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 09/02/2023 18:06 (SGT) Reported by Date of Accident 08/02/2023 19:45 (SGT) Exact Location of Accident Singapore Additional Location Information AIRPORT ROAD HEADING TO PAYA LEBAR Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number GBD1595Z INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner FOUR SEASONS CATERING PTE LTD Company Reg No 1XXXXX526E Email Address kokyawkyawm@gmail.com Mobile Phone No (Phone) +65-88851351 Alternative Phone No VEHICLE PARTICULARS Manufacturer Nissan Model Nv350 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 - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2488 **INSURANCE COMPANY** Name of Insurance Company **EQ Insurance Company Ltd** Policy Number / Cover Note Number DMCPHQ22-002255

KYAW KYAW MIN

GXXXX638U

22/08/1997

Outdoor

DRIVER

NRIC No

Name of Driver

Date Of Birth

Occupation

Date Of Driving Pass 01/08/2019 Driving experience 3 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-88851351 Alt. Phone Number Email Address kokyawkyawm@gmail.com Address **5 UPPER ALJUNIED LANE** Address complement # 06-42 Postcode 360005 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 Collision - Head to Rear 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? 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? 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 SLW1321D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

SXXXX333B

MOHAMMAD SALIKIN BIN MOHD SALEH

Vehicle Category

Name of Driver

NRIC No

Contact Number	(Phone) +65-82627634
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

VEHICLE NO: DATE OF ACCIDENT:

IMPORTANT NOTICE

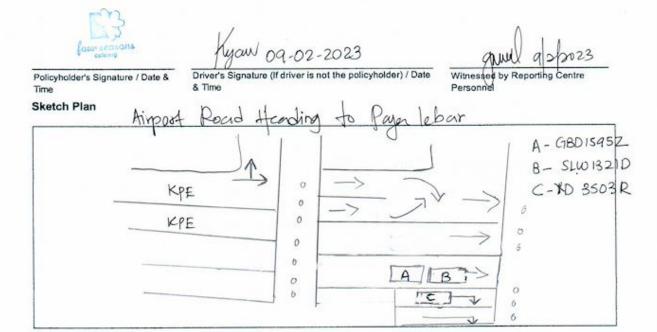
- Please report <u>correctly</u> the details of the accident to speed up the daims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudlate policy liability</u>.
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- 5. Any false reporting may be referred to the Police for Investigation.
- 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)

lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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.



necribe	Circumstances	of the Accident	VEHICLE NO
Describe	Circumstances	Of the Accident	

DATE OF ACCIDENT:

cur and was talking and his car abor was oper so see	
drive again and Im break and I follow sain all from our portion of the vehicle. Vehicle B and me came out from our portion of the vehicle. Vehicle B and me came out from our portion of the vehicle.	ear ur denly

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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









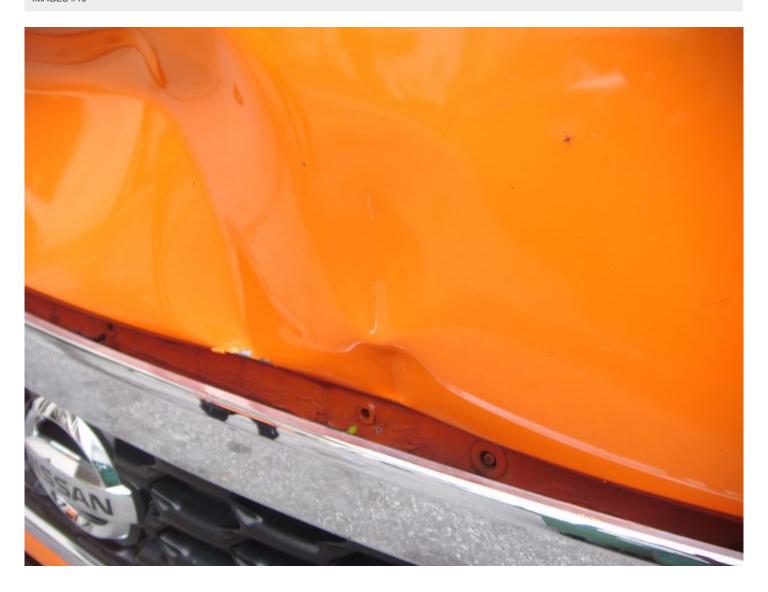






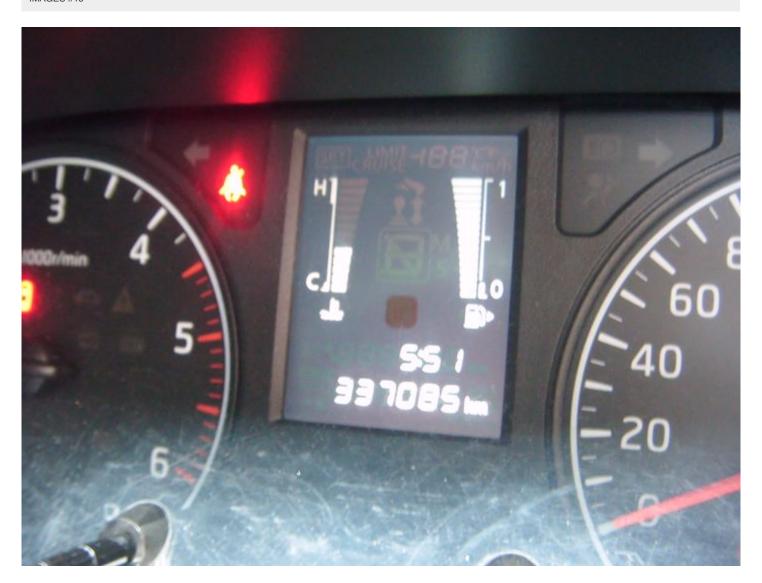
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SN0923290008 ____ Vehicle Registration No: __ GBD 1595Z Name (as shown in NRIC): Kyaw Kyaw Min NRIC/FIN/Passport No: 6 38726384 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Address: _ 5ubper A junied \$ 06-42. Singapore (360005) Contact (Tel): 8885 1351 _ Mobile No.: Email Address: Kokyawkyawm @ gmeil-com 08/02/2023 Date of Accident: ___ Time of Accident: Place of Accident: Insurance Company: EQI (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: Address - Supper Aljunied Policyholder / Actual Driver's Signature Reporting Centre Personnel's Signature Date: Name (as in NRIC/ID card): Date: