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.

 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 22/06/2021 15:10 (SGT) Date of Accident 21/06/2021 16:50 (SGT) Exact Location of Accident Jln Pakis, Singapore Additional Location Information JUNCTION OF JALAN SUASA Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB1041R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CA M&E ENGINEERING PTE. LTD. Company Reg No 2XXXXX189G Email Address IRENE@CA-ME.COM.SG Mobile Phone No (Phone) +65-94509712 Alternative Phone No +65-94509712

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna 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 your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Type of Coverage Comprehensive Fleet Policy Policy Number DMCPHQ21-000044 Cover Note Number

DRIVER

Name of Driver HOSSIN MOHAMMAD HERON Passport No/FIN GXXXX908N

Date Of Birth 13/04/1989 Occupation Outdoor Date Of Driving Pass 11/02/2019 Driving experience 2 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-83249720 Alt. Phone Number Email Address IRENE@CA-ME.COM.SG Address 23A LORONG 17 GEYLANG Address complement Postcode 388551 Is the driver the policyholder? Nο 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 Side Swipe 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? No Was any injured conveyed to hospital by ambulance? 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 PLS REFER TO THE ATTACHED STATEMENT. 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 **SLH5902E** Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Name of Driver
Contact Number
Address
Address complement

Vehicle Colour
Vehicle Category

Name of Driver

ostcode	_
nsurance Company Name	_
lature Of Damage	_
letails of property damaged in accident	_
lo. Of Passenger (Including Driver)	_

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- 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 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)

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 who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (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
- (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
- (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	
I was trave	lling along Jalan Pakis.	
Veh x approp	chins 1 step my web b	give way
	stop rig ven jo	ut well x dich t
go straigh in	stead he parked at +	le roadsidi.
When I at		
when I ste	urted to move off Eudor	lenly weh B
came from 12	ehuel and collected on	to my with.
0		to reg are
34		Same and the same
eclaration		
Ve declare the foregoing particular	ars are true in every respect.	
SIGNEERING		
HR PH	22-06-2021	
(S) /m/	00-06-20	201















