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	24/02/2019 19:54
Date Of Accident	24/02/2019 11:05
Exact Location Of Accident	PIE EXIT EUNOS LINK BEFORE TURNING INTO UBI AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT6945L
Insured/Policyholder	
Name Of Registered Owner	ANG HAW SIANG BRANDON
NRIC No	S7915378H
Email Address	BRANDONANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98303215
Alternative Phone No	OTHERS-98303215
Vehicle Particulars	
Manufacturer	CITROEN
Model	DS5 1.6 BLUEHDI S&S EAT6 S/R
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DMPPHQ18-007694
Cover Note Number	N.A
Driver	
Name of Driver	ANG HAW SIANG BRANDON
NRIC No	S7915378H
Date Of Birth	29/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2001
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98303215
Fax Number	
Contact Number	OTHERS-98303215
EMail Address	BRANDONANG@GMAIL.COM

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 (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
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

I WAS DRIVING ALONG EUNOS LINK TOWARDS UBI AVE 2 . VEHICLE B WAS DRIVING AT THE SECOND LANE AND CUT INTO MY LANE WITHOUT CHECKING AND COLLIDED ONTO RIGHT SIDE OF MY VEHICLE . NO INJURIES INVOLVED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD5689P
Vehicle Make/Model/Colour	TOYOTA PRIUS 5DR HATCHBACK (AUTO)
Details Of Properties	NIL
Vehicle Category	TAXI
Name of Driver	WONG CHENG YAN
NRIC/Passport Number	S1350739B
Contact Number	
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**")

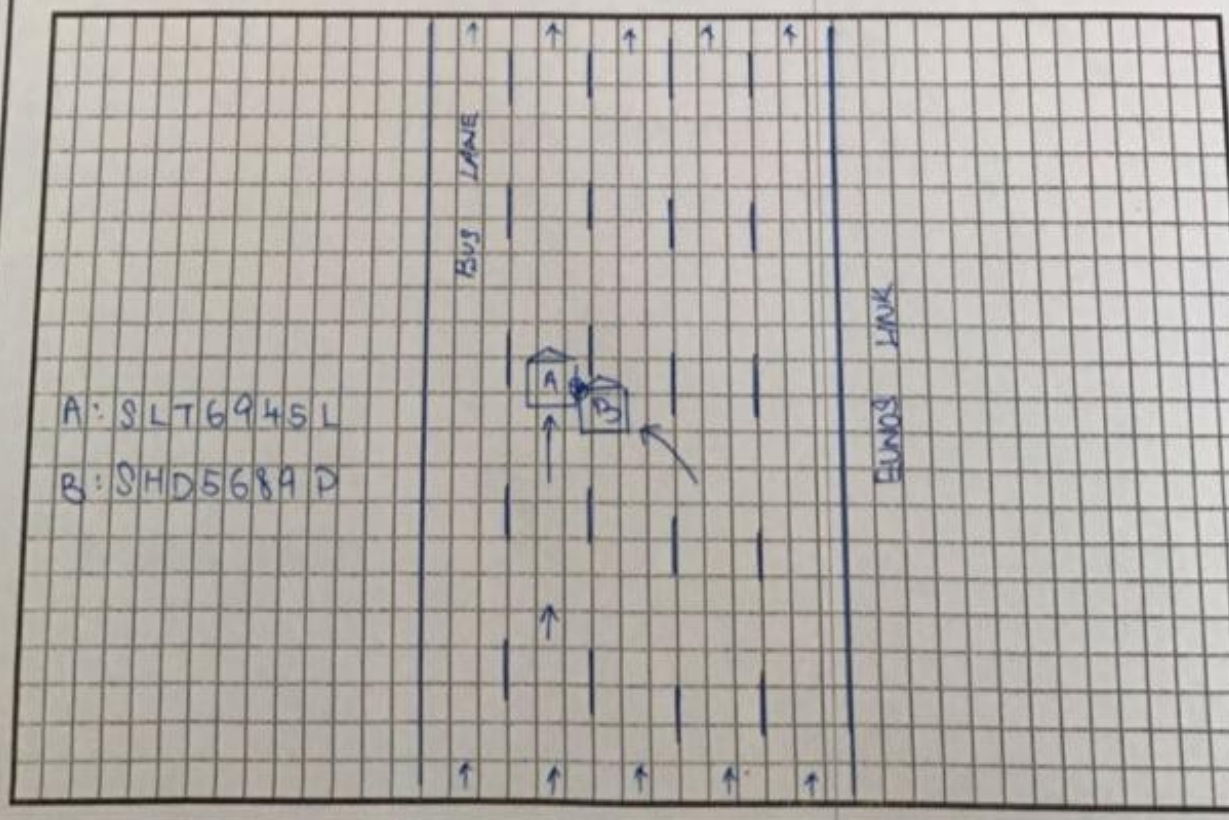
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
JUN KEAT

Policyholder's Signature / Date & Time | Driver's Signature (If driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

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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 - WONG JUN KEAT

MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

24 February 2019 at 4:49 PM

Date/Time:

24 February 2019 at 4:49 PM

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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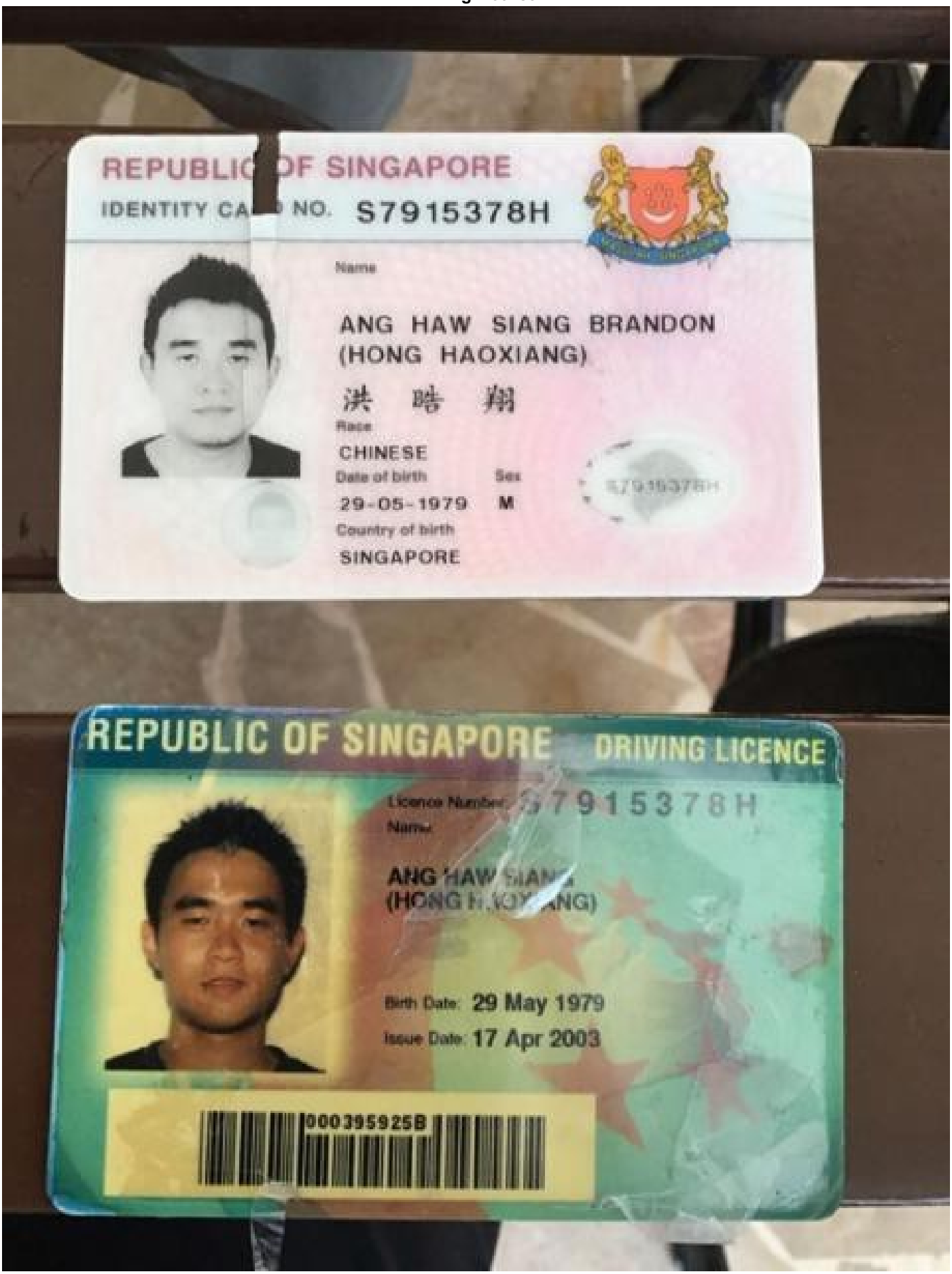
Accident Photo

Driving License



Driving License