

## 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	19/11/2018 20:19
Date Of Accident	18/11/2018 11:00
Exact Location Of Accident	ALONG 16 EVANS ROAD 259363 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6721T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEEK LEE SERVICE PTE LTD
Co Reg No	199902597M
Email Address	WEEKLEESERVICE@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68586686

### Vehicle Particulars

Manufacturer	ISUZU
Model	NNR85UH4A
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?	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	NO
Policy Number	DMCPHQ18-006610
Cover Note Number	N.A

### Driver

Name of Driver	PERIYASAMY SASIKUMAR
NRIC No	G7468134X
Date Of Birth	27/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	14/08/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-68586686
Fax Number	
Contact Number	
Email Address	WEEKLEESERVICE@SINGNET.COM.SG

Address	NIL
Postcode	
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: : PASSENGER 1 GENDER: : MALE

#### 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 my lorry along LKY school of public policy Open Carpark. I was going to exit, I was slow moving my lorry because in front of got 1 lorry. Suddenly vehicle SKJ4156A hit onto my lorry and collided my lorry rear left side. Damages of my lorry rear left side. No injuries were involved.

#### 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	SKJ4156A
Vehicle Make/Model/Colour	MAZDA3 2.0L SDN
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	BERMAN PARTHENAY ALEXANDRA ISABELLE
NRIC/Passport Number	F5590822L
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: : PASSENGER 1

GENDER: : MALE

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please read carefully the details of the accident to assist in the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Insured(s) must be at the scene and accurate as possible. Any false information or withholding of material facts may give rise to a claim for repudiation of liability.
4. The form and contents of this form are not to be used as evidence in any court of law.
5. The report will be forwarded by the insurers to the Road Traffic Management Centre established by the Transport Department of Singapore for scrutiny and that copies of this report will be made available upon request by interested parties.
6. In the independent check report to the insurers, any false report in the accident or the report of the claimant and/or the report of the insurer may be used as evidence.
7. **Consent under the Personal Data Protection Act (PDPA)**  
I, the undersigned, acknowledge, agree and consent that:  
(a) my insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data (including information set out in this form) and any other personal information provided by me or generated by my insurer/workshop for the "Personal Information" and disclose and transfer such Personal Information to all insurers who have insured vehicles 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/firm, the Monetary Authority of Singapore and any relevant governmental agency/authority (such as the police) for the purposes 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) settling and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the making 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 to the external cover of investigation/claim packages); and/or  
(v) complying with applicable 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/firm, may be 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 also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/firm), which may be based outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

Johnny

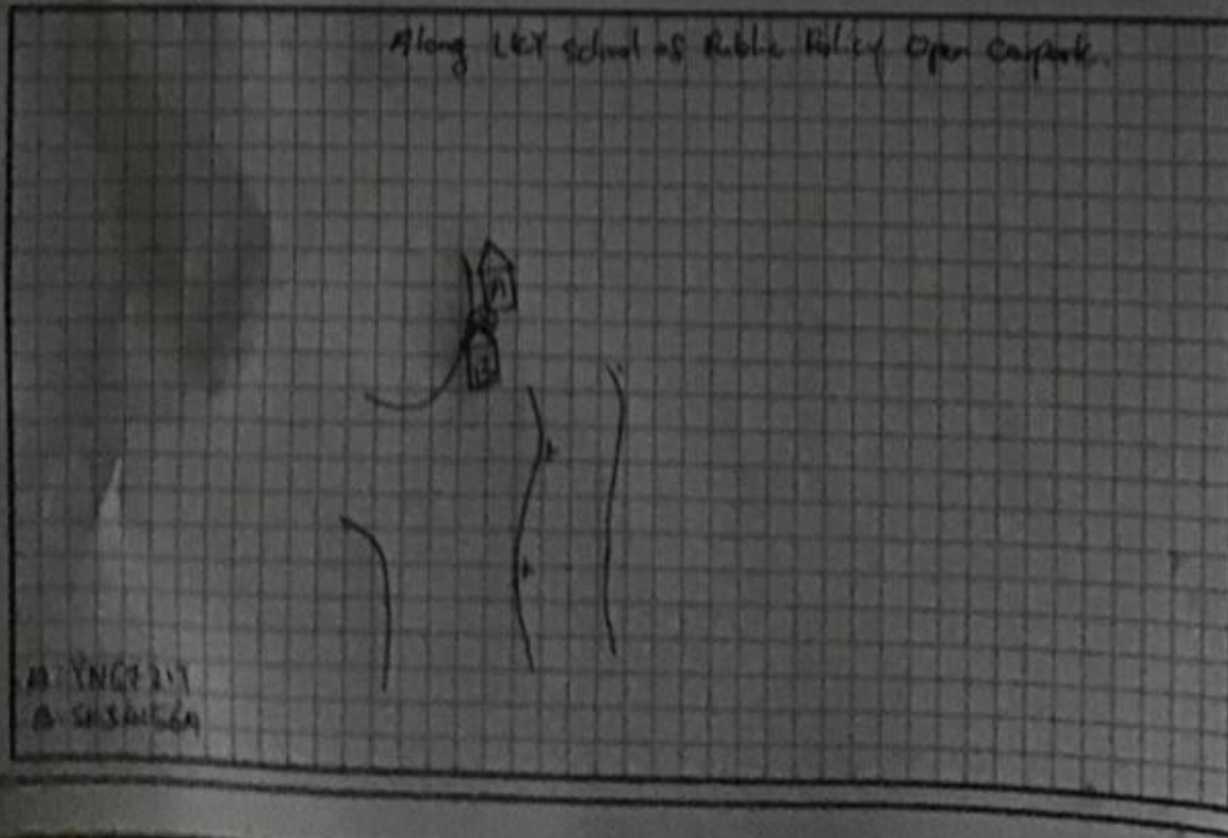
Voo Cheon Yee

Witnessed by Reporting Centre  
Personal

Policyholder's Signature / Date & Time

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

### Sketch Plan



**ACCIDENT STATEMENT (2000 characters)**

I was driving my lorry along LKY school of public policy Open Carpark. I was going to exit i was slow moving my lorry because in front of got 1 lorry. Suddenly vehicle SKJ4156A hit onto my lorry and collided my lorry rear left side. Damages of my lorry rear left side. No injuries were involved.

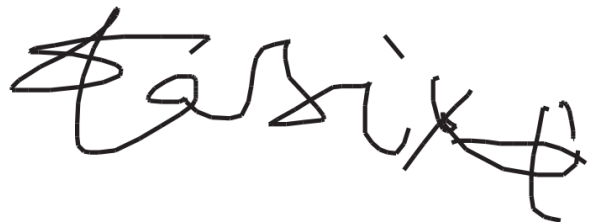
Taxi Voucher No.:

**DECLARATION**

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
JOHNNY VOO CHEON YEE

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

19 November 2018 at 5:05 PM

Date/Time:

19 November 2018 at 5:05 PM

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

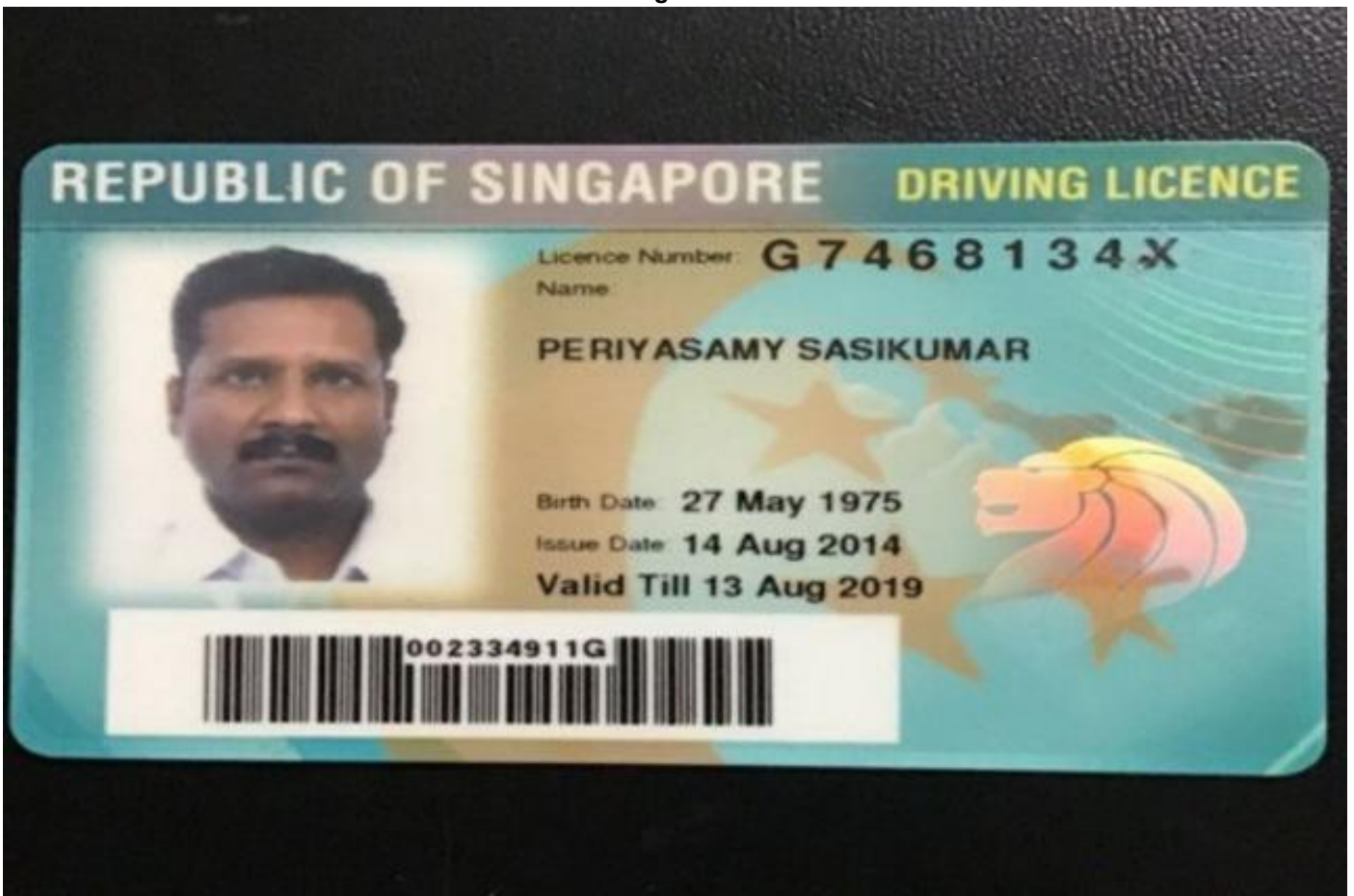




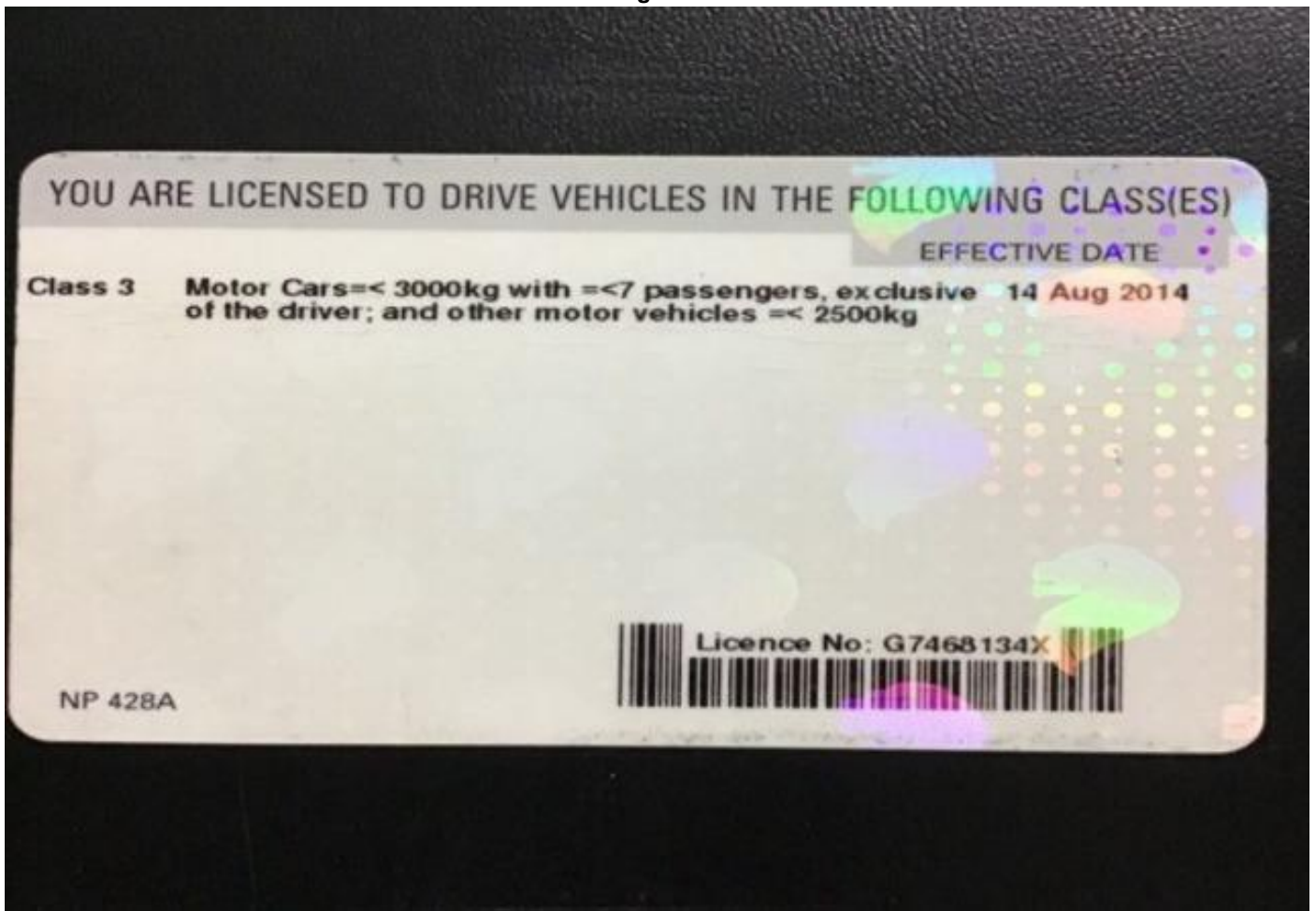
Accident Photo



Driving License



Driving License



## 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 : S660580366 / GST Reg. No. : M480017795

**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 : MBHH18149869 Vehicle Registration No : YN6721T  
Name (as shown in NRIC) : PERIYASAMY SASIKUMAR NRIC/FIN/Passport No : G7468134X  
(\*Vehicle Driver ~~XXXXXXXXXX~~) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : 68586686 Mobile No. : \_\_\_\_\_  
Email Address : weekleeservice@singnet.com.sg  
Date of Accident : 18/11/2018 11:00 Time of Accident : 11:00  
Place of Accident : ALONG 16 EVANS ROAD 250363 OPEN CARPARK  
Insurance Company : EQ INSURANCE COMPANY LTD

#### (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:

\_\_\_\_\_

AMEND : Passenger GENDER - MALE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

SUSAN  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: F S NEO  
NRIC/FIN No.: