

## 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	08/11/2018 14:45
Date Of Accident	01/11/2018 19:15
Exact Location Of Accident	JUNCTION OF ROBINSON ROAD AND CROSS STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2983M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PENAFORT JEROME YOUREN
NRIC No	S8741506F
Email Address	JEROME@SPARKYPRODUCTS.COM.SG
Mobile Phone No	(LOCAL) +65-97835851
Alternative Phone No	OTHERS-97835851

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI S TRONIC (LED)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-005421
Cover Note Number	N.A

### Driver

Name of Driver	PENAFORT JEROME YOUREN
NRIC No	S8741506F
Date Of Birth	28/12/1987
Occupation	INDOOR
Date Of Driving Pass	30/10/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97835851
Fax Number	
Contact Number	OTHERS-97835851
EEmail Address	JEROME@SPARKYPRODUCTS.COM.SG

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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

On the date and time mentioned, I was driving along the said mentioned road, I was on the center lane and as I was approaching the traffic light, I could see from the corner of my eye that vehicle B was cutting into my lane from the right and seeing this I tried to swerve slightly left to avoid vehicle B. However to no avail with him hitting into the rear right side of my vehicle, we then exchanged our name cards and since the driver of vehicle B did not have his handphone, he said he will contact me the next morning. That was the reason as to why I did not make any report earlier. Subsequently, since vehicle B is a company car, the driver of vehicle B decided to let his company make the decision on whether to proceed with a private settlement or to an insurance claim and the company only made a decision to proceed with an insurance claim at close to 5pm on Friday 2 November. (self recorded statement by driver)

#### 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	SLS8616D
Vehicle Make/Model/Colour	TOYOTA VELLFIRE 2.5 CVT S/R / SIL
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	YOSHINORI SHIMIZU
NRIC/Passport Number	
Contact Number	90171905
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

**SKETCH PLAN**

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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.
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.

X 

Policyholder's Signature / Date & Time

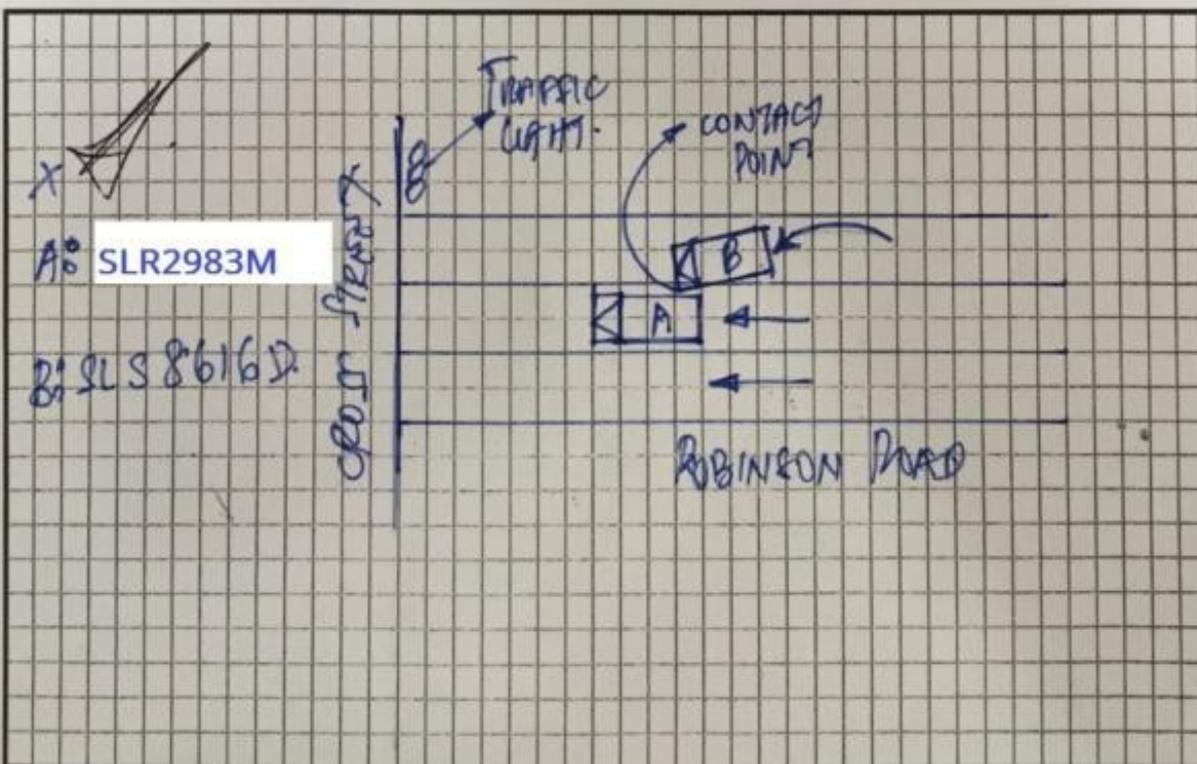
Driver's Signature (if driver is not the policyholder) / Date & Time

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Hashim

Witnessed by Reporting Centre  
Personnel

08/11/18

**Sketch Plan**



**ACCIDENT STATEMENT (2000 characters)**

ON TH DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD, I WAS ON THE CENTER LANE AND AS I WAS APPROACHING THE TRAFFIC LIGHT , I COULD SEE FROM THE CORNER OF MY EYE THAT VEHICLE B WAS CUTTING INTO MY LANE FROM THE RIGHT AND SEEING THIS I TRIED TO SWERVE SLIGHTLY LEFT TO AVOID VEHICLE B. HOWEVER TO NO AVAIL WITH HIM HITTING INTO THE REAR RIGHT SIDE OF MY VEHICLE, WE THEN EXCHANGED OUR NAME CARDS AND SINCE THE DRIVER OF VEHICLE B DID NOT HAVE HIS HANDPHONE, HE SAID HE WILL CONTACT ME THE NEXT MORNING. THAT WAS THE REASON AS TO WHY I DID NOT MAKE ANY REPORT EARLIER. SUBSEQUENTLY, SINCE VEHICLE B IS A COMPANY CAR, THE DRIVER OF VEHICLE B DECIDED TO LET HIS COMPANY MAKE THE DECISION ON WHETHER TO PROCEED WITH A PRIVATE SETTLEMENT OR TO AN INSURANCE CLAIM AND THE COMPANY ONLY MADE A DECISION TO PROCEED WITH AN INSURANCE CLAIM AT CLOSE TO 5PM ON FRIDAY 2 NOVEMBER.

(SELF RECORDED STATEMENT BY DRIVER)

Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

8 November 2018 at 11:20 AM

Date/Time:

8 November 2018 at 11:20 AM

Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo



Driving License



Driving License

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq$  2500kg 30 Oct 2007

