURNING LEFT TO ~~PROCEED~~ LEFT LANE TO PROCEED, SUDDENLY A VEHICLE FROM MY RIGHT LANE DRIVE IN SHARP LEFT TO MY LANE WITHOUT SIGNALING LEFT. I ADAM BRAKE AND HIT A VEHICLE LEFT SIDE BACK. A CAR (SDA 8825G) SAY THAT IT ~~WAS~~ GOING TO ADAM DR.

A CAR - SDA 8825G

X CAR - SKU6498S



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POLICE REPORT

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Muhamad Shah Bin Regard
NRIC/FIN S7015750J has reported to the Police a non-injury traffic accident
which occurred at Adam Road Towards Adam Drive

on 29/04/2018 at 1145 am/pm involving the following vehicles:

SDA 8825G - Chua Lee Lok, S1507108G
SKU6498s - complainant

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Edmund Ong

Date: 29/04/2018 Time: 1312hrs

S/D Ref: 76

Police Post/Unit: Sengkang NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

Shah

	Signature: <i>WJ</i>	SN 085
Singapore Police Force		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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