#### 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

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	ACCIDENT STATEMENT
Date Of Report	27/03/2019 12:26
Date Of Accident	26/03/2019 15:10
Exact Location Of Accident	ECP TO AIRPORT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA4910T
Insured/Policyholder	
Name Of Registered Owner	CASUAL MEDIA PTE LTD
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96771167
Vehicle Particulars	
Manufacturer	SUZUKI
Model	EVERY
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ18-004517
Cover Note Number	
Driver	
Name of Driver	TAN ZHI-MING JOSHUA

Passport No/FIN S9046802B Date Of Birth 30/11/1990 Occupation **INDOOR Date Of Driving Pass** 17/07/2014

**Driving Experience** 4 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96771167

Fax Number **Contact Number** 

**EMail Address** JOSH.TZM@GMAIL.COM

18 EASTWOOD PLACE Address

Postcode 486543

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**

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **CLEAR** DRY Road Surface

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

### **Circumstances of Accident**

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

## Attachment(s)

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

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

SME5452R Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- 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:
  - 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.
- 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.

holdes's Signature Drivey's Signat

(If driver is not the policyholder)

Date & Time:

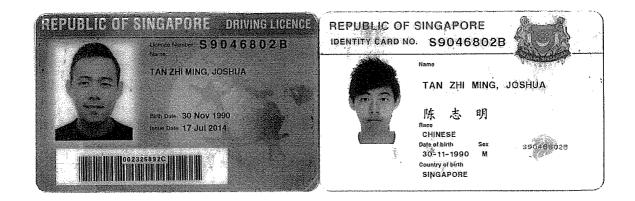
Reporting Centre Personnel's Signature

NRIC/FIN No.:

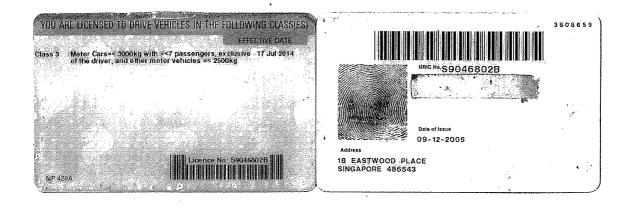
## Sketch Plan #2

ETCH PLAN			9-B 9-4		Vehicle A-GBA 49 B-SME 545
		_			Legend  Vehicle Motorcycle
ESCRIBE CIRCUMSTANCES O	F THE ACCIDEN	NT.			
<b>1</b> The impact	happened 2-	3:08pm	on Tuesday	26th	morch 2019.
Velich B (ME LEE DAZ +	MGEE (MA)	arned breakt	due to re	asons I	coult contirm
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was at a distan					
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which I noticed					
the stop was from			The state of the s	to which	eventually
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		opped col		er it	could have
been a life theat	y stuata	n on my	end.		
	-				
DECLARATION					
/We declare the foregoing particu Please be advised that your insurer may h from the day of occurrence. Kindly check	ave a fourteen (14) d	lays clause whereby the	claim against own policy	must be made with	nin the stipulated imeframe
M	Driver's Sig	hatire	Por	orting Centre 56	rsonnel's Signature
Policy Times Times	(If driver is	not the policyholder)	Nar	ne: (3	TEN NO (1300H)
7/100	Date & Tim	ie:	NRI	C/FIN No.:	WEDIN'S

# Driver IC & LIC Pg. 1



Josh . TZM @gmzil, com



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