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 10/05/2021 11:03 (SGT) Date of Accident 08/05/2021 15:45 (SGT) Exact Location of Accident BKE, Singapore Additional Location Information **BKE EXIT TOWARDS WOODLANDS TOWN** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGP2178R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KHOO YONG CHING NRIC No. SXXXX121B Email Address jasonkcapl@gmail.com Mobile Phone No (Phone) +65-91287522 Alternative Phone No +65-91287522

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Lancer 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 Transmission Auto CC 1599

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Type of Coverage Comprehensive Fleet Policy Policy Number DMPPHQ20-007819 Cover Note Number

DRIVER

Name of Driver KHOO YONG CHING NRIC No. SXXXX121B

Date Of Birth 06/10/1965 Occupation Indoor Date Of Driving Pass 25/10/1985 Driving experience 35 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-91287522 Alt. Phone Number +65-91287522 Email Address jasonkcapl@gmail.com Address BLK 161 WOODLANDS ST 13 #09-633 Address complement Postcode 730161 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 Chain Collision 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 REFER TO THE ATTACHED REPORT. 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	EJ3232R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	_
Contact Number	_
Address	-
Address complement	_

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

DETAILS OF OTHER VEHICLE PROPERTY 2

PA6637D
Commercial vehicle

DETAILS OF OTHER VEHICLE PROPERTY 3

SJD857E
-
-
-
-
Private car
-
-
-
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	KHOO YONG CHING BLK 161 WOODLANDS ST 13 #09-633
Address Complement	
Post Code	730161
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGP2178R
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)

Lunderstand, 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, 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' 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.

Policyhelder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Ô I	A: SGFICABS: A
A	B: EJ 3232R
48	C: PAG6370
4	D:330 857E

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Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel













