VERSION: 1 (17/02/2022 15:44 (SGT))

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 5. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed of withouting of material facts may allow insurance companies to reputing 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 17/02/2022 15:44 (SGT) Date of Accident 17/02/2022 09:00 (SGT) Exact Location of Accident Singapore Additional Location Information PIE (TUAS) BEFORE EXIT 30 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD2682T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIM WEE CHIN.TERENCE NRIC No S9246359A Email Address terencelim1992@gmail.com Mobile Phone No (Phone) +65-91267654 Alternative Phone No +65-91267654

VEHICLE PARTICULARS

Manufacturer Mode ELANTRA AD 1.6 GLS AT (AMS) Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Type of Coverage Comprehensive Fleet Policy Policy Number DMPPHQ21-005538 Cover Note Number 13/08/2021 TO 12/08/2022

DRIVER

Name of Driver LIM WEE CHIN, TERENCE NRIC No S9246359A



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	09/12/1992 Outdoor 28/09/2012 9 YEARS AND 5 MONTHS Male (Phone) +65-91267654 +65-91267654 terencelim1992@gmail.com APT BLK 30 UPPER SERANGOON VIEW #08-39 (S) 534208 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 4 Yes No Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER WITH ATTACHED.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes WITH INSURED No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SLM3840L Opel

Vehicle Registration Number	SLM3840L
Vehicle Manufacturer	Opel
Vehicle Model	Astra
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	_
Contact Number	-
Address	-

Address complement		 	 	
Postcode		 	 	
Insurance Company Name		 	 	 <u>-</u>
Nature Of Damage		 	 	
Details of property damaged				
No. Of Passenger (Including	Driver)	 		

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SLF176C Renault - -
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SMF6574K Honda Civic
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)	-

INJURED PERSONS DETAILS

INJURED 1

LIM WEE CHIN,TERENCE
Male
(Phone) +65-91267654
APT BLK 30 UPPER SERANGOON VIEW #08-39 (S) 534208
-
-
-
-
SMD2682T
-
-

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 law yers/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' 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/can 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 sited outside of Singapore, for one or more of the above Purposes.



17/2 1320

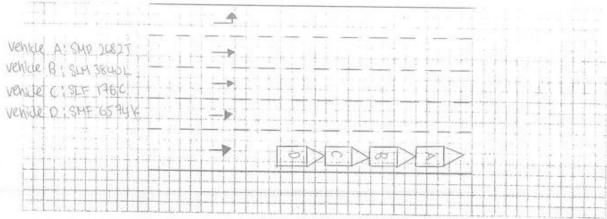
Policyholder's Signature / Date & Time

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

SAN MOON A

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident the stated time, I vehice A was and driving straight the pace. As traffic Accident heavy. I maintained was the front renide. the vehide influnt with OF MC followed through and proced to come to Stationery Stop. Vehicle stationery stop as well. Out 08 sudden heard following with a impact on my website A, as vellide impact 8 to causing vehicle propelled and onto collided the rear portion of vehicl. vehide damage on the reay portion It's 4 COV drain collision and its corptured 90

Declaration

We declare the foregoing particulars are true in every respect.



17/1 1330

Policyholder's Signature / Date & Time

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

(S. 300)

Witnessed by Reporting Centre Personnel