#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number

Fax Number
Contact Number

**EMail Address** 

Gender

- 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 <u>truthful and accurate</u> 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.

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	23/01/2019 10:53
Date Of Accident	16/01/2019 14:00
Exact Location Of Accident	CARPARK OF BLK 13 NORTH BRIDGE RD ( MSCP )
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC9326T
Insured/Policyholder	
Name Of Registered Owner	EITA SERVICES PTE LTD
Co Reg No	-
Email Address	EDDIEYEO@EITA.COM.SG
Mobile Phone No	(LOCAL) +65-96782734
Alternative Phone No	OFFICE-96782734
Vehicle Particulars	
Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MH000524-R02
Cover Note Number	
Driver	
Name of Driver	YEO TING TENG
NRIC No	S1520782E
Date Of Birth	14/03/1962
Occupation	INDOOR
Date Of Driving Pass	17/07/1985

33 YEARS AND 5 MONTHS

EDDIEYEO@EITA.COM.SG

(LOCAL) +65-96782734

OTHERS-96782734

MALE

Address BLK 75 WHAMPOA DRIVE

#14-364

Postcode 320075

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 SIDE SWIPE
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

2

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

1

NO

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

REVERT

Remarks/ Reasons:

IVEVEIV

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

GBE9029L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver FUAD BIN ABDUL HAMID BASARAHIL

NRIC/Passport Number S7712769J Contact Number 90997072

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
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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)
  - (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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) 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.

EITA SERVICES PTE. LTD. Bik. 28 Defu Lane 10, #01-144

Singapore 539209 Tel: 2867606 (3 Lines) Fan: 2867605

Policyholder's Signature Date & Time:

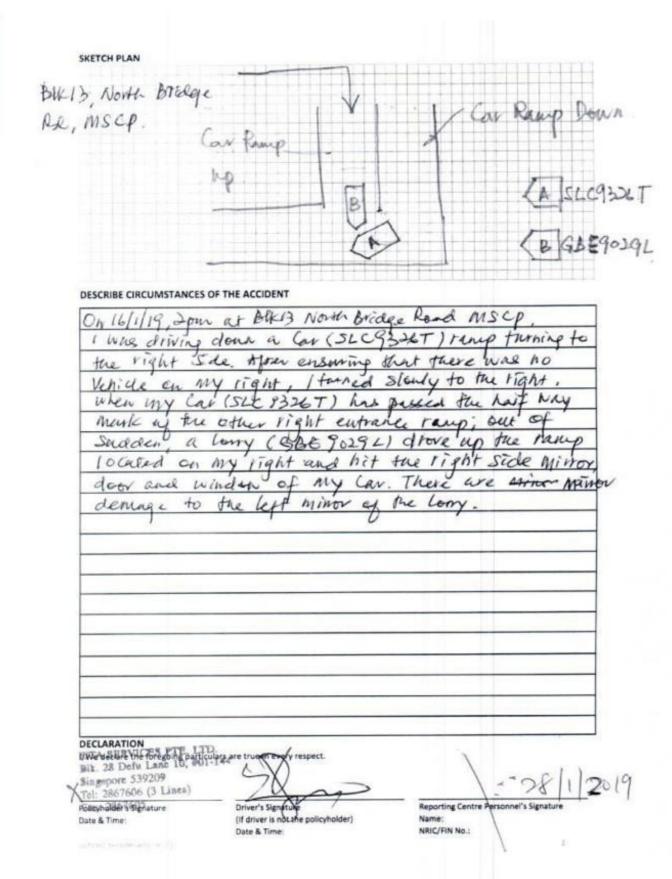
Driver's Signatu

(If driver is not the policyholder)

Date & Time:

Reporting Centre P sonnel's Signature

NRIC/FIN No.:



### Sketch Plan #3





























