

## 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 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	03/11/2018 14:52
Date Of Accident	02/11/2018 15:50
Exact Location Of Accident	JLN PAPAN RECREATION CTR CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6546C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASEFA MARKETING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81439800

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	OWN 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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-000831
Cover Note Number	

### Driver

Name of Driver	MOHAMED ZECKRIA MOHAMED SAIFUDEEN
Passport No/FIN	G6069466X
Date Of Birth	06/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	11/08/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82461453
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 327 UBI AVE 1 #10-655
Postcode	400327
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	1

#### 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

I WAS DRIVING STRAIGHT AT THE DRIVEWAY OF JLN PAPAN RECREATION CTR CARPARK SUDDENLY VEH(B) BEARING REG NO GBD4313B FROM THE CARPARK LOT REVERSED HIS VEH AND GRAZED ONTO MY LEFT SIDE PORTION OF MY VEH.

#### 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	GBD4313B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUTHURAMALINGAM MANOJKUMAR
NRIC/Passport Number	S8973833D
Contact Number	83763766
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### 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.

**ASEFA MARKETING PTE LTD**  
Reg No: 201202893G  
100 Jalan Sultan #09-06  
Sultan Plaza Singapore 299001

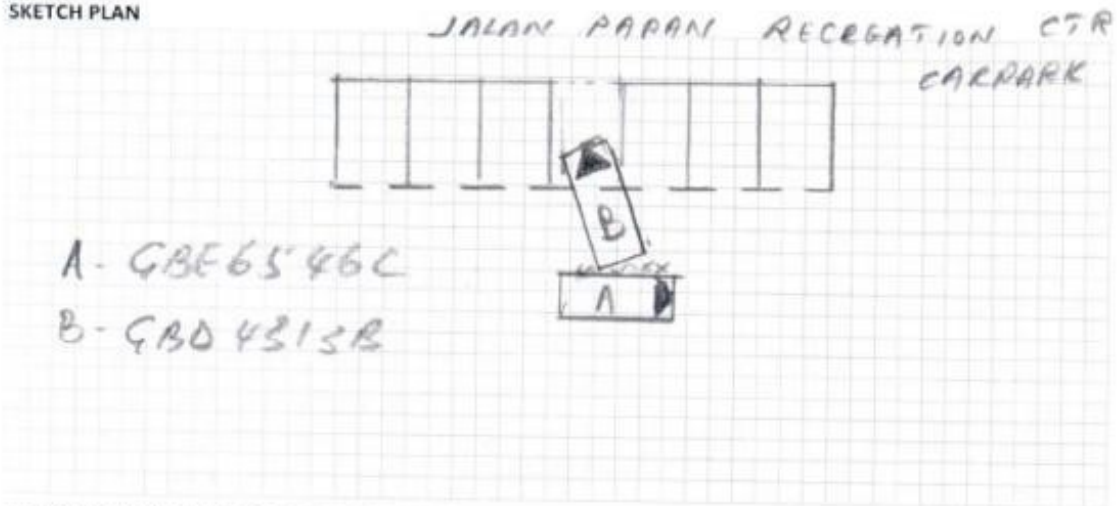
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the statement.*

### DECLARATION

**ASEFA MARKETING PTE LTD**  
Reg No: 201202893G  
100 Jalan Sultan #09-06  
Sultan Plaza Singapore 299001

Policyholder's Signature  
Date & Time:

*M. Mohan Subramanian*  
3/11/18  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 03/11/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

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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Accident Photo



Accident Photo



Accident Photo



## Identification Card

**S PASS**  
 Entry Permit for Foreign Manpower Act (Chapter 91A)  
 Republic of Singapore

Officer  
**ALI FICHAH HUSRI**

Gender: **MALE**

Photo

Name  
**MOHAMMED ZEKRIYA MOHAMMED SAUFUDIN**

Occupation  
**SALES MANAGER**

IC No.: **034077818**

Date of Acquisition  
**18-03-2018**

Date of Issue  
**24-08-2018**

Date of Entry  
**18-08-2018**

Barcode

17141922

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

IC No.: **G6069460X**

Photo

Name  
**MOHAMMED ZEKRIYA MOHAMMED SAUFUDIN**

Age: **06 Jan 1979**

Issue Date: **18 Aug 2018**

Valid Till: **15 Aug 2023**

Barcode

**VISIT PASS**  
 Immigration Regulations

Officer  
**MOHAMMED ZEKRIYA MOHAMMED SAUFUDIN**

Photo

Date of Birth: **06-01-1979** Sex: **M** Nationality: **INDIAN**

IC No.: **G6069460X** Date of Issue: **24-08-2018** Date of Entry: **18-08-2018**

**MULTIPLE JOURNEY VISIT PASS**

YOU ARE TO SUBMIT THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Barcode

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

**ISSUING DATE**

Class	Description	Valid Till
Class 2A	Motorcycles up to 250 cc	11 Aug 2023
Class 3	Motor cars with gross weight up to 3000kg with up to 7 passengers, exclusive of driver, and other motor vehicles with gross weight up to 3500kg	11 Aug 2023

Barcode