

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 Actual 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	11/08/2022 10:38 (SGT)
Reported by	Driver
Date of Accident	10/08/2022 16:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KEPPEL VIA DUCT SLIP ROAD INTO KAMPONG BAHRU RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG5349X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS EUOKARS PTE LTD
Company Reg No	1XXXXX859N
Email Address	INFO-ESPL@EUOKARS.COM.SG
Mobile Phone No	(Phone) +65-63310680
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mini
Model	COUNTRYMAN
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V03017/VTN/R01

DRIVER

Name of Driver	ABDUL AZIZ BIN MOHAMED JAMIN
NRIC No	SXXXX473E
Date Of Birth	28/06/1968
Occupation	Indoor

Date Of Driving Pass	28/03/1988
Driving experience	34 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90087868
Alt. Phone Number	-
Email Address	INFO-ESPL@EUROKARS.COM.SG
Address	BLK 60 DAKOTA CRESCENT #14-24
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	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.
- (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:

11/8/2022
10:15am

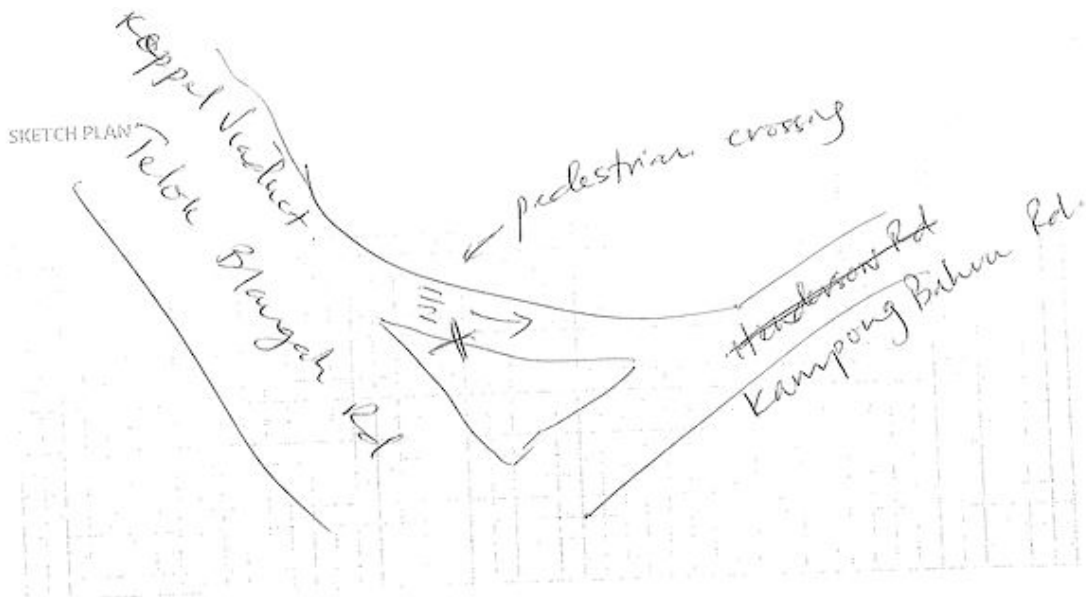


Driver's Signature
(If driver is not the policyholder)
Date & Time:

11/8/2022 10:15

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

[Signature]



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10th Aug 2022, I was travelling (QC, testry) SMG 5349X along Telok Blangah Rd. Turned left into slip road towards ~~Henderson Rd~~ ^{Kampung Bahru Rd}. I stepped down on the accelerator to actuate the turbo charger - wastegate valve was replaced, when I lost control and skidded into the bushes under the flyover. I could not actuate the wastegate before this as traffic was heavy.

DECLARATION

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

Policyholder's Signature
Date & Time:

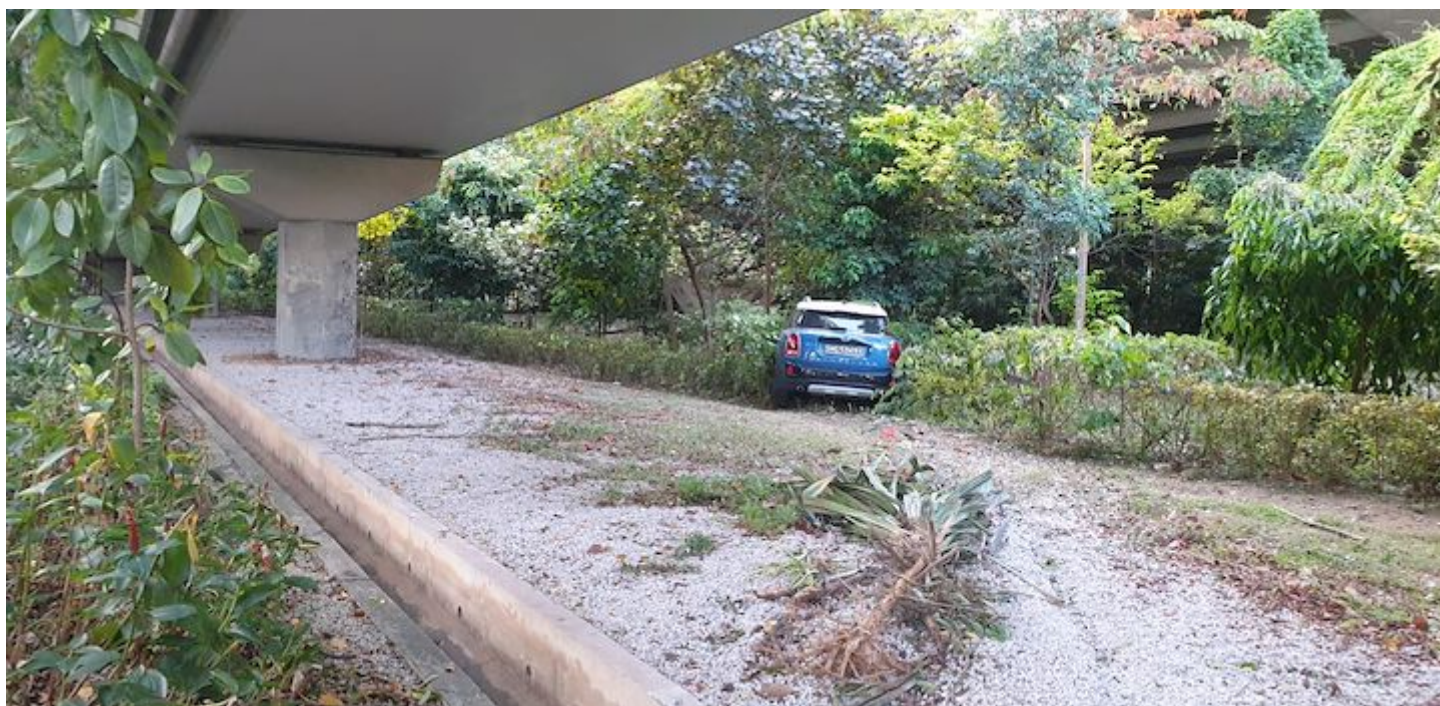
11/8/2022
10.15am



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

11.8.2022 @1011

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





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: SE0P228B0001 Vehicle Registration No: SM45349X
 Name (as shown in NRIC): TRANS EUROKARS Pte Ltd NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 27A Tanjong Pagar Singapore (609042)
 Contact (Tel): 6331 0680 Mobile No.: _____
 Email Address: INFO-ESPL@EUROKARS.COM.SG
 Date of Accident: 10/03/2022 Time of Accident: 10:20
 Place of Accident: Keppel via duct slip road into Kampong Bahru Rd
 Insurance Company: Liberty

(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:

To amend policy holder from the Eurokars Habitat
to TransEurokars

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

v/jun/2022