

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	27/07/2021 15:02 (SGT)
Date of Accident	20/07/2021 13:50 (SGT)
Exact Location of Accident	South Buona Vista Rd, Singapore
Additional Location Information	SLIP RD OF SOUTH BUONA VISTA RD TO PASIR PANJANG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT7002P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MS CARZ LEASING PTE LTD
Company Reg No	2XXXXX066R
Email Address	ADMIN@MSGROUP.COM.SG
Mobile Phone No	(Phone) +65-97666288
Alternative Phone No	+65-96357785

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Rx300
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	1998

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-004626
Cover Note Number	14/07/2021 - 13/07/2022

DRIVER

Name of Driver	DAVID THOMAS AGNEW
NRIC No	SXXXX899B

Date Of Birth	15/09/1980
Occupation	Indoor
Date Of Driving Pass	29/11/1999
Driving experience	21 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96357785
Alt. Phone Number	-
Email Address	DTAGNEW@GMAIL.COM
Address	46 PASIR PANJANG HILL
Address complement	#02-02
Postcode	118896
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - 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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	SU LING AGNEW
Gender	Female

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

PLS REFER TO THE SKETCH PLAN BY DRIVER

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ3038X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	HOGAN FOO CHANG CHENG
NRIC No	SXXXX065E
Contact Number	(Phone) +65-88408826
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.



Policyholder's Signature
Date & Time: 27/07/2021



Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/07/2021



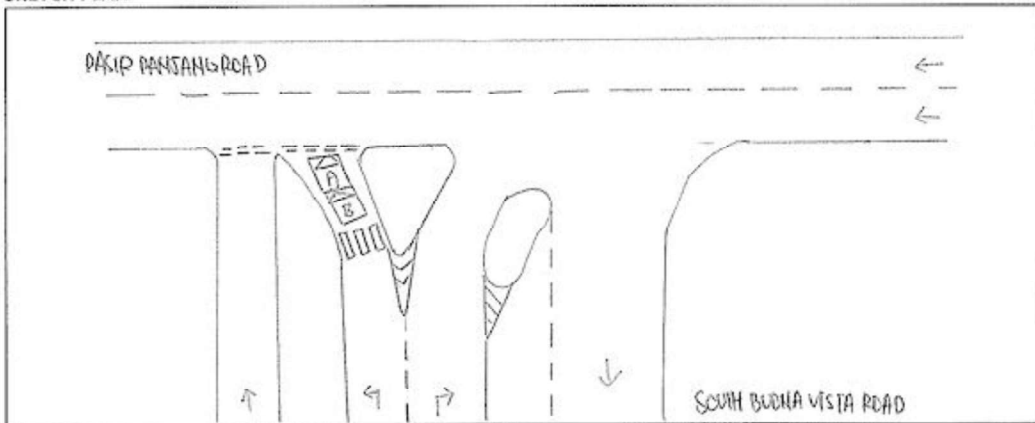
Reporting Centre Signature
Name:
NRIC/FIN No.:

RECEIVED 27 JUL 2021

RECEIVED 27 JUL 2021

COMPLETED 27 JUL 2021

Date of accident: 20/07/2021 Time: 1350 hrs Location: SLIPROAD OF SOUTH BUONA VISTA ROAD TO PASIR PANJANG ROAD
 My Vehicle A: SMT 7002P Vehicle B: GBJ 3038X Vehicle C: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/07/2021 at about 1350 hours, I was driving along the slip road of South Buona Vista Road towards Pasir Panjang Road. Suddenly, I felt an impact from the back. I alighted and realised that vehicle B: GBJ 3038X front portion had collided into the rear portion of my vehicle A: SMT 7002P, causing damage. We exchange particulars.

TP CLAIM @ optima werkz Pte Ltd
 eve-fan @ ow.sg.

DECLARATION

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

Policyholder's Signature
 Date & Time: 27/7/2021

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 27/7/2021

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

RECEIVED 27 JUL 2021

RECEIVED 27 JUL 2021

COMPLETED 27 JUL 2021