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 liability.
- 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	01/07/2019 11:11
Date Of Accident	26/06/2018 18:10
Exact Location Of Accident	JALAN BUKIT MERAH TWDS KAMPONG BAHRU
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP8770C
Insured/Policyholder	
Name Of Registered Owner	PHOENIX ENGINEERING PTE LTD
Co Reg No	201103468W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67477127
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FEB21CR4SDEB-3.0 D (M)
Exact Purpose for which vehicle was being used a time of accident	t
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 YES

Policy Number DMCPHQ18-003824

Cover Note Number

Driver

Name of Driver **DILBAG SINGH** Passport No/FIN G8100875U Date Of Birth 15/03/1984 Occupation **OUTDOOR Date Of Driving Pass** 15/01/2015

Driving Experience 3 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90742432

Fax Number

Contact Number

EMail Address NOEMAIL

1 SUNVIEW ROAD #04-44 Address

Postcode 627615

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHB3232Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

F C F

SKETCH PLAN
JLN BUKIT MERAH TWOS KAMPON BAHRU
УРВТТОС
SCH323).y
SPOT OF ACCIDENT
지수가 아름답답답답답답답답답답답답답답답답답답답답답답답답답답답답답답답답답답답답
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 26th June 2018 at 1810 hrs I was driving along JLN
Bubit Merah towards Kanpong Bahou ord (Vehicle no. 4P 8770C)
I was driving in 2nd lane and after 250 mtrs I was to
turn right and then the vehicle no SHB 32 32 Y want
to overtake my Vehicle, the overtaking was very near
that the vehicle got its left side mirror got scratched
with my rehicle and in after accident he stopped his
Vehicle in foront of my vehicle.
I want to informe you that forom second lane
I gave right indicator to twom to 2 1 st lane to
take most right turn when my vehicle entered in
1.5t lane from second at that moment the
described rehicle want to overtake me and got
Biratched the left Bide mirror.
ECLARATION
We declare the foregoing particulars are true in every respect.

CO. NO.:

(If driver is not the policyholder) Date & Time:

Policyholder's Signat

Date & Time:

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

SKETCH PLAN

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 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 (all 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:

CO.NO:

Driver and the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

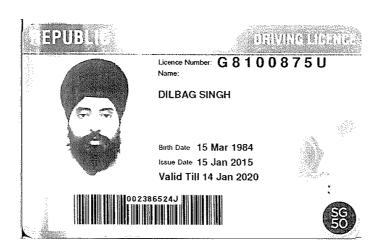
DRIVING LICENSES Pg. 1

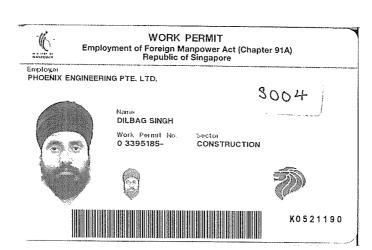
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles =< 200 cc 15 Jan 2015 Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

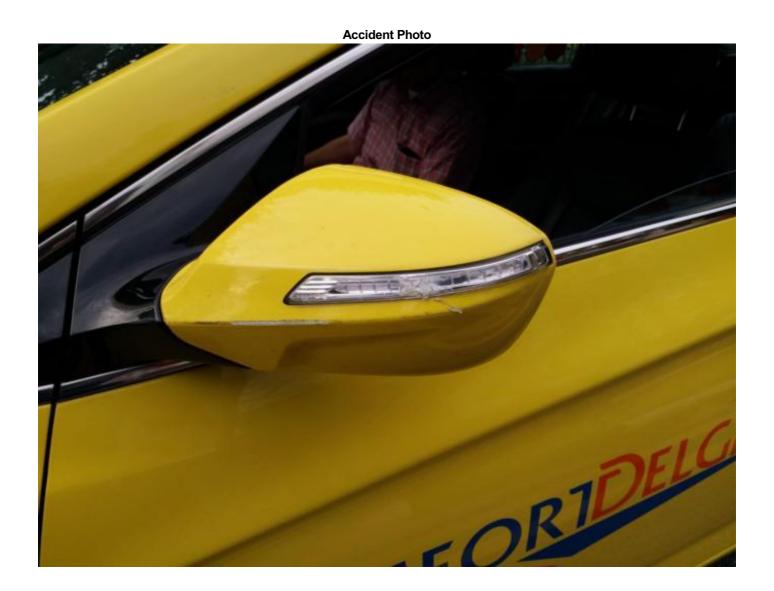
NP 428A

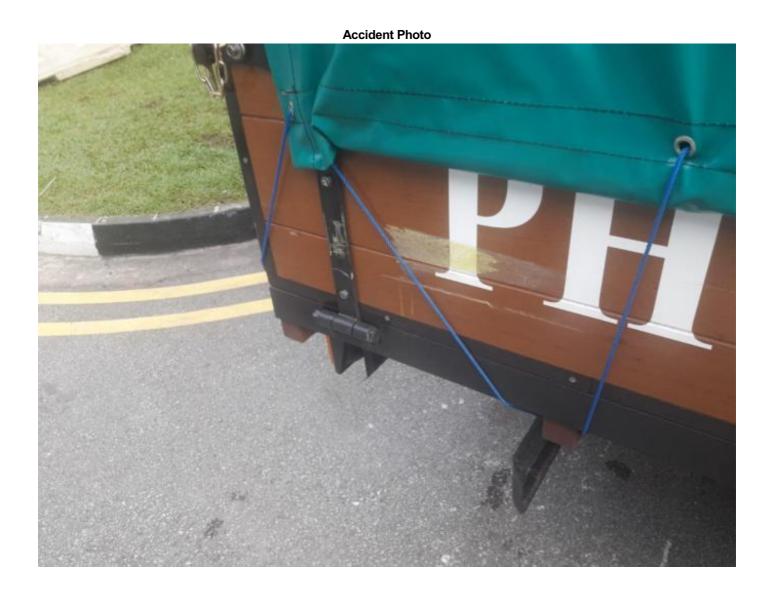












Accident Photo

