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 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.

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 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 08/11/2022 14:09 (SGT) Reported by Date of Accident 07/11/2022 20:35 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG AYE TOWARDS TUAS Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SML4168G INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD Company Reg No 1XXXXX399N Email Address thirumalaisakthi@live.com.sg Mobile Phone No (Phone) +65-97415044 Alternative Phone No VEHICLE PARTICULARS Manufacturer Volkswagen Model TOURAN 1.4 TSI CL 5T13NZ HLG Variant 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 1395 **INSURANCE COMPANY**

Name of Insurance Company **EQ Insurance Company Ltd** Policy Number / Cover Note Number DMPPHQ22-003834

DRIVER

Name of Driver SRINIVASAN THIRUMALAI NRIC No SXXXX522I Date Of Birth 15/05/1965 Occupation Indoor

Date Of Driving Pass 19/10/2001 Driving experience 21 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-97415044 Alt. Phone Number Email Address thirumalaisakthi@live.com.sg Address 77 WESTWOOD AVENUE Address complement Postcode 648399 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 - Change/cross lane Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Passenger 1 Gender Female PASSENGER 2 Name Passenger 2 Gender Female PASSENGER 3 Name Passenger 3 Gender Female 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 I was merging into aye towards Tuas and the lane I was merging into was clear suddenly third party vehicle which was on the lane I was

Are accident photos available for attachment?

ATTACHMENT(S)

Yes

merging into sped up and collided onto my vehicle right side near rear passenger door area. No injuries involved.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE6625Y
Vehicle Manufacturer	Hino
Vehicle Model	FS1ETKA 28 TON 6X4 M
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	HENG CHENG CHENG
Work Permit No	GXXXX499T
Contact Number	(Phone) +65-89046344
Address	<u>.</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

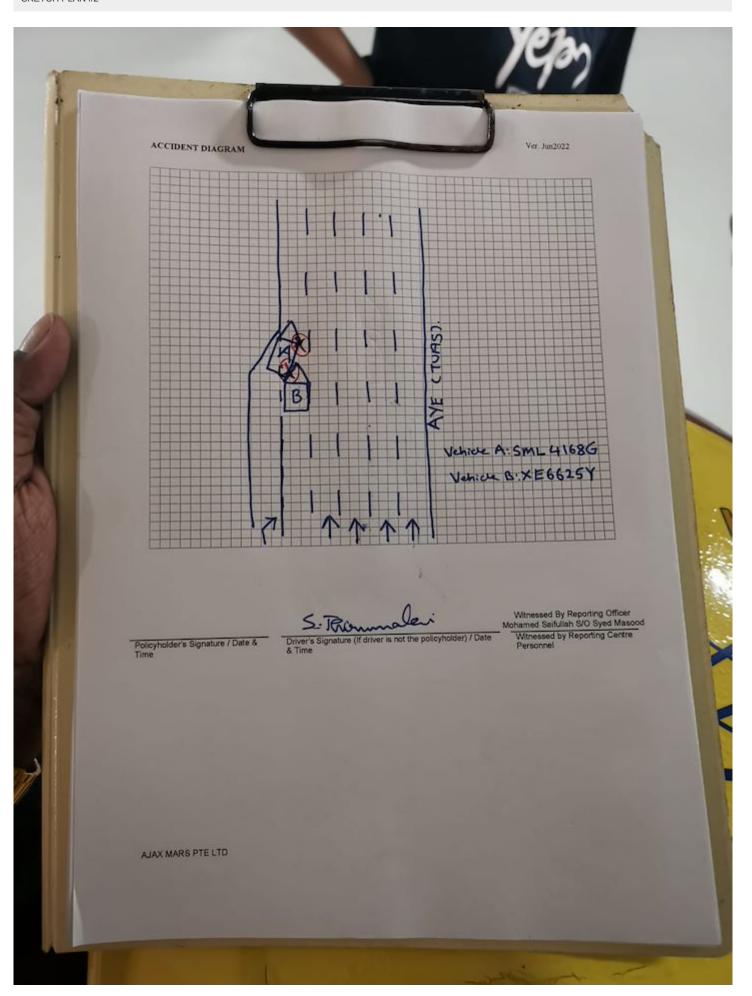
IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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)

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 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	S Thomas	Witnessed By Reporting Officer Mohamed Saifullah S/O Syed Masood
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time 8 Nov 2022	Witnessed by Reporting Centre Personnel
Sketch Plan		



I was merging into AYE towards Tuas and the lane I was merging into was clear suddenly third party vehicle which was on the lane I was merging into speed up and collided onto my vehicle right side near rear passenger door area two times. I would like state that when third party driver was leaving from the accident scene he hit onto my right side mirror. No injuries involved.

Declaration

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

Witnessed By Reporting Officer Mohamed Saifullah S/O Syed Masood

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time 8 Nov 2022

Witnessed by Reporting Centre Personnel

