

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	02/01/2020 16:06
Date Of Accident	31/12/2019 10:50
Exact Location Of Accident	HARBOUR DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8596P
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Insured/Policyholder

Name Of Registered Owner	A'LAND EXPRESS PTE LTD
Co Reg No	1XXXXX137K
Email Address	ALAND@LIVE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63375562

Vehicle Particulars

Manufacturer	AUDI
Model	A4-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-003782
Cover Note Number	25/05/19 - 24/05/20

Driver

Name of Driver	NEO THIAM BEE
NRIC No	SXXXX457E
Date Of Birth	29/01/1957
Occupation	INDOOR
Date Of Driving Pass	20/06/1977
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94889003
Fax Number	
Contact Number	
EMail Address	ALAND@LIVE.COM.SG

Address	BLK 211 SERANGOON AVE 4 #04-28
Postcode	550211
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	
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)	2
Passenger 1	NAME: : LINDA ONG GENDER: : FEMALE

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 ATTACH. *THIRD PARTY CLAIM BY SERVE YOU MOTOR*

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	GBH9248C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD RUSYDI BIN N
NRIC/Passport Number	SXXXX282G
Contact Number	
Address	BLK 44 CHAI CHEE ST #08-132
Postcode	461044
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SJE 8596P
INSURER : EQ
DATE & TIME: 21/12/19, 10:50

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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: 21/1/20



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

Date & Time: 21/1/20

 02/1/20

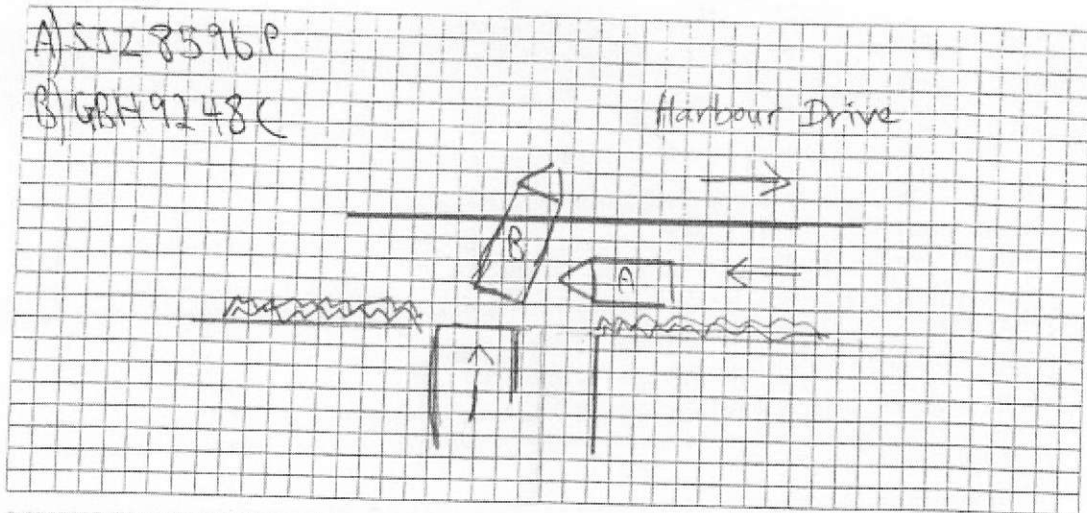
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: (Amk)

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attach statement

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 21/1/20

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/1/20

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

GIATMO SketchPlanForm_V3 () Claim Own Policy

() Claim Third Party
() Reporting Only

(X) Claim OD/TP at other workshop

Serve You Motor

Accident involved: vehicle A) SJZ 8596 P / Vehicle B) GBH 9248 C

Along: Harbour Drive

Accident date: 31.12.19, time 1050 hours


On above date and time, I'm driving my vehicle

A) SJZ 8596 P at along Harbour Drive. It is a two way traffic lane on my own lane and going straight at that time near side of PSA Vista building T-junction when suddenly a white commercial vehicle coming out without any signal and at a high speed, passing in front of me to the opposite main road.

As it is quite sudden, I can't stop in time and give way. It happened so fast that I'm unable to avoid the collision. The impact caused my front portion damage bang into the third party's vehicle

B) GBH 9248 C sustained damages at the center RH body side.

I have the photo of the accident scene for support.


Neo Thiam Bee

S1277457E

02.01.20

