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 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.

ACCIDENT STATEMENT	
Date Of Report	21/06/2018 18:27
Date Of Accident	20/06/2018 22:30
Exact Location Of Accident	ANG MO KIO AVE 3 TOWARDS ANG MO KIO CENTRAL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE674E
Insured/Policyholder	
Name Of Registered Owner	EITA SERVICES PTE LTD
Co Reg No	199100274H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84487892
Alternative Phone No	OFFICE-84487892
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MH000971-R01
Cover Note Number	
Driver	
Name of Driver	CHNG CHYE HIONG
NRIC No	S9025888E
Date Of Birth	26/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84487892
Fax Number	
Contact Number	OTHERS-84487892
EMail Address	NOEMAIL

Address	BLK 59 LORONG 5 TOA PAYOH #01-246
Postcode	310059
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	COLLISION - HEAD TO REAR
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: : YAZRINAH BINTE JALANI 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 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	SBS5089M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	NG SHIOW LAI
NRIC/Passport Number	F1083102N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

Policyholder's Signature
Date & Time:

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

21/06/2018

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

EITA SERVICES PTE LTD
53 UBI AVENUE 1, #03-22
PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934 Fax: 65-6[illegible]
TEL: 65-6841 3482 (3 LINES)
E-mail: [illegible]

Accident Sketch Plan

SKETCH PLAN

Refer to attached.

EITA SERVICES PTE LTD
53 UBI AVENUE 1, #03-22
PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934 Fax: 65-6844 3481
TEL: 65-6844 3482 (3 LINES)
E-mail: sales@eita.com.sg

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached.

EITA SERVICES PTE LTD
53 UBI AVENUE 1, #03-22
PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934 Fax: 65-6844 3481
TEL: 65-6844 3482 (3 LINES)
E-mail: sales@eita.com.sg

DECLARATION

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

EITA SERVICES PTE LTD
53 UBI AVENUE 1, #03-22
PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934 Fax: 65-6844 3481
TEL: 65-6844 3482 (3 LINES)
E-mail: sales@eita.com.sg

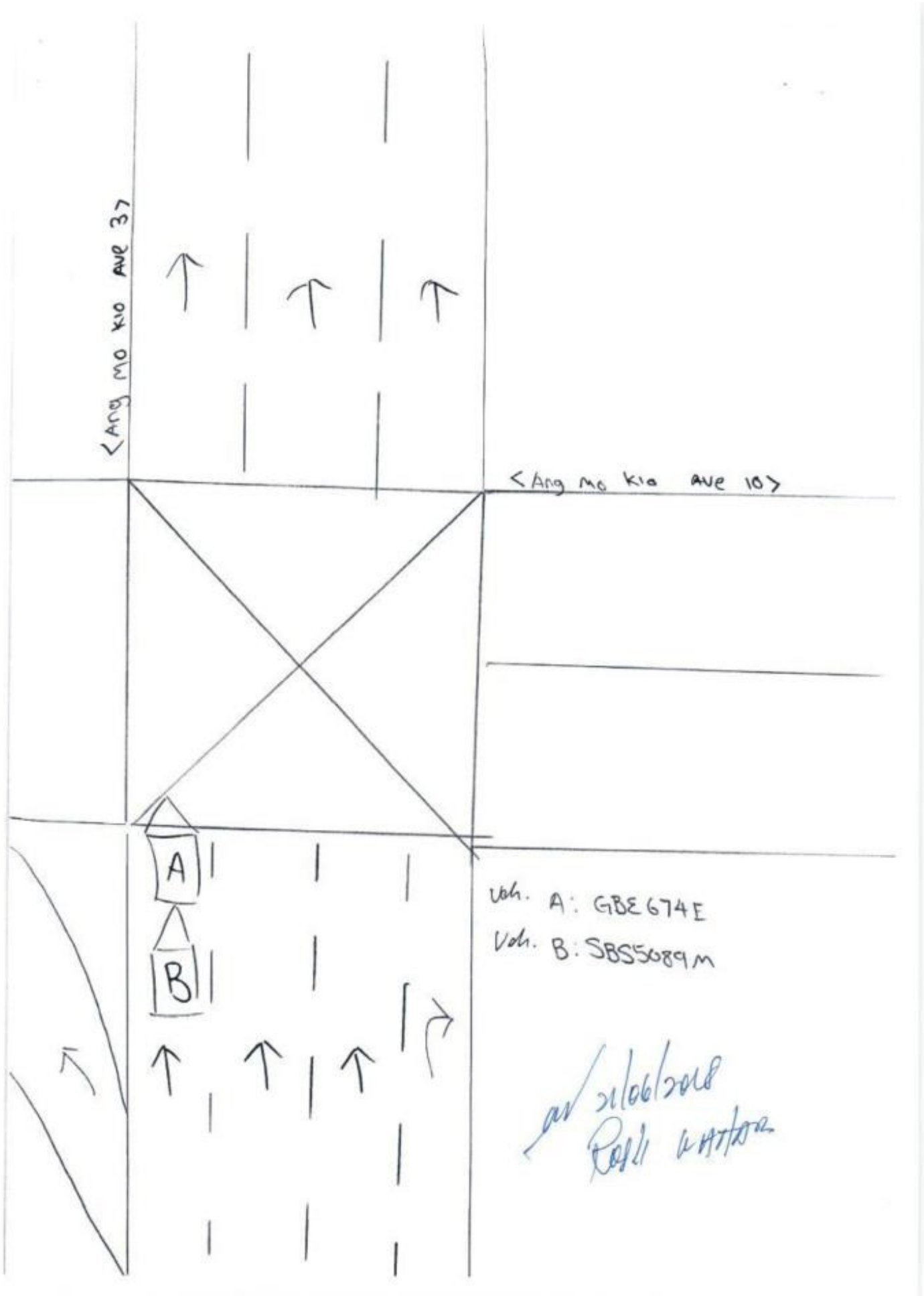
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

21/06/2018

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

ATTACHMENT


<Ang Mo Kio Ave 37
<Ang Mo Kio Ave 10>
A
B
Veh. A: GBE674E
Veh. B: SBS5089M

On the above said time, date & location,

I was travelling on the left most lane.

It was a red light so I stopped.

Suddenly I felt a huge impact from behind.

When I alight to make a check, it was vehicle 'B'

that collided into my rear portion, causing damages

to my vehicle.

I have I park at the point of time.

I wish to state that the red light was on for quite a while.

21/06/2018

Roshi Watters

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017739

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MWAI1680285 Vehicle Registration No: GBE 674E

Name(as shown in NRIC) : CHUA CHYE HONG NRIC/FIN/Passport No : S9025088E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 84487892

Email Address :

Date of Accident : 20/06/2018 Time of Accident : 22:30

Place of Accident : BLK 140 KIO AVE 3 TOWARDS BLK 140 KIO CRES

Insurance Company : TOKIO MARINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To insert Policy number 17-MH0009711-R01

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rabbi Matthias
NRIC/FIN No:
Date: 22/06/2018