

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 31/12/2020 15:20 (SGT)
Date of Accident 29/12/2020 13:40 (SGT)
Exact Location of Accident 400 Balestier Rd, Singapore 329802
Additional Location Information 69 BALESTIER ROAD BEFORE CTE/PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH7860Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HAR YASIN RESTAURANT PTE LTD
Company Reg No 199709356W
Email Address INFO@CARSMITH.BIZ
Mobile Phone No (Phone) +65-63463045
Alternative Phone No +65-82576717

VEHICLE PARTICULARS

Manufacturer Nissan
Model 350z
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company EQ
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCPHQ20-000354
Cover Note Number 01/02/2020-31/01/2021

DRIVER

Name of Driver RAZEKI BIN AWANG@MOHAMAD EDKHAN BIN SOHANI
NRIC No S7036291J
Date Of Birth 17/09/1970
Occupation Outdoor

Date Of Driving Pass	27/03/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84145245
Alt. Phone Number	-
Email Address	ESOHANI@YAHOO.COM.SG
Address	BLK421 BUKIT BATOK WEST AVE 2 #03-157
Address complement	-
Postcode	650421
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	ALAUDEEN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6572C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour -
Vehicle Category **Bus**
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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. 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 interested parties.
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:

- (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.:

Balastien Rd (Whampoa)

SKETCH PLAN

Inclit Assoc

Bus stop

(Before CTE)

Veh A: GBH 7860Y
Veh B: SBS 6572C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Balastien Rd towards Whampoa on the second lane of a 3-lane road. Due to the heavy traffic aheading into CTE and I intended to travel straight towards Whampoa, I signalled and filtered out onto the third lane. As I was halfway into the lane, vehicle B suddenly accelerated and hit onto the right hand portion of my vehicle. After the accident, I alighted to see that vehicle B had collided into the right hand portion of my vehicle. Hence I was involved in an accident of 2 vehicles.

Veh A GBH 7860Y
Veh B SBS 6572C

DECLARATION

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

Driver's Signature

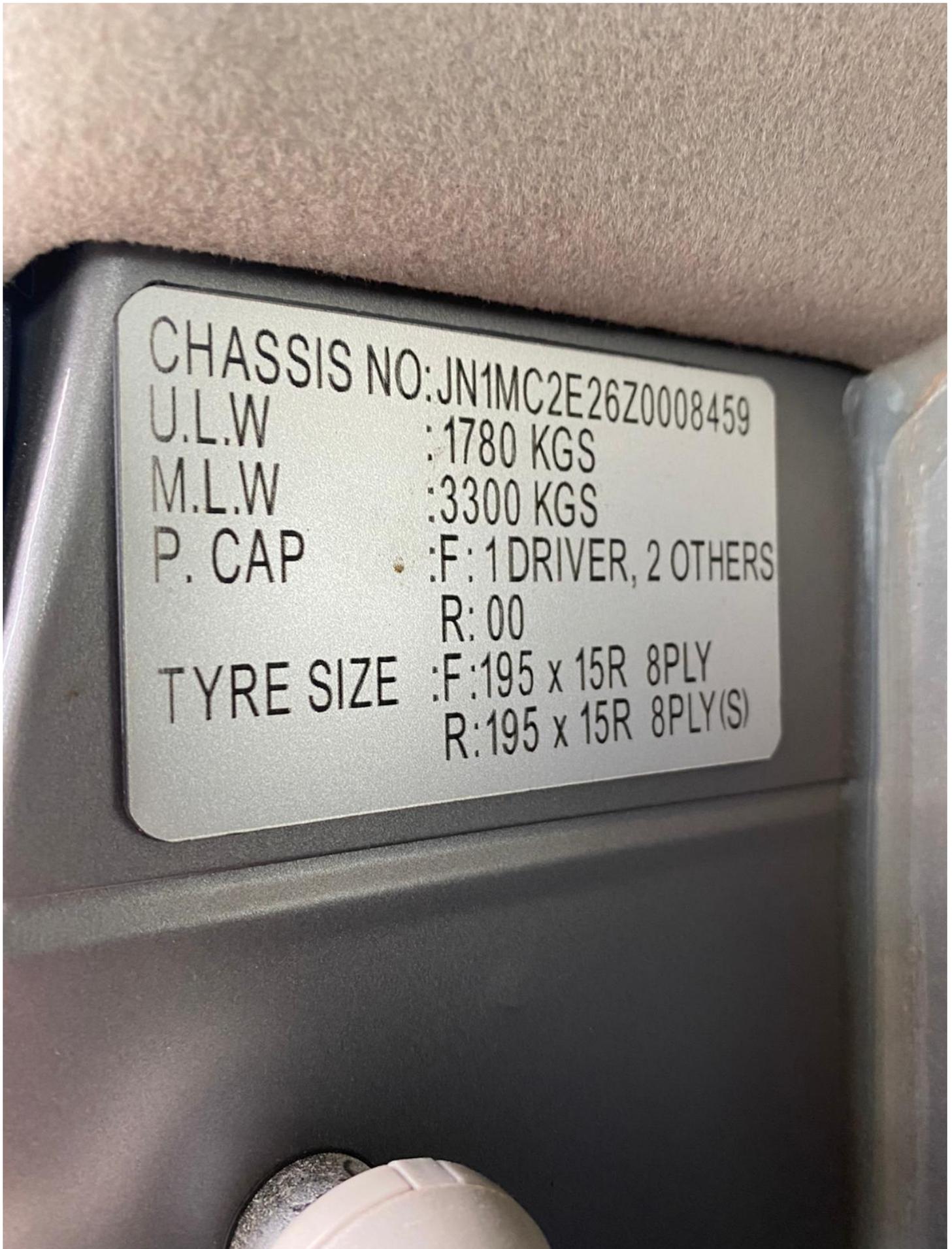
Reporting Centre Personnel's Signature





















CONFIDENTIAL

Annex E

NOTICE OF REPORTING

This is to confirm that Razeki Bin Awang @ Mohamad Edkhan Bin Sohani,
 NRIC/FIN S7036291J, has reported to the Police a non-injury traffic accident which
 occurred near 69 Balestier Road towards PIE entrance on
29/12/2020 at 0140 am/pm involving the following vehicles:

- 1) GBH7860Y (a grey Nissan Hiace)
- 2) SBS6572C (a SBS bus)

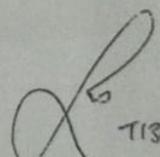
2 If this accident was reported to the Police within 24 hours of its occurrence, then
 he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt3 Ng Tyan Soon

Date: 29/12/2020 Time: 2001hrs

S/D Ref: 47

Police Post/Unit: Hongkah North NPP


 T1304J
 HONG KAH NORTH NPP
 BLK 370 BUKIT BATOK STREET 31
 SINGAPORE 650370
 TEL: 1800-567 9999

Original - to be issued to informant
 Duplicate - to be submitted to Traffic Police

CONFIDENTIAL