

## 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	15/08/2019 09:49
Date Of Accident	30/07/2019 11:15
Exact Location Of Accident	AIRPORT BOULEVARD TOWARDS T1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2627Z
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#### Insured/Policyholder

Name Of Registered Owner	KIRIN SEAFOOD SUPPLY PTE LTD
Co Reg No	201733642M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98774348

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
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	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-002642
Cover Note Number	

#### Driver

Name of Driver	TAN KEE POA
NRIC No	S1443885H
Date Of Birth	03/06/1960
Occupation	INDOOR
Date Of Driving Pass	15/10/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97428221
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 206A PUNGGOL PLACE #05-2026 SINGAPORE
Postcode	821206
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	SIDE SWIPE
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

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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3173D
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)	

## 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) 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 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  
Date & Time:

*[Signature]*

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

*[Signature]*

15/8/19  
9:44pm

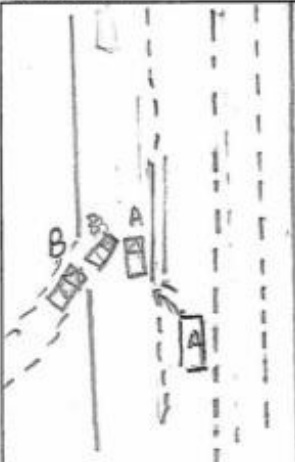


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Signature]*

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## Sketch Plan #2

### SKETCH PLAN

	<div style="margin-bottom: 20px;"> <b>Vehicle</b>  A - GBF 2627Z  B - SHC 3173D </div> <div> <b>Legend</b>  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">   Vehicle </div> <div style="text-align: center;">   Motorcycle </div> </div> </div>
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### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/7/2019, Around 11:15am. I was driving along Airport
Boulevard towards T1. Initially I was driving on the
2nd lane and I saw no car on extremely left lane, so I
slowly filter to the left. Suddenly, that was a taxi
came out from slip road and collided with my lorry.
After the accident, the taxi driver said is my fault and I <del>test</del>
told him don't go for report and I will pay him for the
repair cost. But after taxi driver discuss with owner and
he said owner want to proceed for claim, thus I came
for report.

### 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



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

Date & Time: 9:44am  
15/8/19

Reporting Centre Personnel's Signature

Name: peawen  
NRIC/FIN No.:

DRIVER NRIC & LICENSE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Motorist Number: S1443885H

Name: TAN KEE POA

Birth Date: 03 Jun 1960

Issue Date: 19 Jan 2016

002520300A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1443885H

Name: TAN KEE POA

曾紀波

Race: CHINESE

Date of birth: 03-06-1960

Sex: M

Country of birth: SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE: 15 Oct 2009

Licence No: S1443885H

NP 428A

4828573

Barcode

NRIC No: S1443885H

Date of issue: 24-01-2013

APT-BLK 208A PUNGGOL PLACE #05-2026

SINGAPORE 821208

NRIC No: S1443885H

Date: 01/07/2019





Accident Photo



Accident Photo



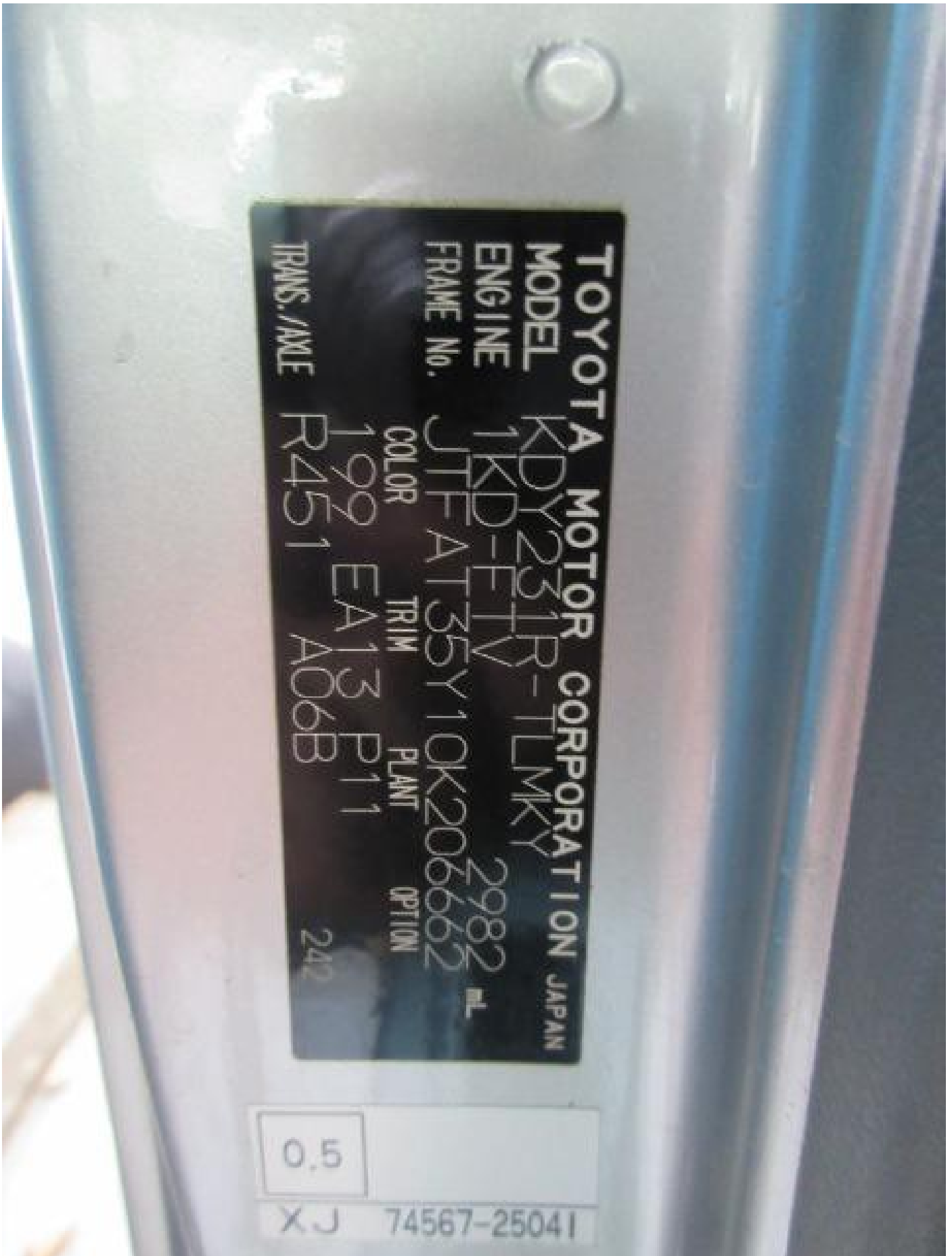
Accident Photo





Accident Photo





Accident Photo

