

## 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 21:05 (SGT)
Date of Accident	19/05/2022 01:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Junction of Kreta Ayer road and Keong Siak road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL5070J
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIN CHEE YEAN
NRIC No	SXXXX472D
Email Address	chincheeyean@gmail.com
Mobile Phone No	(Phone) +65-94527034
Alternative Phone No	+65-94527034

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
Variant	2.0 Station Wagon
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1997

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ22-001142
Cover Note Number	-

#### DRIVER

Name of Driver	CHIN CHEE YEAN
NRIC No	SXXXX472D

Date Of Birth	05/09/1961
Occupation	Indoor
Date Of Driving Pass	13/05/1986
Driving experience	36 YEARS
Gender	Male
Mobile Number	(Phone) +65-94527034
Alt. Phone Number	+65-94527034
Email Address	chincheeyean@gmail.com
Address	535 UPPER CROSS STREET
Address complement	#07-236
Postcode	050535
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver 1	YQ5203M
Insurance Company of Other Vehicle Owned by Driver 1	China Taiping Insurance (Singapore) Pte. Ltd.
Vehicle Registration Number of Other Vehicle Owned by Driver 2	GBF3598S
Insurance Company of Other Vehicle Owned by Driver 2	China Taiping Insurance (Singapore) Pte. Ltd.
Vehicle Registration Number of Other Vehicle Owned by Driver 3	GX1268D
Insurance Company of Other Vehicle Owned by Driver 3	China Taiping Insurance (Singapore) Pte. Ltd.

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
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?	Yes
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 19.05.2022@ AT ABOUT 1AM I WAS DRIVING MY CAR VEH A SLL5070J ALONG KRETA AYER ROAD TOWARDS NEW BRIDGE ROAD AT A SPEED ABOUT 50/KM. AS I WAS APPROACHING THE JUNCTION OF KRETA AYER ROAD AND KEONG SIAK ROAD , SUDDENLY VEH B SLF3042K COME OUT FROM MY RIGHT SIDE FROM KEONG ROAD WITHOUT SLOWING DOWN AT THE STOP LINE TOWARDS THE LEFT SIDE OF KEONG SIAK RD AND HIT THE RIGHT PORTION OF MY VEHICLE CAUSING BIG DAMAGES TO MY VEHICLES AS THING HAPPENED TOO FAST AND THOUGH I JAMMED MY BRAKE, I AM STILL UNABLE TO AVOID THE ACCIDENT . AFTER THE COLLISION , FOR A WHILE I FELT MYSELF UNABLE TO MOVE (SEAT BELT WAS ON .WHEN THE FIREFIGHTHERS CAME THEY FORCE TO OPEN THE DOOR AND MANAGE TO GET OUT OF THE VEHICLE AND WAS CONVEY TO THE HOSPITAL

#### 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 .....	SLF3042K
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Vezel
Vehicle Variant .....	-
Vehicle Colour .....	Black
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

Name of injured person .....	CHIN CHEE YEAN
Gender .....	Male
Phone No .....	(Phone) +65-94527034
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	Insured was injured and conveyed by ambulance to SGH
Injured person in which vehicle? .....	SLL5070J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****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. 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 lodgment 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)**

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.

Policyholder's Signature  
Date & Time:

20 May 2022

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

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
MOHAMED SAIFULLAH S/O SYED MASOOD  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN #2

