

## 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	18/02/2020 16:49
Date Of Accident	16/02/2020 11:30
Exact Location Of Accident	UPPER CHANGI ROAD NORTH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFC1381G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL AZIZ BIN MOHSIN
NRIC No	SXXXX563J
Email Address	ABDULAZIZ.ALKHATIB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96722686
Alternative Phone No	OTHERS-96722686

### Vehicle Particulars

Manufacturer	PEUGEOT
Model	508 1.6 A/T ABS D/AB 2WD 4DR ACTIVE
Exact Purpose for which vehicle was being used at time of accident	PTE 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	DMPPHQ19-004448
Cover Note Number	06/07/19 - 05/07/20

### Driver

Name of Driver	ABDUL AZIZ BIN MOHSIN
NRIC No	SXXXX563J
Date Of Birth	18/08/1976
Occupation	INDOOR
Date Of Driving Pass	16/03/2001
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96722686
Fax Number	
Contact Number	OTHERS-96722686
Email Address	ABDULAZIZ.ALKHATIB@GMAIL.COM

Address	BLK 185 PASIR RIS ST 11 #03-66
Postcode	510185
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 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 ATTACHED. (REPAIR BY ANTZ AUTO)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	RETRIEVING
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDH6689J
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.: 3PC1381G  
INSURER : EQ  
DATE & TIME: 16/02/20 11:30

### IMPORTANT NOTICE

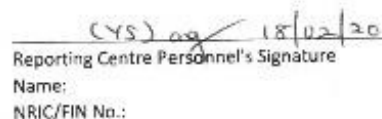
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

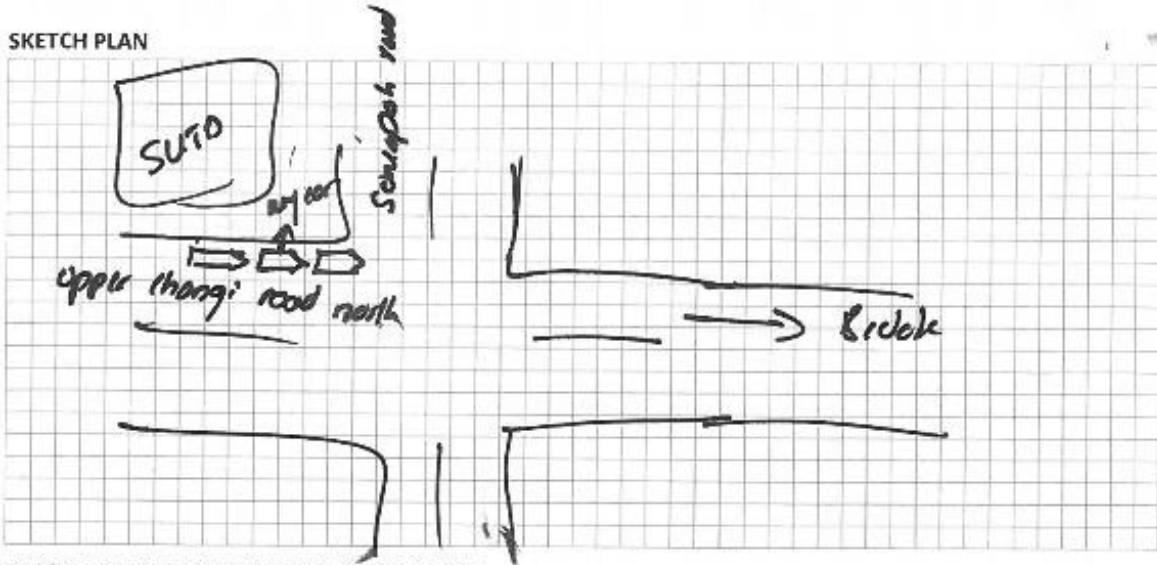
  
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 16/2/2020 @ 1150hrs, I was driving my car SP 15876 along upper changi road East. @ the junction of upper changi Road East & Sengkang road towards bridge, the traffic light turned red & I stop my vehicle as the light was red.

within few minutes later, this house 15 250 bearing vehicle also SP 6689 J randomly hit my car.

~~we actually wanted to settle it on car~~

as time passing vehicle no 165 9875 1358 agreed to settle my car damage but he can't agreed to my damage cost & lost of my. usage..

That's all.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

### DECLARATION

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

Policyholder's Signature  
Date & Time: 18/2/20

Driver's Signature  
(If Driver is not the policy holder)  
Date & Time: 18/2/20

(YS) 09/18/02/20  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

GIAR/MC SketchPlanForm\_V3 ( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( ) Auto's Parts

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: S7624563J

Name: ABDUL AZIZ BIN MOHSIN

Birth Date: 18 Aug 1976

Issue Date: 24 May 2007

001500377H



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7624563J



Name:  
ABDUL AZIZ BIN MOHSIN

Place:  
عبدالمزیز بن محسن

Place:  
ARAB

Date of birth:  
18-08-1976

Sex:  
M

Identity Card No.: S7624563J

Country of birth:  
SINGAPORE

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 18 Mar 2001

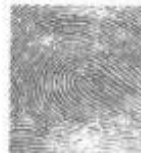


License No: S7624563J

NP 428A



License No: S7624563J



Date of issue:  
20-09-2007

Address:  
APT BLK 185 PASIR RIS STREET 11  
#03-65  
SINGAPORE 510185

4111262

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

