

## 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	26/08/2021 13:17 (SGT)
Date of Accident	25/08/2021 17:05 (SGT)
Exact Location of Accident	53 Ang Mo Kio Ave 3, Singapore 569933
Additional Location Information	Carpark
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8143H
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Motorsports Trading
Company Reg No	5XXXX334E
Email Address	budgieneon@hotmail.com
Mobile Phone No	(Phone) +65-83713838
Alternative Phone No	+65-83713838

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Citan
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCPHQ20-003903
Cover Note Number	-

#### DRIVER

Name of Driver	Jad Tan Zann Hwa
NRIC No	SXXXX784G

Date Of Birth	12/04/1980
Occupation	Outdoor
Date Of Driving Pass	08/08/2006
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-83713838
Alt. Phone Number	-
Email Address	budgieneon@hotmail.com
Address	231, Jurong East St 21, #05-677
Address complement	-
Postcode	600231
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	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	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

While exiting Ang Mo Kio Hub basement carpark at time 1705 hrs, I was driving slowly and carefully up the curve ramp, about 20 to 30 seconds later, there was this car SMD3030T, coming down fast and drive on to my lane, I had no time to stop and we make contact.

#### 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	SMD3030T
Vehicle Manufacturer	Kia
Vehicle Model	Cerato
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Lim Poh Lee
NRIC No	SXXXX842J
Contact Number	-

## 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.

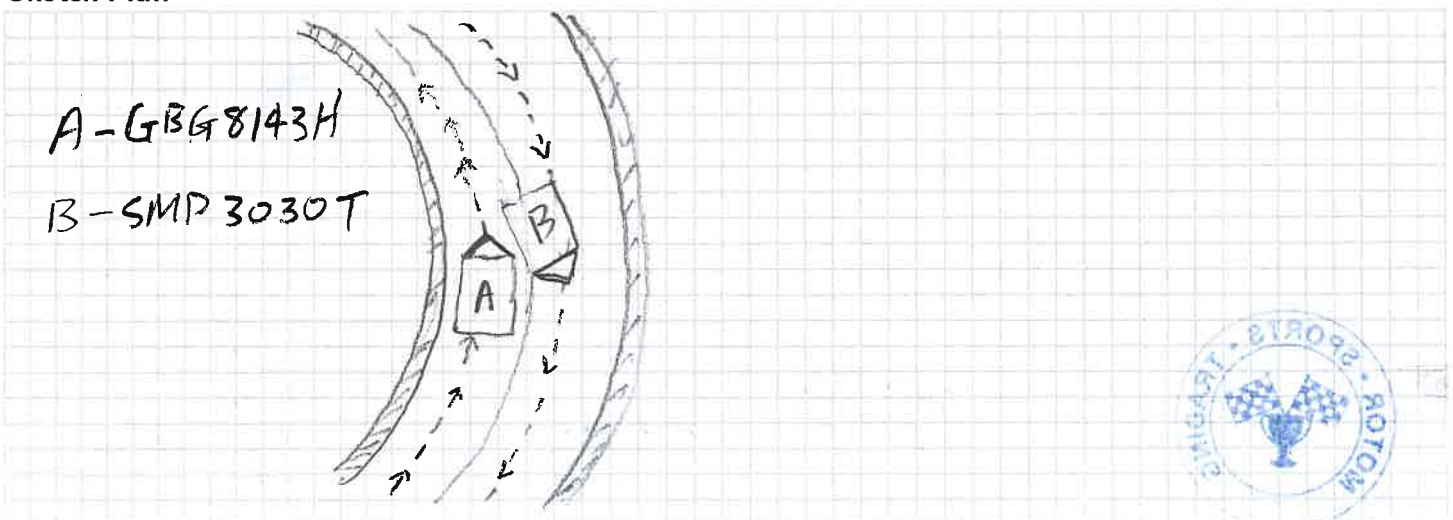


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Please note that you might be able to submit an Own Damage claim under your own policy within 14 days.  
( ) Claim Own Damage (OD) (✓) Claim Third Party (TP) ( ) Reporting Only ( ) Claim OD/TP at other workshop

### Describe Circumstances of the Accident

While exiting Ang Mo Kio Hub basement carpark at time 1705 Hrs,  
I was driving slowly and carefully up the curve ramp, about 20 to 30  
seconds later, there was this car SMD 3030T, coming down fast  
and drive on to my lane, I had no time to stop and we make contact.



### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

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

26 Aug 2021

*h 26/8/21*

Witnessed by Reporting Centre  
Personnel