

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 25/03/2021 18:04 (SGT)
Date of Accident 24/03/2021 15:45 (SGT)
Exact Location of Accident 43 Lor 25 Geylang, Singapore 388309
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG495U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SUPER Q INTERNATIONAL PTE LTD
Company Reg No 2XXXXX557E
Email Address joanne_ang@superquint.com.sg
Mobile Phone No (Phone) +65-98575740
Alternative Phone No +65-98575740

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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
Transmission Manual
CC 1598

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCHQ20-001690
Cover Note Number -

DRIVER

Name of Driver ANG LIKUAN
NRIC No SXXXX375A

Date Of Birth	02/02/1977
Occupation	Outdoor
Date Of Driving Pass	18/06/1996
Driving experience	24 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98575740
Alt. Phone Number	-
Email Address	joanne_ang@superquint.com.sg
Address	BLK 288C PUNGGOL PLACE #10-835
Address complement	-
Postcode	823288
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLEASE REFER TO 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

Vehicle Registration Number	YP6429C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

SKETCH PLAN**IMPORTANT NOTICE**

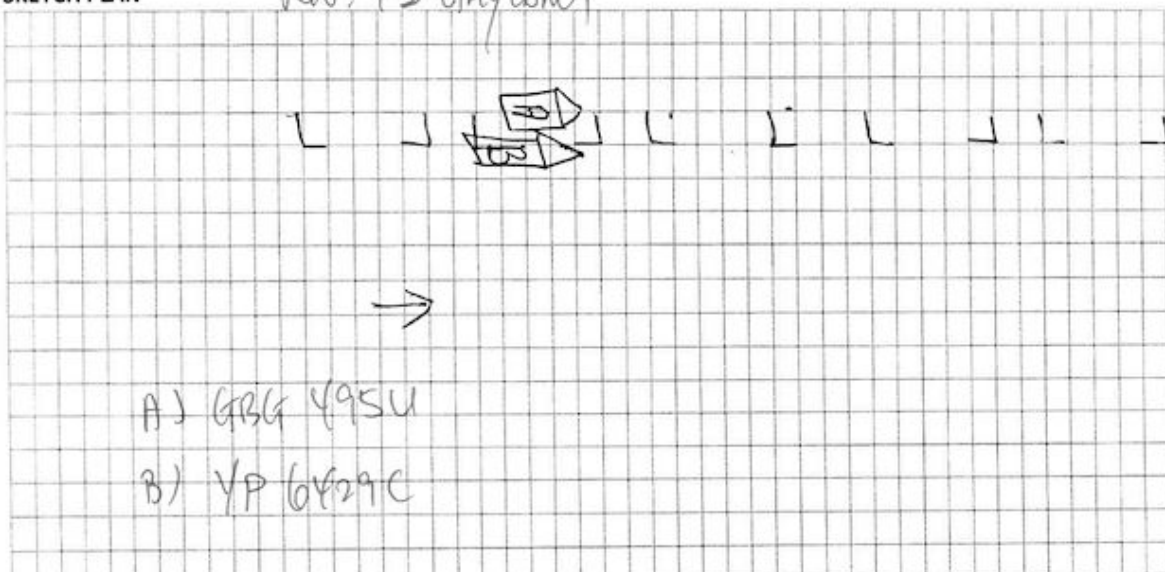
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

0020

 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.:
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SKETCH PLAN

RW: YB GAYLOR



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was parking along Gaylor Lor 25, I hear aloud of bang then I realised vehicle (B) hit into my right rear portion.

A: GRG 495 U
B: YP 6429 C

DECLARATION

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

X

Policyholder's Signature Date & Time:



X

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

Reporting Centre Personnel's Signature

Name:

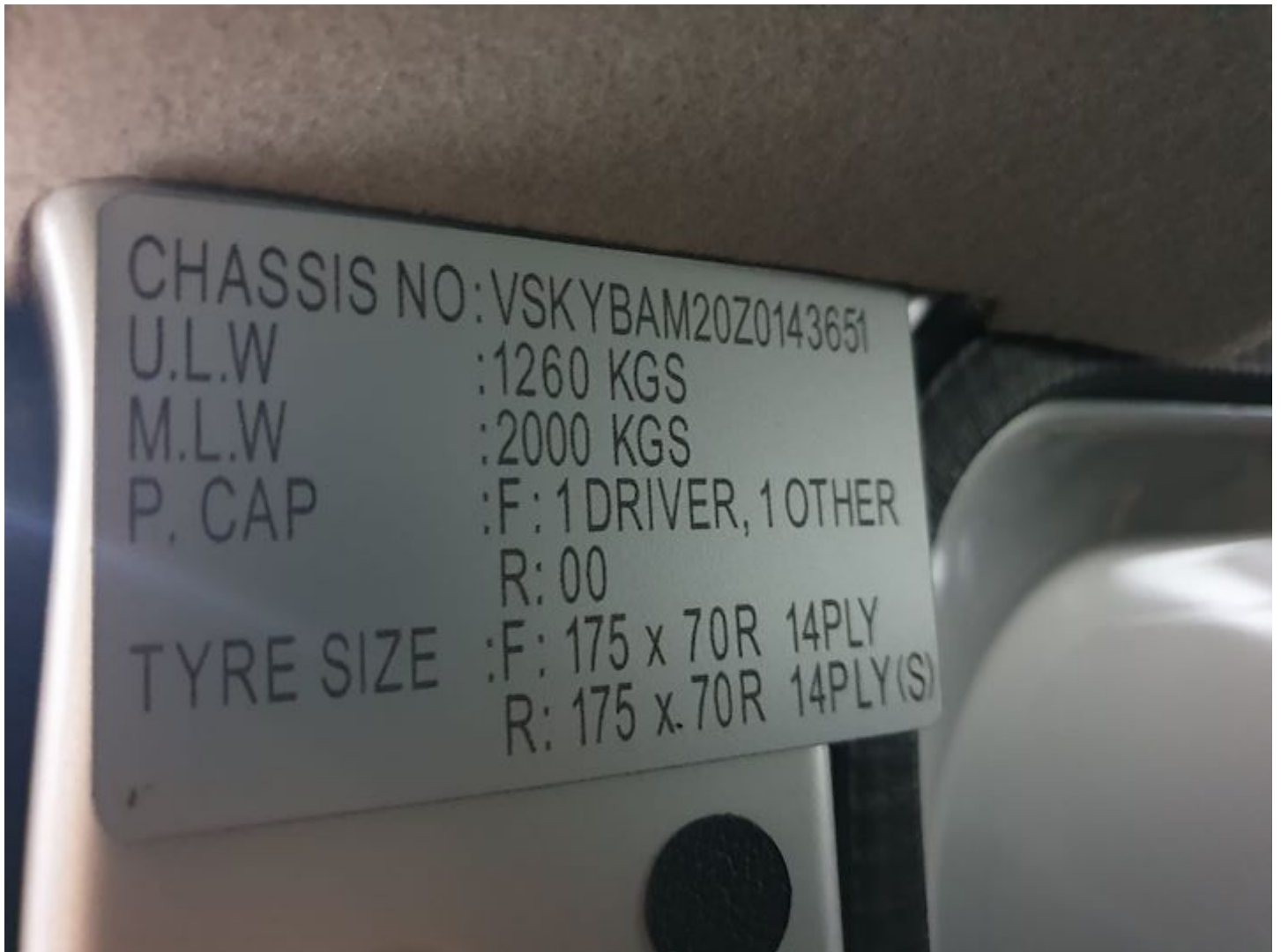
NRIC/FIN No.:

25/03/2021

Keshi

















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08213P0007 Vehicle Registration No: GBG 4954
 Name (as shown in NRIC): HALI LIKUANI NRIC/FIN/Passport No: SXXXX3754
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 98575746
 Email Address: _____
 Date of Accident: 24/03/2021 Time of Accident: 15:45
 Place of Accident: 43 Lor 25 Geylang
 Insurance Company: EQF

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

DRIVER NAME TO HALI LIKUANI

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:

26/03/2021
Keshi Lakshana