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 witholding 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.

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 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 07/02/2022 17:23 (SGT) Date of Accident 04/02/2022 12:20 (SGT) Exact Location of Accident Sembawang Rd, Singapore Additional Location Information BESIDE BREW HOUSE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC2277Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ALLMOTORING.SG

Company Reg No 5XXXX502J

Email Address fedwu@allmotoring.sg Mobile Phone No (Phone) +65-97212394

Alternative Phone No +65-97212394

VEHICLE PARTICULARS

Manufacturer Maserati Model Ghibli

Variant

Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto CC 2979

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd**

Type of Coverage Comprehensive

Fleet Policy

Policy Number DMPPHQ22-000784

Cover Note Number

DRIVER

Name of Driver NAGASARAVANAN S/O UTTAMASEGERAN PILLAI

NRIC No. SXXXX191D Date Of Birth 30/12/1975 Occupation Indoor Date Of Driving Pass 31/01/1996 Driving experience 26 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-93932121 Alt. Phone Number Email Address fedwu@allmotoring.sg Address BLK 460 AMK AVE 10 Address complement #07-1582 Postcode 560460 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBK6438A** Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Commercial vehicle Name of Driver

Contact Number (Phone) +65-96628595

Address complement

Postcode -
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

WITNESS DETAILS

WITNESS 1

 Name
 NANCY

 Phone
 (Phone) +65-98560618

Email -

WITNESS 2

Name PRASANA

Phone (Phone) +65-81634545

Email

SKETCH PLAN

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- E. Consent under the Personal Outs Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

(a) My insure: my workshop and the General insurance Association of Singapore (1GIA*) may take permitted to collect, use, disclose analor 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) which have insured vehicle(s) involved in this accident (all insurers) with have insured vehicle(s) involved in this accident (all insurers) are yearly with the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of

(ii) processing funding analog dealing with my claims including the settlement of the dealth and any necessary investigations relating to the starm.

(+) 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, law yers/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/cen be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be seed outside of Sinnapore, for one or more of the above Purposes.

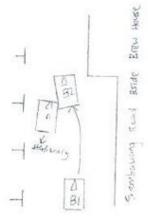
dy (Single)

Policyhold, 's Signature / Date & Time Of the second

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

Sym 07/02/22

Sketch Plan



Vehicle A : SNC22732 Vehicle B : GBK 6438A

MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE, VEHICLE & (GBKG438A) FROM BEHIND SO	QUEEZE
THROUGH AND HIT ONTO MY STATIONARY VEHICLE FROM RIGHT PORTION.	
HERE WERE 4 WITNESS FOR THIS INCIDENT	
) NANCY - 98560618	
PRASANA - 81634545	
laration	
declare the foregoing particulars are true in every respect	
hulder Signature / Date & Driver's Signature (# driver is not the policyholder) / Date Witness to Reporting Cer	102/22
& Time & Time A Time & Time & Time A Time	now.





