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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	24/02/2020 12:47
Date Of Accident	18/02/2020 13:35
Exact Location Of Accident	ALONG HENDERSON ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFY2020B
Insured/Policyholder	
Name Of Registered Owner	TOH HWEE CHOO
NRIC No	S6910513J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94319858
Alternative Phone No	OTHERS-94319858
Vehicle Particulars	
Manufacturer	AUDI
Model	Q5-2.0 TFSI QUATTRO (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	DMPPHQ189-007243
Cover Note Number	
Driver	
Name of Driver	TEO TECK KUAN
NRIC No	S1459045E

Name of Driver TEO TECK KUAN
NRIC No S1459045E
Date Of Birth 18/04/1961
Occupation INDOOR
Date Of Driving Pass 22/11/1983

Driving Experience 36 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97689293

Fax Number

Contact Number

EMail Address NOEMAIL

190 DEPORT ROAD #14-20 SINGAPORE Address

Postcode

Was driver an employee of the Insured's Company NO

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

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

1

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH SKETCH PLAN

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

SML9623B Vehicle Registration Number

Vehicle Make/Model/Colour TOYOTA / VIOS /

LEFT SIDE PORTION **Details Of Properties**

PRIVATE CAR Vehicle Category

Name of Driver NIL

NRIC/Passport Number

Contact Number NIL

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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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)

I understand, acknowledge, agree and consent that:

- 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")
- 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
- 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.
- 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.
- 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.

Driver's Signature

12.47 (If driver is not the policyholder)

Date & Time: 24/02/20 12.47

COMPORTURI GRO ENGINEERING PTE LTD EXTERNAL BUSINESS ON, BANKAN STRANCH

MAME & SIGNATURE

Reporting Centre Personnel's Signature Name: WONG CHEE NRIC/FIN No.: 24/02/5

Sketch Plan #2 Pg. 1

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		ML 9623B
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lane to mo	right lane I sic	roal night and suddenly
a car carns	e n'ent beside me a	and burg me.
	<u> </u>	<u> </u>
I did i	not make a report	as initialky the
Irver wanted	1 9 private setteme	at however no comprise
vas made he	nee I mate a repo	ort now.
	C:\(\(\).	
SML	9638.	

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ARATION		COMFORTDELGRO ENGINEERING PTE LIFE
declare the foregoing particul		EXTERNAL BUSHIESS DIV ANNAN BRANCH NAME & DIGNATURE:
Law	(()	DESIGNATION: Mate: 24/07
	Debe de Ci	Benedia Carta Daniel V. Cinata
\	Driver's Signature	Reporting Centre Personners Signature
holder's\Signature & Time: 10 = 4 -16	Oriver's Signature (If driver is not the policyholder) Date & Time: $(\mathcal{S} : \mathcal{A})$	Reporting Centre Personnel's Signature Name:WONG CHEE WEI NRIC/FIN No.: (77/30/90/

Certificate of Insurance





























