"MANGTS131912 / Auto N Cars Services Pte Ltd - HQ ENTRY DATE & TIME, 05/13/2019 11:43 DUBMITTED BY, Shi Nurashikin

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Plande report porrectly the netalts of the accident to spend up the claims published.
- This Form must be completed by the Policyholder and/or the Authorise. Si ver.
- 5. 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.
- B. 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 ledger ent of this report to the insurers, you haveby consent to the applicag of this report at the pentre or if the contrator the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report

05/10/2019 11:43

Date Of Accident

04/10/2019 15:00

Exact Location Of Accident

EXIT PIE TOWARDS PAYA LEBAR ROAD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJC6006K

Insured/Policyholder

Name Of Registered Owner

SH INTEGRATED SERVICE PTE LTD

Co Reg No

200516248Z.

Email Address

PROJECT13@SH-INTEGRATED.COM

Mobile Phone No

Alternative Phone No

OFFICE-62855880

Vehicle Particulars

Manufacturer

HONDA

Model

FIT 1.3G 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.

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

EQ INSURANCE COMPANY LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

DMPPHQ19-005406

Cover Note Number

Driver

Name of Driver

TAN KOK KHIN HORACE

NRIC No

S7232718G

Date Of Birth

08/09/1972

Occupation

INDOOR

Date Of Driving Pass

22/06/1991

Driving Experience

28 YEARS AND 3 MONTHS

Gender

MALE

Mobile Number

Fax Number

Contact Number

(LOCAL) +65-88628181

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN KOK KHIN HORACE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJC6006K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Address

BLK 72 GEYLANG BAHRU #11-3016

Postcode

330072

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

CLEAR

Road Surface

Type Of Accident

DRY

Other Information

Weather Conditions

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

YES

YES

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

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?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

KIM KEAT NEIGHBOURHOOD POLICE POST

ROAD: BLK 231 LORONG 8 TOA PAYOH, POSTCODE: 310231,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2529999 - FAX NO: 63554311

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191004/2143

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLB347 Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

SKETCH PLAN

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Policyholder's Signature Date & Time:

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

Date & Time: \ 0,10cm

Reporting Centro Personnel's Signature

Name: NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to spend 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.
- 5. The 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 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)
 - (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, involces, 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,

(If driver is not the policyholder)

Opte & Time: LO .10 ca-

Reporting Centre Personnel's Signature

NRIC/FIM No.:

Policyholder's Signature Date & Time:

Police Report





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General Information of the Accident

Type of Location. Type of Section 4 <-- str 11 content

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PROTECTION OF PROPERTY

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Police Report





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Police Report





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