

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	05/10/2021 14:49 (SGT)
Date of Accident	04/10/2021 20:00 (SGT)
Exact Location of Accident	Geylang, Singapore
Additional Location Information	5 GEYLANG ROAD LORONG 21
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM8282K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SAAT GLOBAL PTE LTD
Company Reg No	201212874K
Email Address	kanliang.guan@gmail.com
Mobile Phone No	(Phone) +65-91063622
Alternative Phone No	+65-93824158

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCPHQ21-000290
Cover Note Number	-

DRIVER

Name of Driver	GUAN JINWEN
NRIC No	S6876876D

Date Of Birth	29/10/1968
Occupation	Outdoor
Date Of Driving Pass	19/06/2019
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93824158
Alt. Phone Number	-
Email Address	kanliang.guan@gmail.com
Address	BLK 871B TAMPINES ST 86 #11-34
Address complement	-
Postcode	522871
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SJG9931Z
Insurance Company of Other Vehicle Owned by Driver	NTUC Income Insurance Co-operative Ltd

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	JASON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED POLICE REPORT.

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	SGF837M
Vehicle Manufacturer	Mazda

Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	TAN KENG KIAT ALSON
NRIC No	S9131558J
Contact Number	(Phone) +65-85000661
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN KENG KIAT ALSON
Gender	Male
Phone No	(Phone) +65-85000661
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGF837M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.

SAAT GLOBAL PTE LTD
71 TANNERY LANE #08-03
CITY INDUSTRIAL BUILDING
SINGAPORE 347801

[Signature]

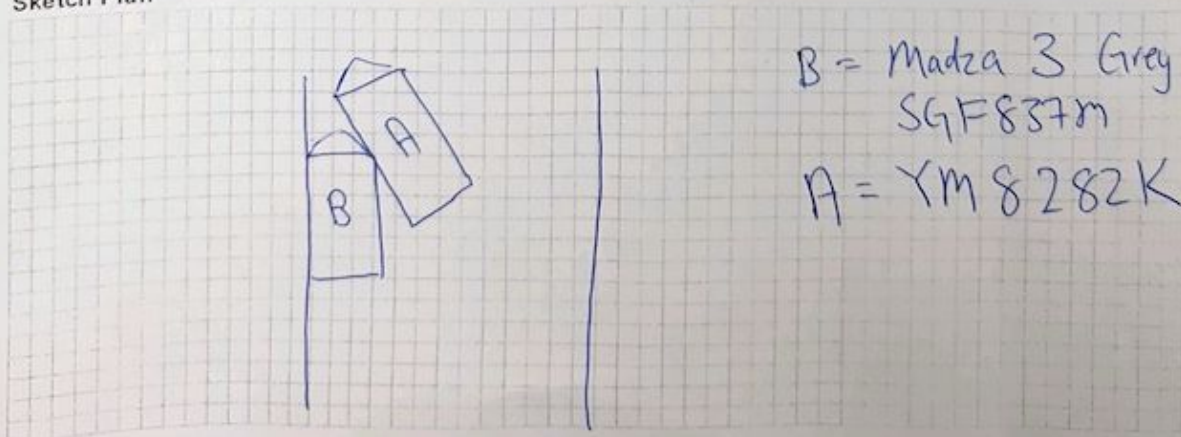


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

— As per attached Police Report —

Declaration

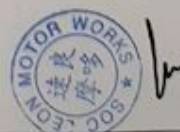
We declare the foregoing particulars are true in every respect.

SAAT GLOBAL PTE LTD
71 TANNERY LANE #08-03
CITY INDUSTRIAL BUILDING
SINGAPORE 347807

Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel















**SINGAPORE
POLICE FORCE**



G/20211005/7025

1 of 1

POLICE REPORT (NP299)

Report No. G/20211005/7025

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 05/10/2021 12:33	Vide Report No.	Station Diary No.
Name Of Informant GUAN JINWEN	Address 871B TAMPINES STREET 86 #11-34 SINGAPORE 522871	
ID Type / ID No. NRIC NO / S6876876D	Contact No. Home/Office:	Mobile: 93824158
Nationality SINGAPORE CITIZEN	Email Address kanliang.guan@gmail.com	
Occupation Lorry driver	Sex Male	Age 52
Institution/School Name	Date of Birth 29/10/1968	Race Chinese
Date/Time Of Incident 04/10/2021 20:00 - 04/10/2021 20:00	Location Of Incident LORONG 21 GEYLANG	

Brief details.

Traffic Accident happen at 5 Geylang Lorong 21 .

I Guan JinWen, S6876876D . Was sending goods to 5 Geylang Lorong 21. When I am turning in to stop infront of vehicle SGF837M. Accident happen, my lorry scratch till the front right part of the SGF837M vehicle own by driver S9131558J Tan Keng Kiat, Alson. After I stop my vehicle , driver Alson requested to do insurance claim and I agreed to it .

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/10/2021 12:33
Officer In-Charge Of Case:	Classification Of Case: