

## 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	06/03/2019 14:39
Date Of Accident	05/03/2019 11:30
Exact Location Of Accident	SERANGOON ROAD SLIP ROAD TURNING TO PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP76E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JEFFREY ANG MIN YEW
NRIC No	S7604775H
Email Address	JAMY01@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82683300
Alternative Phone No	OTHERS-85111715

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID X (A)
Exact Purpose for which vehicle was being used at time of accident	
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	DMPPHQ18-004357
Cover Note Number	

### Driver

Name of Driver	HUANG MIN LI
NRIC No	S8527893B
Date Of Birth	11/09/1985
Occupation	INDOOR
Date Of Driving Pass	02/05/2006
Driving Experience	12 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85111715
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 451 FAJAR ROAD #09-734 SINGAPORE
Postcode	670451
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 (including own vehicle) involved in the accident	2
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)	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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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	SHA3834R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	HUANG MIN LI
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Sketch Plan

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 the accident (all Insurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the relevant Insurer(s)/Insurers, the relevant Authority of Singapore and any relevant government agency/authority (with or without the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the facilitation of the claim and any necessary investigations relating to the claim;
  - (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 claim (including the mailing of correspondence, statements, invoices, reports or notes to me which might involve the disclosure of certain personal data that are in being about drivers of the motor vehicle that is a covered cover of work/policy/insurances); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim (collectively the "Purposes").
- (b) all Insurer(s) who have insured vehicle(s) involved in the accident and the Insurers' Insurer(s) 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/also be disclosed by any of the Insurers and/or Insurer(s) to their third party agents/providers/agents including their law firm/law firms, which may be based outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claim history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the Information so collected under (d) shall be used to:
  - (i) to all Insurers and/or any other third parties that come in administering, investigating, or settling or resolving the claim; 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:

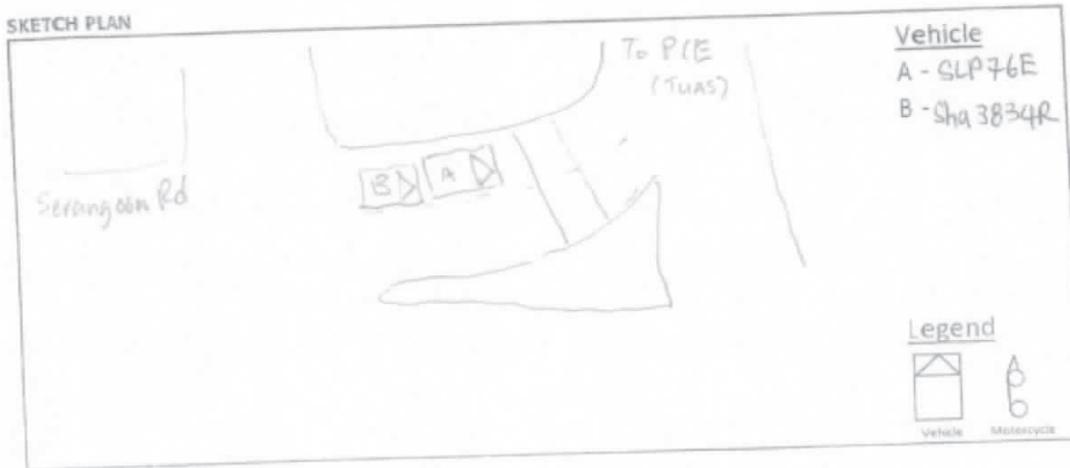
  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRSC/RM No.:

6/3/19  
 2:38pm

Sketch Plan #2

SKETCH PLAN



Vehicle  
A - SLP76E  
B - Sha 3834R

Legend  
Vehicle  
Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The Stop at Traffic light, car behind me move forward and knock into my then stationary car; there is another car ahead of me.

DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:

2:38pm  
6/3/17

priven