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	22/11/2018 15:20
Date Of Accident	22/11/2018 09:55
Exact Location Of Accident	ALONG CTE TWDS LENTOR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS9681H
Insured/Policyholder	
Name Of Registered Owner	ZAEYEN SERVICES
Co Reg No	53369572D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCTHQ18-000062
Cover Note Number	-
Driver	
Name of Driver	CHAN SIEW YIN JENIFFER (CHEN XIAOYAN JENIFFER)
NRIC No	S7428932J
Date Of Birth	26/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90604200
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 257 YISHUNRING RD #05-1023
Postcode	760257
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 - 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?	YES
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)	4
Passenger 1	NAME: : MUHAMMAD TAUFIQ BIN AMIR GENDER: : MALE
Passenger 2	NAME: : MUHAMMAD HAIKAL BIN RAHMAT GENDER: : MALE
Passenger 3	NAME: : MUHAMMAD LUTFI BIN KAMARUL ZAMAN 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

PLEASE REFER TO ATTACHED STATEMENT.

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	CB6772U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	MOHAMMAD IWAN BIN SALLEH
NRIC/Passport Number	S7507688F
Contact Number	87485614

Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHAN SIEW YIN JENIFFER (CHEN XIAOYAN JENIFFER)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS9681H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MUHAMMAD TAUFIQ BIN AMIR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS9681H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	MUHAMMAD HAIKAL BIN RAHMAT
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS9681H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	MUHAMMAD LUTFI BIN KAMARUL ZAMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS9681H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

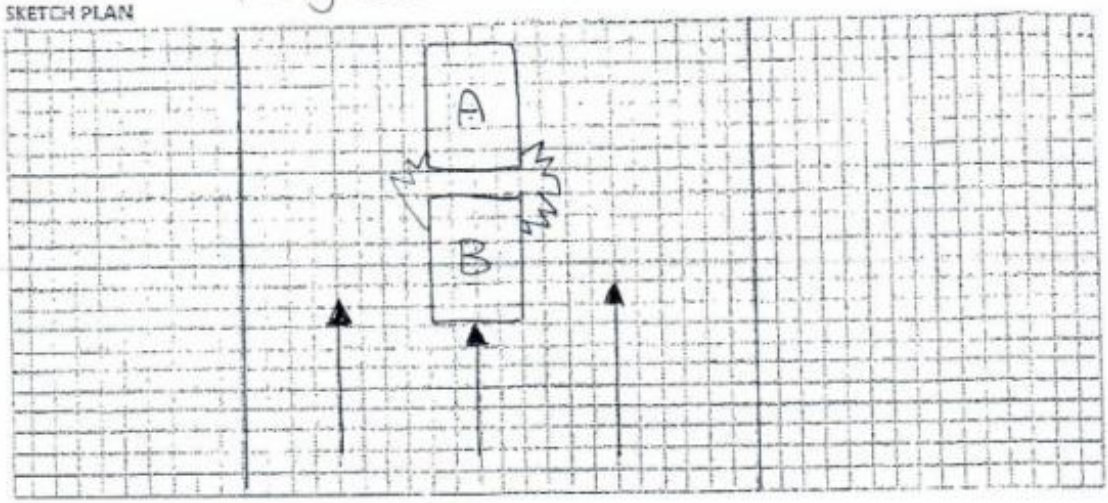
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

Vehicle A : SLS9681H
Vehicle B : CB6772U

Along CTE TOWARDS LENTOR, 2nd lane

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22 Nov 2018, at around 9.55am Vehicle A (SLS9681H) was driving from CTE TOWARDS LENTOR, 2nd lane.

After that Vehicle A feel an impact from the back of the car. Vehicle A (SLS9681H) went down and notice back side was damage by Vehicle B (CB6772U).

DECLARATION

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

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.:

BIZ CHECK

SINGAPORE COMMERCIAL CREDIT BUREAU

REQUEST CRITERIA	
(You have requested to search on the following)	
Date of Request:	10/10/2017 10:52:06
Requested Company Name:	ZAEYEN SERVICES
Requested Registration No.:	53369572D
Client's Account Reference:	-

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY
BUSINESS PROFILE INFORMATION

ACRA

SEARCH RECORD	
Company Name:	ZAEYEN SERVICES
Registration No.:	53369572D

REGISTRY

Registration Date:	01/09/2017
Name Effective Date:	01/09/2017
Company Type/Constitution:	Sole Proprietor
Registered Address:	257 YISHUN RING ROAD , 05 - 1023 YISHUN SUNSHINE 760257 SINGAPORE
Change Address Date:	-
Company Status:	LIVE
Status Effective Date:	01/09/2017
Registered Activities:	1. 77101 - RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (-) 2. 49219 - PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (-)
Expiry Date:	01/09/2018
Renewal Date:	-

CHANGE OF BUSINESS NAME

Previous Name	Effective Date
Nil	

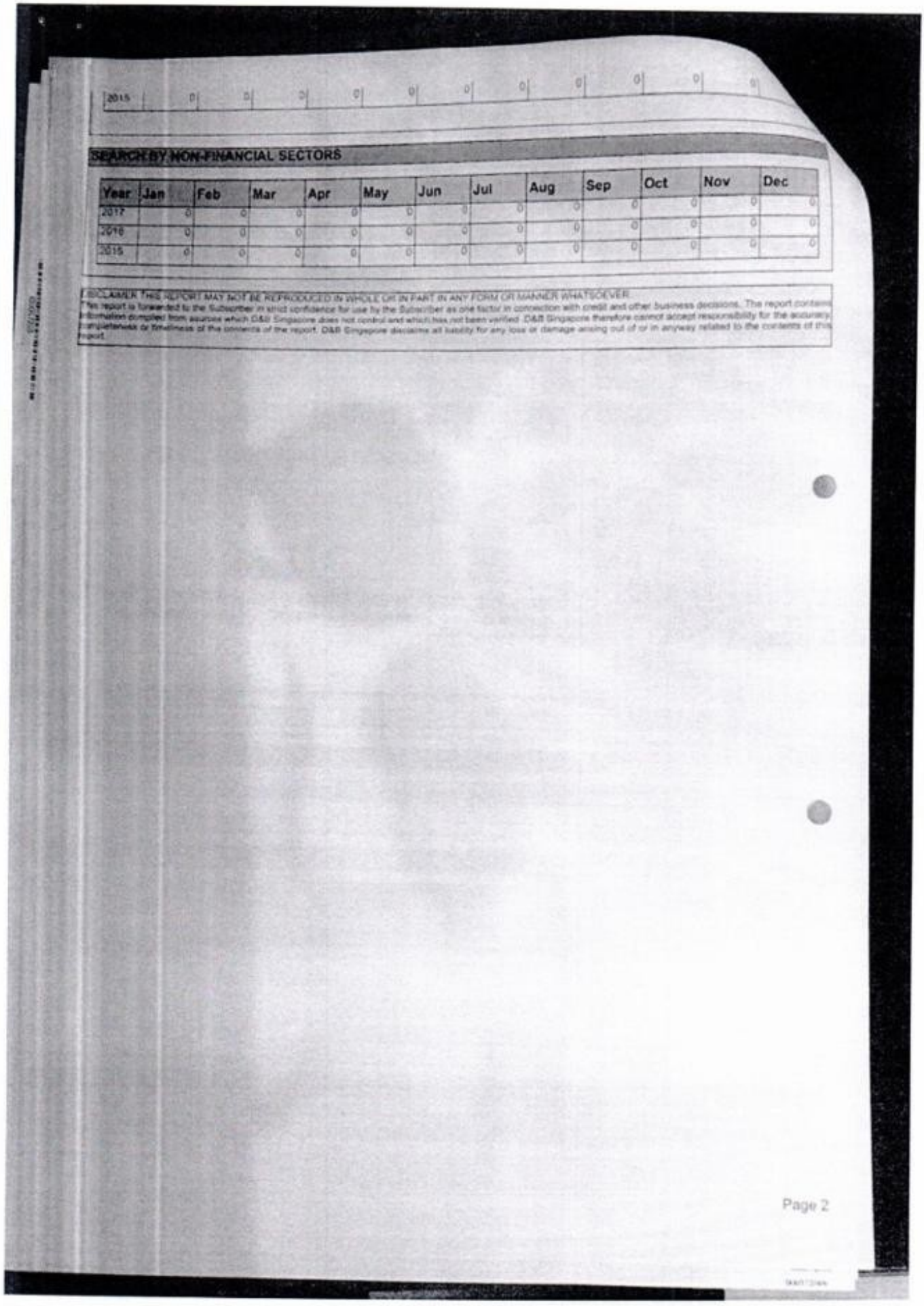
OFFICER(S)/ OWNER(S)

Officer Name/ Address/ Change Address Date	Identity No./ PA Reg. No.	Position	Appointment Date	Cessation Date	Nationality/Country of Incorporation
CHAN SIEW YIN JENIFFER (CHEN XIAOYAN JENIFFER) 257 YISHUN RING ROAD , 05 - 1023 YISHUN SUNSHINE 760257, SINGAPORE 12/11/2016	S7428932J	OWNER	01/09/2017	-	SINGAPORE CITIZEN

SEARCH BY FINANCIAL SECTORS

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017	0	0	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	0	0	0	0	0	0	0

Page



2015	0	0	0	0	0	0	0	0	0	0	0	0

SEARCH BY NON-FINANCIAL SECTORS

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017	0	0	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	0	0	0	0	0	0	0
2015	0	0	0	0	0	0	0	0	0	0	0	0

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This report is forwarded to the Subscriber in strict confidence for use by the Subscriber as one factor in connection with credit and other business decisions. The report contains information compiled from sources which D&B Singapore does not control and which has not been verified. D&B Singapore therefore cannot accept responsibility for the accuracy, completeness or timeliness of the contents of the report. D&B Singapore disclaims all liability for any loss or damage arising out of or in anyway related to the contents of this report.

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Accident Photo

Accident Photo

Accident Photo

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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.: M400017735

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 : MNA 11815481 Vehicle Registration No: SLS 9681 H.

Name(as shown in NRIC) : Zaeyen Services. NRIC/FIN/Passport No :

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

Address : Singapore( )

Contact (Tel) : Mobile No. : 90604200

Email Address :

Date of Accident : 23/11/18 Time of Accident : 09:55

Place of Accident : Along CTE twds Lentor.

Insurance Company : NTUC.

(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 Insurance Company to EQ Insurance instead of NTUC Insurance.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 23/11/18.