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 08/02/2023 11:23 (SGT) Reported by Date of Accident 08/02/2023 09:00 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS AIRPORT BEFORE PAYA LEBAR EXIT Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number GBF8876G INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **OKY PTE LTD** Company Reg No 2XXXXX032G Email Address thetminhtin@10gmail.com Mobile Phone No (Phone) +65-83749791 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna 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 No - Claiming third party

your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Policy Number / Cover Note Number DMCPHQ22-001163

DRIVER

Name of Driver THET MIN HTIN NRIC No GXXXX195P Date Of Birth 09/06/1978 Occupation Outdoor

Date Of Driving Pass 17/11/2016 Driving experience 6 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-83749791 Alt. Phone Number Email Address thetminhtin@10gmail.com Address **BLK 5 EUNOS CRESCENT** Address complement # 01-2605 Postcode 400005 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes 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? 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBL9888J 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 Di			

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	THET MIN HTIN Male (Phone) +65-83749791 BLK 5 EUNOS CRESCENT # 01-2605 400005 - NECK & BACK PAIN GBF8876G
Was this injured conveyed to hospital by ambulance?	- No

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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' 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 Sigi Time Sketch Plan	Driver's Signatur & Time DS Airport				Witnessed b Personnel	y Reporting Centre
						A-GBF8876G B-GBL9888J C-UNERM
				_		
		IOKK KO	2			

Describe Circumstances of the Accident
I was travelling along PLE toward Airport, before payor town
as the traffic was heavy, I was moving very slowly, suddenly I
felt a huge Impact on the rear portion of my vehicle and that
Impact thrust my rehicle and collided rehicle infrant of me,
causing this 3 vehicle chain collision. Afterward I realise vehicle
B had collided to the rear parties of my vehicle. I would also
want to slate that rehicle C came down after the accident
to take a quick book and did not exchange any image or detail and draw
off, so I did not manage to get any photo of vehicle C. After the
accident, the front and rear portion of my vehicle was damage.
accient, the 41th,

Declaration

We declare the foregoing particulars are true in every respect.

TO THE STATE OF TH

Policyholder's Signature / Date & Time

Soft

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

grund 8/2/2023

Witnessed by Reporting Centre Personnel



































