

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	13/11/2017 09:40
Date Of Accident	12/11/2017 09:30
Exact Location Of Accident	JUNCTION OF SENGKANG EAST WAY TOWARDS KPE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK9047E
Insured/Policyholder	
Name Of Registered Owner	CHEAH CHEE SIEAN ROLAND
NRIC No	S7225253E
Email Address	SUN9047@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97308896
Alternative Phone No	OTHERS-97308896
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM-1.8 (A)
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
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-005386
Cover Note Number	08/11/2017 TO 07/11/2018
Driver	
Name of Driver	CHEAH CHEE SIEAN ROLAND
NRIC No	S7225253E
Date Of Birth	17/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	01/06/1999
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97308896
Fax Number	
Contact Number	OTHERS-97308896
Email Address	SUN9047@GMAIL.COM

Address	APT BLK 158C RIVERVALE CRESCENT #07-681 (S) 543158
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	DRIZZLING
Road Surface	WET

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)	1

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

refer with attach.

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	SKB8686C
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Name of Driver	SEOW POH CHEONG (XIAO BAOCHANG)
NRIC/Passport Number	S7025966D
Contact Number	98735955
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident Sketch Plan Pg. 1


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.

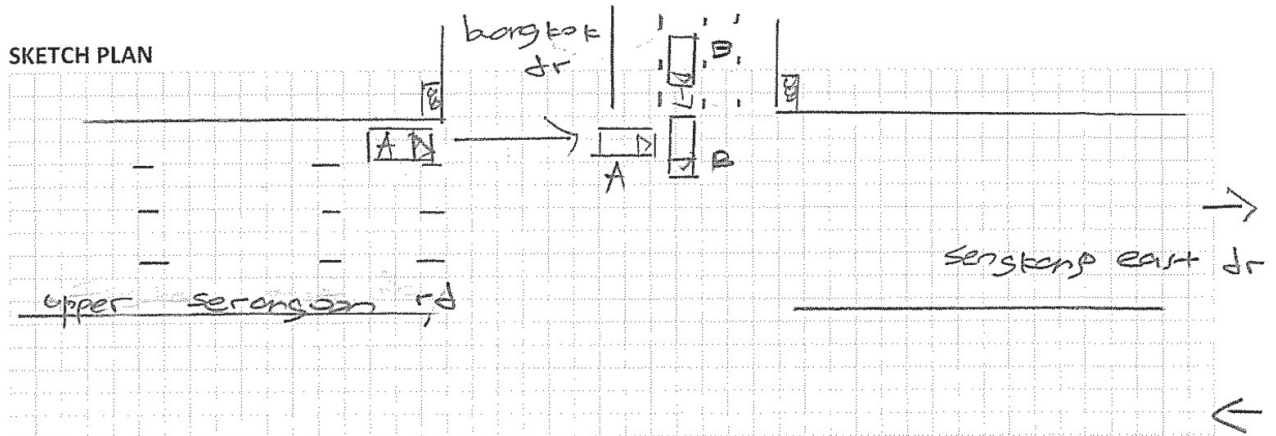

Policyholder's Signature
Date & Time: 13/11/2012


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


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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Sunday morning I were travelling along upper serangoon Road toward sengkang east dr cross junction. The light traffic light turn Red and I stopped Behind the line. But after 1min instead of looking at the traffic light which is still in Red. I looked at the other traffic light which was further away that turn Green. As I moved my car out of the traffic light, I were hit by the other car going toward Buangkok Ave

Insurance Co.	EQ Insurance
Vehicle No.	SJR 9047E
Date of Accident	12/11/17
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim <input type="checkbox"/> Other Workshop	

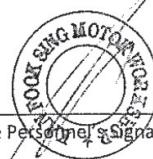
DECLARATION

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

Ched Lee
 Policyholder's Signature
 Date & Time:

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

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



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7225253E**
Name: **CHEAH CHEE SIEAN ROLAND
XIE ZHIXIANG ROLAND**

Birth Date: **17 Jul 1972**
Issue Date: **19 Nov 2015**

002494792D

SG 50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7225253E

Name: **CHEAH CHEE SIEAN ROLAND
(XIE ZHIXIANG ROLAND)**

Race: **CHINESE**
Date of birth: **17-07-1972**
Country/Place of birth: **SINGAPORE**

Sex: **M**

S7225253E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	01 Jun 1999
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	05 Sep 2013

NP 428A



5538340

NRIC No S7225253E

Date of issue: **19-11-2015**

Address: **APT BLK 158C RIVERVALE CRESCENT
#07-681
SINGAPORE 543158**

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
 reg no. 1978-00490-N

**PRIVATE CAR
SCHEDULE**

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Agency	A000295	Class of Policy	PRIVATE CAR	Policy Number	DMPPHQ17-005386
Account	A000295	Issued on	11/10/2017 in Singapore	Replacing Policy no.	DMPPHQ16-004798
Client	0118370	Acceptance Date	11/10/2017		

Period of Insurance from 08/11/2017 to 07/11/2018 , both dates inclusive

Insured's Name CHEAH CHEE SIEAN ROLAND
 Address BLK/HOUSE NO. 158C #07-681
 RIVERVALE CRESCENT
 SINGAPORE 543158

Business/Occupn Executive (Office)

Premium	Basic Annual Premium	SGD720.22		
	Special Discount @ 5%	SGD34.21-		
	Safe Driver Discount	SGD36.01-		
	Premium after NCD	SGD650.00	Premium Due	SGD650.00
			Premium GST	SGD45.50
			Total Due	SGD695.50

Risk No. 001	PRIVATE CAR			
1. Registration	SJK9047E	Make/Model	HONDA STREAM 1.8 MPV	1799cc
Type of Cover	Comprehensive	No. of seats	8	Body Type MPV
Engine No.	R18A13800177	Capacity cc	1799	Yr of Manuf/Regn 2008/2008
Chassis No.	JHMRN68809S200183			NCB% 50.00
				Certificate Ref. MX2
Sum Insured: Market Value at the time of loss			SGD0.00	
Insured/Named Drivers			SGD600.00	
Unnamed Drivers			SGD1,100.00	
YEID		Additional	SGD3,000.00	
Named Drivers Insured			LIM CHOON MEI	

PRIVATE CAR COMPREHENSIVE - CLASSIC PLAN (Ver. 8)

For information on Motor Claims Framework (MCF), please visit GIA websites
 (www.gia.org.sg /pdfs /Industry /Motor /MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
 Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the
 Certificate of Insurance. You will have to pay the Excess for every claim made
 against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have

Continued on page 2



Accident Photo



Accident Photo



Accident Photo



Accident Photo

