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	11/07/2019 18:33
Date Of Accident	04/07/2019 12:25
Exact Location Of Accident	UPPER THOMSON ROAD TOWARDS LENTOR ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJX1545T
Insured/Policyholder	
Name Of Registered Owner	LIMOUZEIN FM SERVICES
Co Reg No	53313044A
Email Address	LIMOUZEIN@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93292299
Vehicle Particulars	

Manufacturer **TOYOTA** Model WISH-1.8 (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

REPORTING ONLY If No. Please state action to be taken Vehicle Category COMMERCIAL VEHICLE

Insurance Company

EQ INSURANCE COMPANY LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy

DMPPHQ18-007979 Policy Number

Cover Note Number

Driver

Name of Driver **HUSIN BIN ADAM**

NRIC No S7142131G Date Of Birth 29/11/1971 Occupation **INDOOR Date Of Driving Pass** 26/06/2007

Driving Experience 12 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98571349

Fax Number

Contact Number

EMail Address HUSINMUJAHIDIN@YAHOO.COM

BLK 892A WOODLANDS DRIVE 50 #10-137 Address

730892 Postcode Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - RENTAL

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)

2 involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

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: : RAHIMAH BTE AHMAD

GENDER: : FEMALE

Passenger 2 NAME: : ROHAYAH BTE RAHMAT

> GENDER: : FEMALE

Passenger 3 NAME: : IDAWATI BTE SULEIMAN

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

YES

ROAD: 21 BUKIT BATOK EAST AVE 4, POSTCODE: 659840, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number EM30K

MERCEDES BENZ S400 Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category
Name of Driver
NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR PHUA HUA SENG S1134809B 96160011

Sketch Plan Pg. 1

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)

Lunderstand, 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.
- (d) 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 * Sig

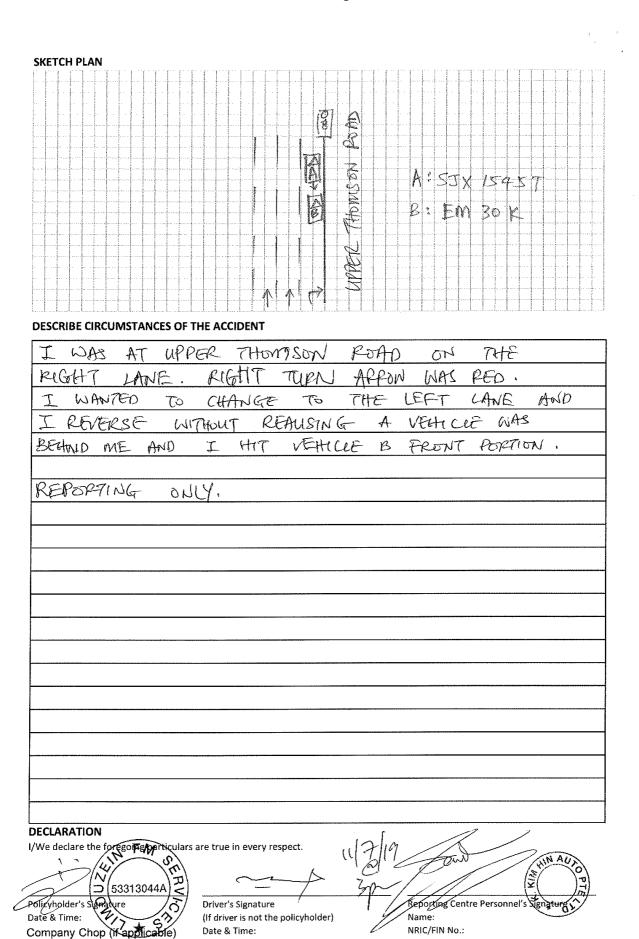
Driver's Signature (If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's

GIARMC SketchPlant orm: V3

Sketch Plan Pg. 2



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Annex D

NOTICE OF REPORTING

This is to confirm that <u>Husin Bin Adam(A1)</u>, Address: <u>Blk 892A Woodlands Drive 50 #10-137 S(730892)</u> HP: NRIC/FIN <u>S7142131G</u>, has reported to the Police a traffic accident. The incident happened along <u>Upper Thompson Road towards Lentor Road Traffic light Junction</u> at about <u>1226hrs</u> on <u>04/07/2019</u>. The traffic accident does not consist of the below following criteria:

- i) Involvement with foreign vehicle
- ii) Involvement with Pedestrian/Cyclist
- iii) Involving parties obtained more than 3 days of Medical Leave
- iv) Government Property/Vehicle damage
- v) Hit and Run Accident

Vehicle involved as follows:

V1) SJX1545T (Black Toyota Wish driven by A1)

V2) EM30K (White Mercedes driven by A2, Chua Hua Seng, S1134809B, HP:96160011)

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt T130384 Amirul Hasif

Date: 10/07/2019 Time: 1601hrs

S/D Ref: 85

Police Post/Unit: Bukit Batok NPC

Signature: Singapore Police Force

BUKIT BATOK NPC
WO. 21 BUKIT BATOK EAST AV
SINGAPORE 659840
TEL: 66659999

5714213167





















