

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	10/01/2019 10:36
Date Of Accident	09/01/2019 12:00
Exact Location Of Accident	ALONG PIONEER SECTOR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5653B
Insured/Policyholder	
Name Of Registered Owner	WIN HTEIN
NRIC No	S2744143B
Email Address	WINHTIEN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96271067
Alternative Phone No	OTHERS-96271067

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	DMPPHQ19-000002
Cover Note Number	

Driver

Name of Driver	WIN HTEIN
NRIC No	S2744143B
Date Of Birth	02/04/1965
Occupation	INDOOR
Date Of Driving Pass	01/12/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96271067
Fax Number	
Contact Number	OTHERS-96271067
EEmail Address	WINHTIEN@YAHOO.COM

Address	BLK 350C CANBERRA ROAD #06-223
Postcode	753350
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	4
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)	0

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 SKETCH PLAN

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	XD7209P
Vehicle Make/Model/Colour	TRB4174G (TRAILER)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MR YEO (ASST OPS MANAGER)
NRIC/Passport Number	
Contact Number	96494360
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLB8023D
-----------------------------	----------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SKZ3419P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

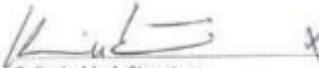
SKETCH PLAN

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. The 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 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.

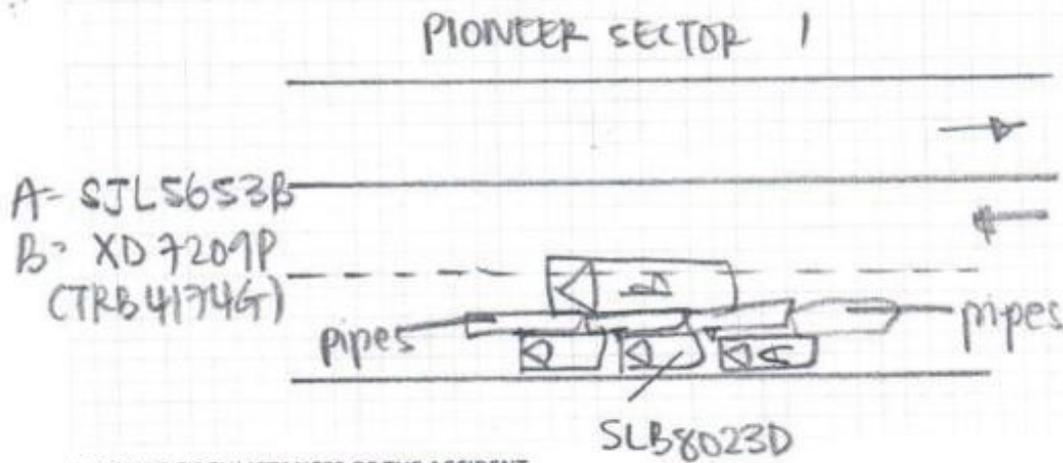

Policyholder's Signature
Date & Time: 09.01.2019
17:45

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


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

Accident Sketch Plan

SKETCH PLAN

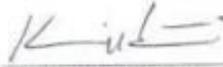


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

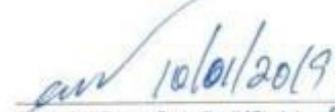
LICENSE PLATE: SJLS653B	ACCIDENT DATE & TIME: 09/01/2019 12:00hrs
CONTACT NUMBER: 96271067	E-MAIL ADDRESS:
LOCATION: Along Pioneer Sector 1	
<p>My vehicle was parked in designated parallel parking lot along Pioneer Sector 1. I received a call from CIA/Traffic Police saying that pipes had fallen from vehicle XD7209P (TRB417467). I was given traffic police vide report no. J12090109/S9. That's all.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

DECLARATION

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


 Policyholder's Signature
 Date & Time: 09.01.2019
 17:45


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


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

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2744143B



Name
WIN HTEIN

Race
BURMESE
Date of birth: **02-04-1955** Sex: **M**
Country of birth
MYANMAR

S2744143B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S2744143B**
Name:
WIN HTEIN

Exp. Date: **02 Apr 1965**
Issue Date: **01 Dec 2008**



001651707A



NRIC No. S2744143B

Nationality
MYANMAR
Date of issue
21-11-2006

APT BLK 350C CANBERRA ROAD #06-223
SINGAPORE 753350

NRIC No: S2744143B Date: 30/11/2008 No: 6387116

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars < 2000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

PASS DATE: 01 Dec 2008



Licence No: S2744143B

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

