

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 20/08/2021 17:38 (SGT)
Date of Accident 20/08/2021 08:44 (SGT)
Exact Location of Accident 651 Bedok North Rd, Bedok North, Singapore
Additional Location Information BEDOK NORTH ROAD (NEAR MRT EXIT B)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBA3998Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SHENG SIONG SUPERMARKET PTE LTD
Company Reg No 198304925E
Email Address tan.es@shengsiong.com.sg
Mobile Phone No (Phone) +65-84478669
Alternative Phone No (Office) +65-84478669

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant DYNA 150 MANUAL
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 2982

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMCFHQ21-000032
Cover Note Number -

DRIVER

Name of Driver KOH WEN BIN
NRIC No S8807994I

Date Of Birth	25/02/1988
Occupation	Outdoor
Date Of Driving Pass	04/09/2017
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83561353
Alt. Phone Number	-
Email Address	DANDANWENBIN@GMAIL.COM
Address	BLK 104 BEDOK RESERVOIR RD #13-362
Address complement	-
Postcode	470104
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	Collision - Change/cross lane
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 vehicle 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

ACCIDENT HAPPENED ON 20/08/2021 AT 8:44AM ALONG BEDOK NORTH ROAD (NEAR MRT EXIT B) I WAS DRIVING STRAIGHT INSIDE LANE 1 WHEN VEHICLE (B) SUDDENLY CHANGE LANE FROM MY LEFT AND CAUSED MY VEHICLE TO COLLIDE INTO VEHICLE (B) RH REAR PORTION. I WANT TO STATE THAT THE 2ND LANE WAS JAMMED AT THAT TIME

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	SMW1722T
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 accident -
No. Of Passenger (Including Driver) -

A: GBA3998Y

B: SMW1722T



ACCIDENT HAPPENED ON 20/08/2021 AT 8:44 AM ALONG
BEDOK NORTH ROAD. I WAS DRIVING STRAIGHT INSIDE LANE 1
WHEN VEHICLE (B) SUDDENLY CHANGE LANE FROM MY LEFT
AND CAUSED MY VEHICLE TO COLLIDE INTO VEHICLE (A) RIGHT
HAND REAR PORTION. 2ND LANE WAS JAMMED AT THAT
TIME.

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



[Signature]




Shooting Centre Personnel's Signature

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.



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

















