

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 ability.
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 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 Report	27/02/2017 11:26
Date Of Accident	10/05/2016 11:00
Exact Location Of Accident	ALONG GEYLANG ROAD/HAIG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7214J
Insured/Policyholder	
Name Of Registered Owner	GM ENGINEERING PTE LTD
Co Reg No	200411998Z
Email Address	admin@gmengrg.com
Mobile Phone No	
Alternative Phone No	Office-62950176

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 D Panel Van (M)
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?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	EQ Insurance Company Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCPHQ16-001124
Cover Note Number	

Driver

Name of Driver	LEE CHIK HWEE
NRIC No	S7082735B
Date Of Birth	13/12/1970
Occupation	Outdoor
Date Of Driving Pass	14/01/1998
Driving Experience	18 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-98250076
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 30 MARSILING DRIVE #08-301
Postcode	730030
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	No
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG GEYLANG ROAD AND SLOWLY MOVE INTO THE INNER LANE TO MAKE A LEFT TURN INTO HAIG ROAD. AS I WAS ALMOST IN THE LEFT LANE, ALL OF A SUDDENLY I FELT A BANG FROM BEHIND, A BUS HAS HIT INTO MY VAN CAUSING HIS SIDE MIRROR DROPPED ONTO THE GROUND. I ALIGHTED FROM MY VAN AND PICK UP THE MIRROR AND PASS IT TO THE BUS DRIVER. HE DID NOT ALIGHT FROM THE BUS. AFTER TAKING THE MIRROR HE JUST DROVE OFF. WE DID NOT EXCHANGE ANY PARTICULARS.

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	SMB3164B
Vehicle Make/Model/Colour	BUS
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

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 envelope/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.



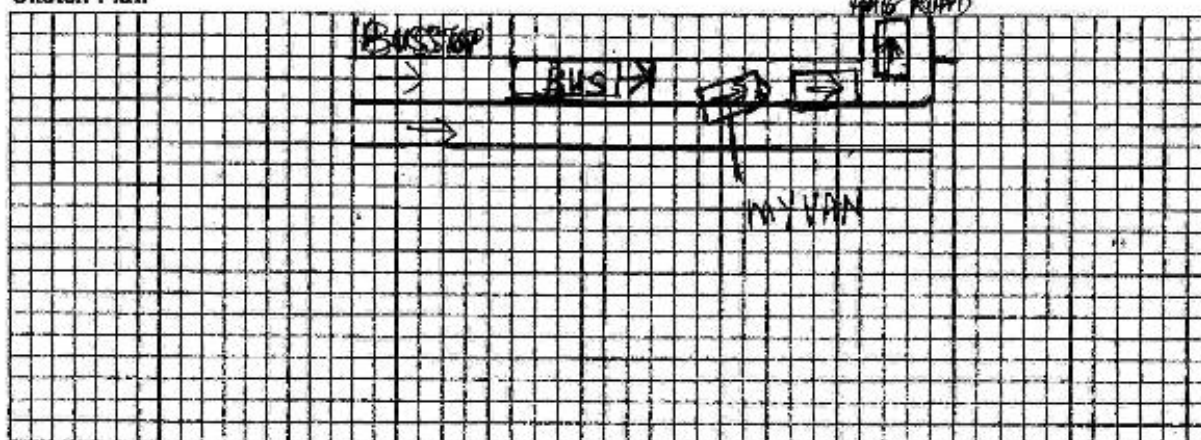
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

— Refers to the report —

Declaration

We declare that the foregoing particulars are true in every respect.



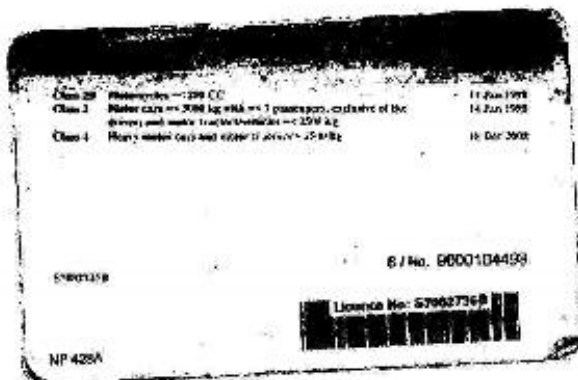
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan #3



pass date: 14/1/1998

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

