

## 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	10/05/2019 15:43
Date Of Accident	09/05/2019 19:40
Exact Location Of Accident	CP COMFORT GARDEN SHOP HSE 206 CHOA CHU KANG AVE1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5061J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAN HOCK HIN CO PTE LTD
Co Reg No	197000288K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62816520

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	DMMFHQ19-000004
Cover Note Number	NA

### Driver

Name of Driver	AMIRUL ZAKI BIN TASMIN
NRIC No	S9131189E
Date Of Birth	05/09/1991
Occupation	OUTDOOR
Date Of Driving Pass	17/08/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-68771155
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NA
Postcode	
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	CHAIN COLLISION
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

Around 7.45pm , Suddenly I heard a loud sound, I realised that a lorry had reverse onto my parked bike and my parked bike fell on another parked bike. The driver of the lorry came down and I ask for his particulars. The driver did not want to give. He told me that he only worked beside our pizza shop. He already inform his boss about it. No injury involved.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF1743C
Vehicle Make/Model/Colour	TOYOTA TOYOTA DYNA 150 MANUAL
Details Of Properties	NA
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	UNKNOWN
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBM6195P
Vehicle Make/Model/Colour	YAMAHA SNIPER T150
Details Of Properties	NA
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	UNKNOWN
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers to the Road Traffic Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of the report will 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 service and to copies of the report being made available elsewhere.
8. **Consent under the Personal Data Protection Act (PDPA)**
  - (a) I understand, acknowledge, agree and consent that:
    - (i) My Insurer, my lawyer and the General Insurance Association of Singapore (GIAS) may lawfully be 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 Insurers who have insured vehicles involved in this accident (all Insurers who have insured vehicles involved in the 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 purposes 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 the obligations or requesting to any insurers by me;
      - (iv) administering my claims (including the making 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 sums as well as on the external cover of environmental packages); and/or
      - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
    - (b) all Insurers who have insured vehicles involved in this accident and the Insurers' lawyers/ law firms, may lawfully be 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 lawfully be disclosed by any of the Insurers and/or GIAS 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 ALAN MARS  
REPORTING OFFICER  
Mohammad Azly Bin Abdullah

Policyholder's Signature / Date & Time: *[Signature]* Driver's Signature (if driver is not the policyholder) / Date & Time: 10/5/19 Witnessed by Reporting Centre Personnel

Sketch Plan

