

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 20/05/2022 15:09 (SGT)
Date of Accident 05/05/2022 13:00 (SGT)
Exact Location of Accident 249 Jln Boon Lay, Singapore 619523
Additional Location Information NO.249 JLN BOON LAY ENTRANCE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YL4104Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ER HUNG PENG
NRIC No S7316020J
Email Address hper591973@gmail.com
Mobile Phone No (Phone) +65-90916644
Alternative Phone No +65-90916644

VEHICLE PARTICULARS

Manufacturer Nissan
Model Mkb212
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 6925

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMCPHQ21-001842
Cover Note Number -

DRIVER

Name of Driver ROSLI BIN TINGGAL
NRIC No S1800401A

Date Of Birth	01/07/1966
Occupation	Outdoor
Date Of Driving Pass	24/10/1983
Driving experience	38 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88973566
Alt. Phone Number	-
Email Address	hper591973@gmail.com
Address	BLK 201C PUNGGOL FIELD #14-254
Address complement	-
Postcode	823201
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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 - Opening Door of Vehicle
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 05/05/2022 @ ABT 1300HRS. I WAS GOING TO NO.249 JLN BOON LAY TO DO DELIVERY. WHEN I ARRIVED THE ENTRANCE & SAW VEHICLE B WAS PARKED BEFORE THE ENTRANCE, I THEN CHECKED TRAFFIC CLEARANCE & OVER TAKE THE SAID VEHICLE AFTER THE TRAFFIC WAS CLEARED. WHEN I OVER TAKE SUDDENLY THE DRIVER OF VEHICLE B OPEN DOOR & KNOCKED ONTO MY VEHICLE AT LEFT SIDE. NO ONE WAS INJURED. THAT'S ALL.

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	UNKNOWN
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) -

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.
 - (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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

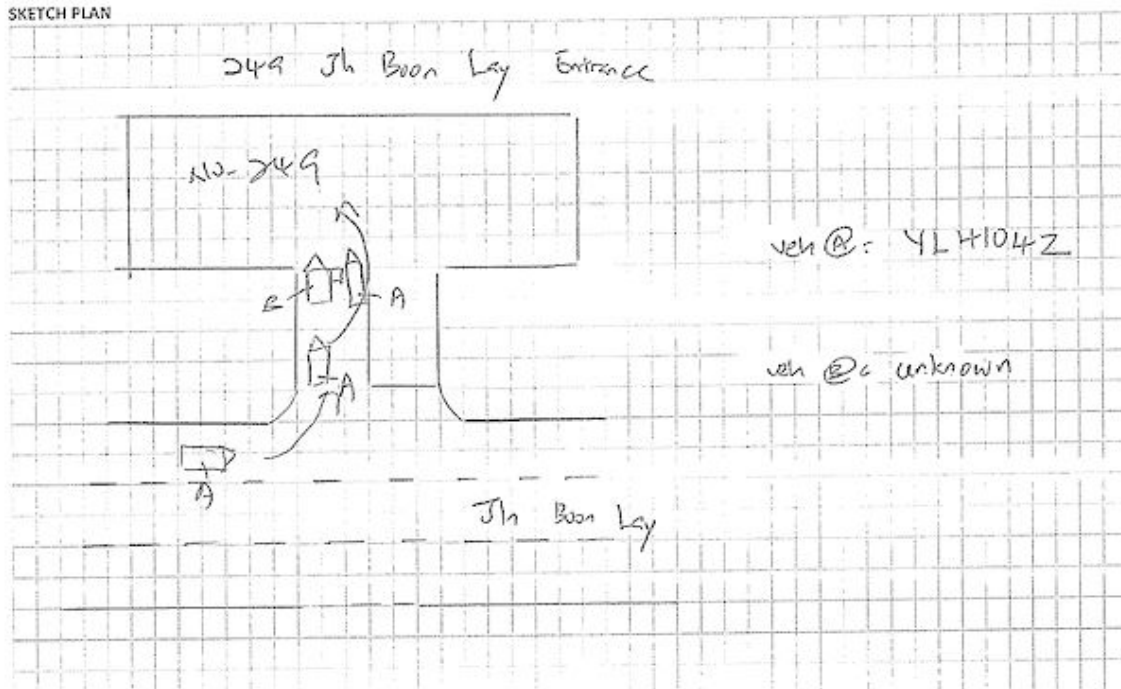

Policyholder's Signature
Date & Time:


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


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

20/5/2022

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/05/2022 @ abt 1300hrs I was going to No. 249 Jh Boon Lay to do delivery. When I arrived the entrance & saw vehicle B was parked before the entrance. I then checked traffic clearance & overtake the said vehicle after the traffic was cleared. When I overtake suddenly the driver of vehicle B open door & knocked onto my vehicle at left side. No one was injured. That's all.

DECLARATION

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


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.:

20/5/2022

☐ Claim own policy
☐ Claim third party
☐ Claim CO / TP at other workshop
☒ For record purpose
Policy No. DMCPHQ 21-001842
Insurer CU Veh. No. 4LH1042



