

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	14/02/2022 17:42 (SGT)
Date of Accident	12/02/2022 15:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GANGES AVE TWDS ALEXANDRA RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX5822C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUA KWEE RENOVATION
Company Reg No	5XXXX068L
Email Address	tanhuakwee1@gmail.com
Mobile Phone No	(Phone) +65-96236641
Alternative Phone No	+65-96236641

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2985

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMCPHQ21-002234
Cover Note Number	-

DRIVER

Name of Driver	TAN HUA KWEE
NRIC No	SXXXX044D

Date Of Birth	04/06/1967
Occupation	Outdoor
Date Of Driving Pass	27/02/1997
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-96236641
Alt. Phone Number	-
Email Address	tanhuakwee1@gmail.com
Address	BLK 115A YISHUN RING RD
Address complement	#10-831
Postcode	761115
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Head to Rear
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	VU DUY THANH
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

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN9698H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN HUA KWEE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GX5822C
Were seat belts worn?	Yes
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.

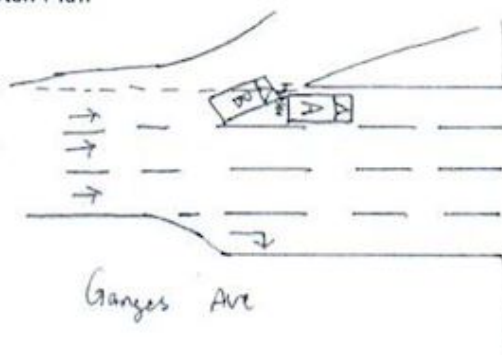


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Alexandra Rd

Lower Deck

A - GX 5822 C
B - YN 9648 H

Describe Circumstances of the Accident

As per above date and time, I was driving my vehicle GX 5822C along Georges Ave towards Alexandra rd on the extreme left lane. Somewhere before X-Junction of Lower Delta rd, my vehicle was stopped due to traffic light ahead was red. But all sudden, I felt an impact from the rear. I alighted and discovered veh (B) YN 9698H front right portion collided onto my vehicle rear left portion.

Veh(A) - GX 5822C
Veh(B) - YN 9698H

Declaration

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



Policyholder's Signature / Date & Time

[Signature] *[Signature]*

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

Witnessed by Reporting Centre Personnel

[Signature] 14/02/22

















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09222E000F Vehicle Registration No: GX5822C
 Name (as shown in NRIC): HUA KWEE RENOVATION NRIC/FIN/Passport No: 53193068L
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 115A YISHUN RING ROAD #10-831 Singapore (761115)
 Contact (Tel): NIL Mobile No.: 9623 6641
 Email Address: tanhuakwee1@gmail.com
 Date of Accident: 12/02/2022 Time of Accident: 15:20HRS
 Place of Accident: GANGES AVE TWDS ALEXANDRA ROAD
 Insurance Company: EQ INSURANCE COMPANY LIMITED


(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND THIRD PARTY VEHICLE No. To YN9698H INSTEAD OF YN9698M


 Policyholder / Driver's Signature
 Date:



 04/03/22
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

* GIARMC Addendum Form