SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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.

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

12/03/2022 13:30 (SGT) Date of Submission 11/03/2022 15:00 (SGT) Date of Accident Singapore **Exact Location of Accident** YUNG KUANG TOWARDS CORPORATION DRIVE Additional Location Information intry/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

GBB1693J Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? INNER NEW FASHION TRADING Name Of Registered Owner 5XXXX536E Company Reg No ray_mond@singnet.com.sg **Email Address** (Phone) +65-91514831 Mobile Phone No +65-91514831 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Cabstar del Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Commercial vehicle Vehicle Category Transmission Manual 2953

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd ThirdPartyFireTheft Type of Coverage No Fleet Policy Policy Number DMCPHQ22-000446 Cover Note Number

DRIVER

CC

GOH TUCK SONG Name of Driver SXXXX219E NRIC No

Date Of Birth 11/03/1969 Occupation Outdoor Date Of Driving Pass 15/06/1989 Driving experience 32 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-91514831 Alt. Phone Number Email Address ray_mond@singnet.com.sg Address BLK 181 YUNG SHENG ROAD #11-91 Address complement Postcode 610181 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 - Major/Minor Rd 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) 1 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN DRAFT AND REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address

GBF1990E

Commercial

Commercial vehicle
LING KOK SENG
SXXXX443B

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

Describe Circumstances of the Accident On the stored and actions to	
On the stated and date and time,	(was travelling along
Yung Kuang towards Corporation Pris	ue , while driving straight
of my tane Suddenly relicle B	(GBF 1990E) driving out
from a carpark from my left	side and drive pass infront
of my volicle A (9BB 1693)	
my lane. The vehicle B daze	
and counded with my velvele.	, (<u> </u>
We a good Wood	
VEHICLE A GBB 16937	
VEHICLE B GBF 1990F	
Declaration	
We declare the foregoing particulars are true in every respect.	ENOHAL.
	(N. (20) (N.
Dym	al co
Policyholder's Signature / Date & Driver's Signature (If driver is not the pol & Time	
	Personnel
	1422 Abyra - N. J. William
	The second of the second
KZA WIFT HNIK-	damplemak. A. I gradii X
SHOP TP-LINK ABBO	the properties with the territory
\$10 - TP_UNK_9860.50	



SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the datals of the accident to speed up the claims process.
- 2. This Formmust 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
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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
- (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



Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

>

Sketch Plan

VEHA

DIVIORAL .

DIVIDER

USER NAME ENGLINY OF FORZAMUTO, SON

PW JONGAPHERIUS (SPALL CHP)

facultoworks Dynast com - faith its enguing Biology com - jongrp to 168 maning a formation of a 2AGI now 213