

## 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	09/12/2021 11:43 (SGT)
Date of Accident	08/12/2021 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Corporation Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2528L
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	C M M Marketing Management Pte Ltd
Company Reg No	200006394W
Email Address	vinni.goh@shengsiong.com.sg
Mobile Phone No	(Phone) +65-86710553
Alternative Phone No	+65-86710553

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fk61fmj1rdea
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	7545

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	DMCFHQ21-000031
Cover Note Number	-

#### DRIVER

Name of Driver	Xu Chao
Passport No/FIN	G2424074L

Date Of Birth .....	10/05/1988
Occupation .....	Outdoor
Date Of Driving Pass .....	10/10/2014
Driving experience .....	7 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86710553
Alt. Phone Number .....	-
Email Address .....	vinni.goh@shengsiong.com.sg
Address .....	6 Mandai Link
Address complement .....	-
Postcode .....	728652
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Huang Shuai
Gender .....	Male

#### PASSENGER 2

Name .....	Chia Yeong Jun
Gender .....	Male

#### 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

I was driving smoothly straight on lane 3 at normal speed while lane 2 was in a jam. Vehicle B abruptly cut into my lane, colliding on the right of my lorry.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	with driver.
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV1009A
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)	-

## SKETCH PLAN

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7. By the lodgment 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 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.

新嘉坡管理私人有限公司  
CMH MARKETING MANAGEMENT PTE LTD  
4 MANDAL LK  
SINGAPORE 736982  
TEL: 63951635 FAX: 62698265  
REG NO: A09006298W

Policyholder's Signature  
Date & Time:

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

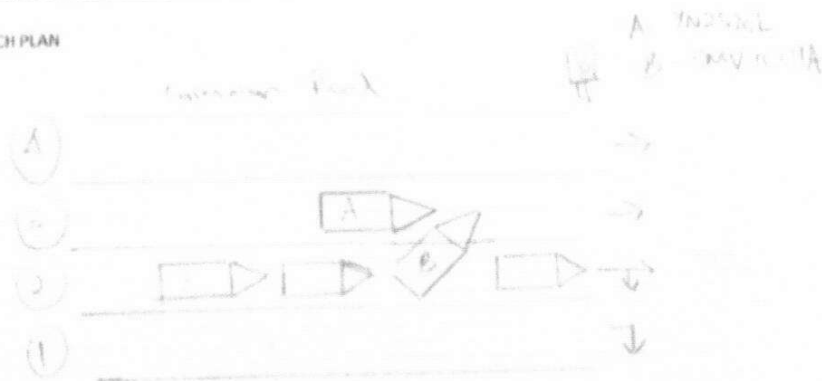
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

09/12/2021

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

7/12 8/12/2021

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving smoothly straight on lane 3 at normal speed while lane 2 was in a jam. Vehicle B abruptly cut into my lane, colliding on the right of my lorry.

DECLARATION: I hereby declare that the information provided is true in every respect.  
 CMV MARKETING MANAGEMENT PTE LTD  
 6 MANDAI LINK  
 SINGAPORE 728652  
 TEL: 68951885 FAX: 62698265  
 REG NO: 200006394W  
 Date & Time: \_\_\_\_\_

Driver's Signature: *Lu chao* 8/12/2021  
 (If driver is not the policyholder)  
 Date & Time: \_\_\_\_\_

Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 Date & Time: \_\_\_\_\_

09/12/2021