# **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.

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   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 26/04/2021 17:13 (SGT) Date of Accident 26/04/2021 10:10 (SGT) Exact Location of Accident Still Rd, Singapore Additional Location Information CROSS JUNCTION OF CHANGI ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Nissan

Vehicle Registration Number GBF4120F

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AVERGO PEST MANAGEMENT Company Reg No 5XXXX600M Email Address ishareauto@gmail.com Mobile Phone No (Phone) +65-96719023 Alternative Phone No +65-96719023

VEHICLE PARTICULARS

Manufacturer

Model Nv200 Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle

Transmission Manual CC 1598

**INSURANCE COMPANY** 

Name of Insurance Company EQ Insurance Company Ltd Type of Coverage Comprehensive Fleet Policy Policy Number DMCPHQ20-003858 Cover Note Number

DRIVER

Name of Driver MUHAMMAD NUR AZMIN BIN ABDUL HAMID NRIC No SXXXX843C

Date Of Birth 31/01/1986 Occupation Outdoor Date Of Driving Pass 04/03/2013 Driving experience 8 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96719023 Alt. Phone Number Email Address ishareauto@gmail.com Address BLK 549A SEGAR ROAD #18-662 Address complement Postcode 671549 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN AND ATTACHMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGH8250S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

## CACcident report SN08214Q0004

Vehicle Category

Name of Driver
Contact Number

Address complement

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

### INJURED PERSONS DETAILS

### INJURED 1

Name of injured person Address	MUHAMMAD NUR AZMIN BIN ABDUL HAMID
Address Complement	- -
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	GBF4120E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

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

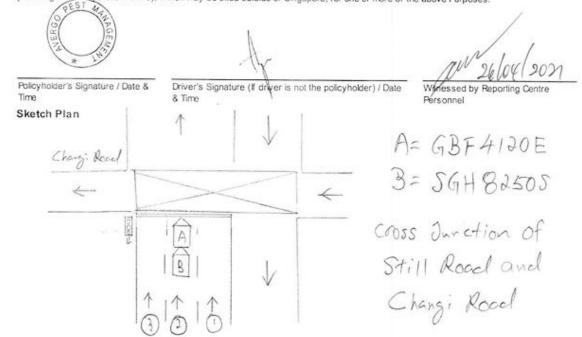
l understand, acknowledge, agree and consent that :

- (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' law yers/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, involces, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Describe Circumstances of the Accident	
	/
	/
	/
Refer to Attached	
/	
/	
Declaration	
	8
We declare the foregoing particulars are true in every respect.	
10/	
(Sg) (NEW)	/ 1 /
	- Lacha
	20 W4 001
Policyholder's Signature / Date & Driver's Signature ( driver is not the policyholder	r) / Date Withessed by Reporting Centre

On 26.04.2021 at about 10:10 hours at Cross Junction of Still Road and Changi Road. I was travelling straight on lane 2 (along Still Road towards Jalan Eunos) and when I was approaching the above mentioned junction, the traffic light turned amber from green, hence I slowed down and stopped.

Suddenly, I heard a loud screeching sound and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): GBF 4120E

Vehicle (B): SGH 8250S

26/04/20m

















