

## 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 Submission ..... 30/11/2020 17:26 (SGT)  
Date of Accident ..... 27/11/2020 14:15 (SGT)  
Exact Location of Accident ..... Changi Business Park Vista, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMU7024X

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LOH CHUAN WEN LIONEL  
NRIC No .....  
Email Address .....  
Alternative Phone No .....  
[REDACTED] 6 [REDACTED] 5

#### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... M5  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... EQ  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... -  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LOH CHUAN WEN LIONEL  
NRIC No .....  
Date Of Birth .....  
Occupation ..... Indoor

Date Of Driving Pass .....	[REDACTED]
Driving experience .....	[REDACTED]
Gender .....	Male
Mobile Number .....	(Phone) [REDACTED]
Alt. Phone Number .....	[REDACTED]
Email Address .....	[REDACTED] #0 [REDACTED]
Address complement .....	-
Postcode .....	090109
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	YAP XIAO TING PHILANA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED  
STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### 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 .....	SMV9315M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LEE PAK KHENG

- .....  
[REDACTED]  
Address .....  
Address complement .....  
Postcode .....  
Insurance Company Name .....  
Nature Of Damage .....  
Details of property damaged in accident .....  
No. Of Passenger (Including Driver) .....

[REDACTED]  
-  
-  
-  
-  
-  
-  
-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....  
Address .....  
Address Complement .....  
Post Code .....  
Approximate Age Years Old .....  
Injuries Sustained .....  
Injured person in which vehicle? .....  
Were seat belts worn? .....  
Was this injured conveyed to hospital by ambulance? .....

LOH CHUAN WEN LIONEL  
-  
-  
-  
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-  
SMU7024X  
Yes  
No

### INJURED 2




Name of injured person .....  
Address .....  
Address Complement .....  
Post Code .....  
Approximate Age Years Old .....  
Injuries Sustained .....  
Injured person in which vehicle? .....  
Were seat belts worn? .....  
Was this injured conveyed to hospital by ambulance? .....

YAP XIAO TING PHILANA  
-  
-  
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-  
SMU7024X  
-  
-

SKETCH PLAN

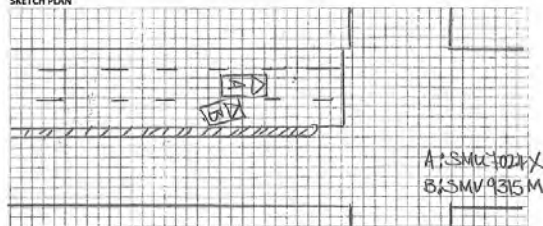
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7. By the signing of this report to the insurer, you hereby consent to the archiving of this report at the centre and to copies of this report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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 handle such Personal Information to all Insurers who have insured vehicles involved in this accident (all Insurers) who have insured vehicles 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 Insurers who have insured vehicles 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 via 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, registers, 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: MRIC/IRN No.:
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SP0006 (Accident report) v3.0/20

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT ABOUT 2.15 PM ON 27/11/2020, I WAS DRIVING ALONG CHANGI BUSINESS PARK VISTA CIRCLE TOWARDS A STOP AT A TRAFFIC LIGHT JUNCTION. I WAS IN THE MIDDLE LANE COMING TO A STOP WHEN I SUDDENLY HEARD A LOUD BANG FROM THE REAR RIGHT OF MY VEHICLE. THEN I SAW VEHICLE B DRAG ALONG THE SIDE OF MY DRIVER DOOR A FEW METERS BEFORE WE FINALLY CAME TO A STOP. I CAME DOWN OF MY VEHICLE TO CHECK THE CONDITION OF MY CAR AND TOOK SOME PHOTOS OF THE ACCIDENT SCENE FOR EVIDENCE. I WANT TO ADD ON THAT THE PHOTOS WERE TAKEN NOT ON THE IMPACT, BUT AFTER A SHORT DISTANCE AS THE DRIVER DID NOT STOP IMMEDIATELY. I DID NOT OBSERVE ANY VISIBLE INJURY AT THE TIME OF ACCIDENT UNTIL THE NEXT DAY, I EXPERIENCE A SHARP PAIN IN MY NECK AND MY PASSENGER HAS PAIN IN HER LEFT SHOULDER.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
JURIC/PIN No.:

CS/ABC (SketchPlan)\_v1

















