SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> 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	14/02/2020 15:08
Date Of Accident	13/02/2020 15:20
Exact Location Of Accident	THOMSON ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH4283M
Insured/Policyholder	
Name Of Registered Owner	SIM CHWEE NGUAN
NRIC No	S1408102Z
Email Address	STEVENSIM911@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97609911
Alternative Phone No	OTHERS-97609911
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ISIS 1.8LX A
Exact Purpose for which vehicle was being used at time of accident	HIRE USE
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 HIRE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
	NO
Policy Number	DMCTHQ19-000042
Policy Number Cover Note Number	
	DMCTHQ19-000042
Cover Note Number	DMCTHQ19-000042
Cover Note Number Driver	DMCTHQ19-000042 07/08/19 - 06/08/20
Cover Note Number Driver Name of Driver	DMCTHQ19-000042 07/08/19 - 06/08/20 SIM CHWEE NGUAN
Cover Note Number Driver Name of Driver NRIC No	DMCTHQ19-000042 07/08/19 - 06/08/20 SIM CHWEE NGUAN \$1408102Z
Cover Note Number Driver Name of Driver NRIC No Date Of Birth	DMCTHQ19-000042 07/08/19 - 06/08/20 SIM CHWEE NGUAN \$1408102Z 04/04/1960
Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation	DMCTHQ19-000042 07/08/19 - 06/08/20 SIM CHWEE NGUAN S1408102Z 04/04/1960 OUTDOOR
Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass	DMCTHQ19-000042 07/08/19 - 06/08/20 SIM CHWEE NGUAN S1408102Z 04/04/1960 OUTDOOR 05/03/1982
Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience	DMCTHQ19-000042 07/08/19 - 06/08/20 SIM CHWEE NGUAN S1408102Z 04/04/1960 OUTDOOR 05/03/1982 37 YEARS AND 11 MONTHS
Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender	DMCTHQ19-000042 07/08/19 - 06/08/20 SIM CHWEE NGUAN S1408102Z 04/04/1960 OUTDOOR 05/03/1982 37 YEARS AND 11 MONTHS MALE

STEVENSIM911@GMAIL.COM

BLK 713 YISHUN ST 71 #01-220 Address

760713 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

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)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NO 2

NAME:

: PASSENGER

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

NO

NO

REFER ATTACHED.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBU3822R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

VEHICLE NO.: 53H4283M
INSURER : EQ
DATE & TIME: 13102120 3:2000

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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:
 - 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 malling 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:
 - 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: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

	alive road	too payon voice
		-Traffin light
	Â	8 A: SJH4283M 3 B: SBU3822R
CRIBE CIRCUMSTANC	ES OF THE ACCIDENT	(DOA: 13 02 20 3.20
I accidentally	y cet my vehicle i	roll forward and bump
into the car	in front . It was .	at a traffic light function.
Main Read 00	& Thomson Rd Pol	ive & ton Payon Rise junction
	111300 151 111	to fague 192 for man
e : Please note that vo	our insurer may have 14days T	ima Frama for you to substitute Out D
		ime Frame for you to submit an Own Damage Claim
under your own cor		ime Frame for you to submit an Own Damage Claim eck with your policy for more information.
under your own cor ARATION		
under your own cor ARATION	mprehensive policy. Please che	
under your own col ARATION declare the foregoing parti	mprehensive policy. Please che	
under your own cor ARATION	mprehensive policy. Please che	eck with your policy for more information. (YS) ag 14/02/20 Reporting Centre Personnel's Signature

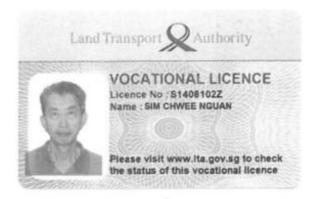








Vocational LIC



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

12 TAXI VL

23/08/2019

















