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 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, yo aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	24/03/2020 13:16	
Date Of Accident	23/03/2020 08:10	
Exact Location Of Accident	33 LEONIE HILL ROAD (OUE TWIN PEAKS)	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGS8241K	
Insured/Policyholder		
Name Of Registered Owner	DREAM CAR LEASING PTE LTD	
Co Reg No	201420013Z	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-81288789	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	AXIO-1.5 (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?

REPORTING ONLY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

Name of Insurance Company EQ INSURANCE COMPANY LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy YES

Policy Number DMCFHQ19-000090

Cover Note Number

Driver

Name of Driver **BRAYDEN MARCUS LOW**

NRIC No S8846621G Date Of Birth 02/11/1988 Occupation **OUTDOOR** Date Of Driving Pass 08/12/2010

Driving Experience 9 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91236969

Fax Number

Contact Number

EMail Address ALONEJC 88@HOTMAIL.COM Address BLK 3 TOH YI DRIVE #08-177

Postcode 590003

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - ROUNDABOUT

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number VCR8480 (MOTORCYCLE)

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1 NAME:

GENDER: : MALE

: NA

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT TIMAH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4689999 - **FAX NO**: 64623782

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO THE ATTACHED POLICE REPORT

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 VCR8480

Vehicle Make/Model/Colour KAWASAKI

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age Injuries Sustain

Injured person in which vehicle? VCR8480

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

SKETCH PLAN

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- 6. 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
- 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
- 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
 - (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
- (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. NM C

Policyholder's Signature Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2 SKETCH PLAN Rede DESCRIBE CIRCUMSTANCES Brayden Harry lun 588 466216 on the day of accident at about 0812 hrs , 23 march 20 . As I was driving vehicle 255 8241K turning along the round about , Suddenly Venicle VCR 8240 Tu mutor Hit motorcycle From Corporte Stope dash on grad trit Front DECLARATION coculars are true in every respect. 23/03/20 1313hrs Date & Time: Reporting Centre Personnel's Signature (If driver is not the policyholder) Name: GLARAAC SketchPlanForm_V3 Date & Time: NRIC/FIN No.:

2





1 of 2

Report No. D/20200323/2024

POLICE REPORT (NP299)

Police Station Of Origin **Bukit Timah NPP** 1 Toh Yi Drive #01-139 SINGAPORE 591501 Tel No: 1800-4689999

Tanglin Division Date/Time Report Made Vide Report No. Station Diary No. To Ivan Chr 23/03/2020 15:50 E/20200323/0054 Name Of Informant Address BRAYDEN MARCUS LOW APT BLK 3 TOH YI DRIVE #08-177 SINGAPORE 590003 ID Type / ID No. Contact No. NRIC NO / S8846621G Home/Office Mobile 91236969 Nationality Email Address SINGAPORE CITIZEN Occupation Sex Age Date of Birth Race Gojek Driver Male 31 02/11/1988 Chinese Institution/School Name Language English Date/Time Of Incident Location Of Incident 23/03/2020 08:10 33 LEONIE HILL ROAD OUE TWIN PEAKS SINGAPORE 239197 At the roundabout pick up point

Brief details.

On the 23 Mar 2020 at about 0810 hrs, I was involved in an accident with a Malaysian Motorcycle registration number VCR8480 inside the compound of Twin Peaks Condominium. The exact location is at the drop off point near to the roundabout. I was assigned to pick up a passenger there at the pick up drop off point. As I was approaching the roundabout , before turning right into it, I glanced my right ride to see whether my passenger is around. However as soon as I turned back to look in front, I collided with the motorcycle which was coming from the right side. It is a Malaysian registered motorcycle with plate

Signature Of Officer Recording The Report	Signature Of Informant:
D / SI MOHAMAD ISMADI BIN MOK'IN	Mr
Signature Of Interpreter: Not applicable	Date/Time: 23/03/2020 15:50
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp LEE YAN YI Contact No.: 68728566	Classification Of Case:
Authentication Stamp	,
8191m	
SEGNATURE	





2 of 2

POLICE REPORT (NP299)

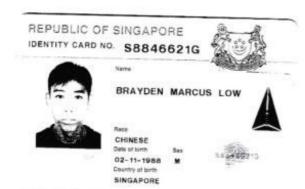
Authentication Stamp

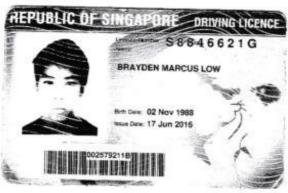
CONTINUATION OF REPORT

Report No. D/20200323/2024

number VCR8480. The rider is one Malaysian Indian. The concierge of the condominium called for the ambulance who thereafter conveyed the rider to Singapore General Hospital. Police attended to my scene and my in-charge case is IO Ivan Chng from Tanglin Police Division. The reference case number is E/20200323/0054. The accident was unintentional. My car that I was driving is Toyota Axio Beige in colour with registration number SGS8241K. There was some damages on my front right bumper. There was also some slight damages on the motorcycle at the coolant compartment. I am lodging this report for insurance claim purposes.

Signature Of Officer Recording The Report:	Signature Of Informant:
D / SI MOHAMAD ISMADI BIN MOKIN AS 9727	And a
Signature Of Interpreter: Not applicable	Date/Time: 23/03/2020 15:50
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp LEE YAN YI	Classification Of Case:
Contact No.: 68728566	









APT BLK 3 TOH YI DRIVE #08-177 SINGAPORE 590003

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

EFFECTIVE DATE

17 Apr 2010 02 Jun 2011 22 Oct 2012 08 Dec 2010

-NP 428A

