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 <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

| ACCIDENT STATEMENT |
|--|
| 15/05/2019 12:31 |
| 15/05/2019 07:55 |
| ECP TWDS CHANGI BEFORE MARINE VISTA EXIT |
| SINGAPORE |
| ETAILS OF OWN VEHICLE |
| SDE83L |
| |
| ELTRACO HOLDINGS PRIVATE LIMITED |
| 198305784W |
| NOEMAIL |
| |
| OFFICE-67784811 |
| |
| MERCEDES-BENZ |
| S300L |
| WORKING |
| NO |
| THIRD PARTY |
| COMMERCIAL VEHICLE |
| |
| LONPAC INSURANCE BHD |
| COMPREHENSIVE |
| NO |
| Z18VP05018906 |
| |
| |
| |

Name of Driver TAN WEN CHENG, JEREMY (CHEN WENCHENG)

 NRIC No
 \$8823949J

 Date Of Birth
 07/07/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 28/09/2007

Driving Experience 11 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97621113

Fax Number

Contact Number OFFICE-97621113

EMail Address NOEMAIL

Address 97 TOH YI DRIVE

Postcode 596553

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 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

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : TAN SOON HOW

GENDER: : MALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE JAMMED BRAKE. I BRAKE MY VEHICLE AS WELL.SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NC

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLT9923E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver ZHANG LI
NRIC/Passport Number S8673728J

Contact Number 98538638

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

GENDER: :

NAME:

Passenger 2 NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name TAN WEN CHENG, JEREMY (CHEN WENCHENG)

3

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SDE83L

Were seat belts worn?

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name TAN SOON HOW

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SDE83L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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- 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 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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

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