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 witholding 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 consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/11/2017 13:59
Date Of Accident	18/11/2017 15:00
Exact Location Of Accident	ALONG SYED ALWI ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR4976H
Insured/Policyholder	
Name Of Registered Owner	LEE CHONG SOON
NRIC No	S7116566C
Email Address	ANSON90049988@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90049988
Alternative Phone No	OFFICE-90049988
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6L CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PRIVATE CAR

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company **EQ INSURANCE COMPANY LTD**

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number DMPPHQ17-000605

N.A Cover Note Number

Driver

Name of Driver LEE CHONG SOON

NRIC No S7116566C Date Of Birth 15/05/1971 **INDOOR** Occupation Date Of Driving Pass 08/01/1993

Driving Experience 24 YEARS AND 10 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-90049988

Fax Number

Contact Number OFFICE-90049988

EMail Address ANSON90049988@HOTMAIL.COM Address

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

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Insurance Company of Driver's Own Vehicle

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2

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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.

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Day: 18 Nov 2017 Time: 3pm approx I SKR4976H was travelling along Plumber Road to Townshed Road. The taxi was coming from Syed Alwi towards Jalan Sultan. There are cars parked along Syed Alwi Road and bicycle crossing the cross junction of Syed Alwi Road and Plumber/Townshed Road. I had to edge out and check traffic which I had already crossed the stop line at Plumber Road and at the centre dotted line of a 2 ways Syed Alwi Road. I had checked clear of bicycle and cars before proceeding to cross the other half of Syed Alwi Road. When I proceed, this taxi did not slow down from a distance but a relatively quick speed of that road, I jammed brake quickly but the taxi had already brushed past my front part of the car. There is no dent on the taxi but scratches past marks. No injuries involved.

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 SHB168U

Vehicle Make/Model/Colour TOYOTA PRIUS TAXI

Details Of Properties

Name of Driver MALKIT SINGH S/O JASSA SINGH

NRIC/Passport Number S1651795Z Contact Number 98507641

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number

Email Address

TCH PLAN

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 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 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.

- 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' 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
- (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.

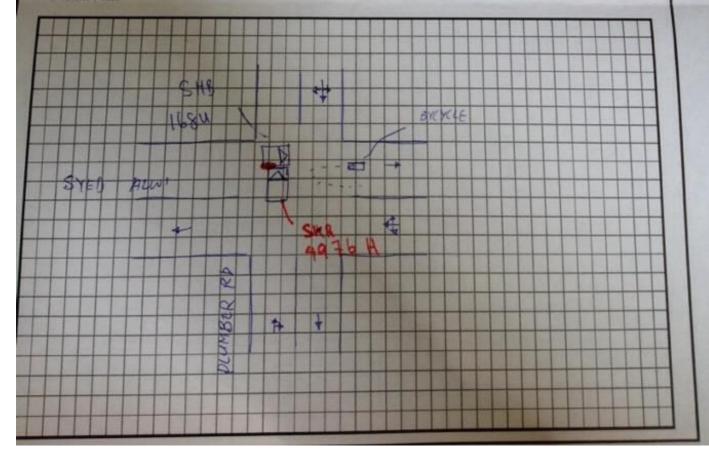
VERIFIED BY AJAX MARS REPORTING OFFICER

MUHAMMAD SUMARDI BIN MOHD AFFANDI

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

Personnel

Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT	(2000 characters)
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Day: 18 Nov 2017 Time: 3pm approx	
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Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information prov	vided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MUHAMMAD SUMARDI BIN MOHD AFFANDI	
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
19 November 2017 10:29 am	19 November 2017 10:30 am







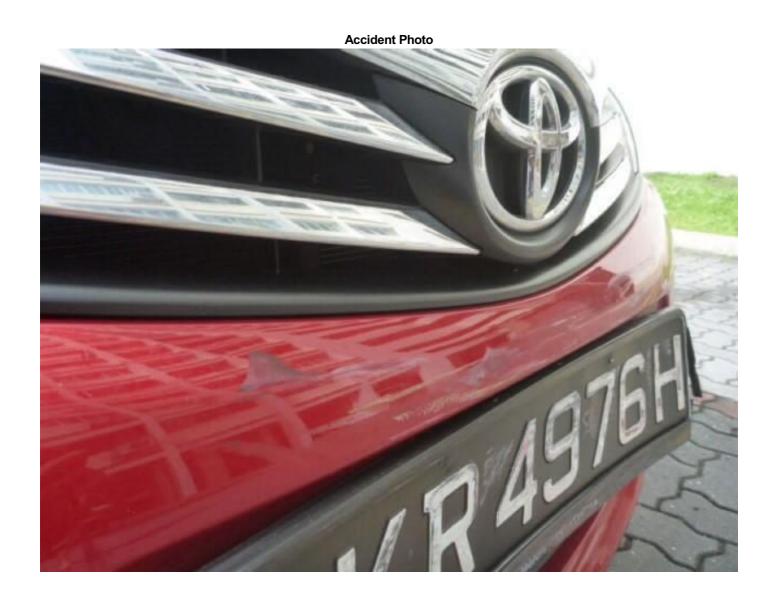
























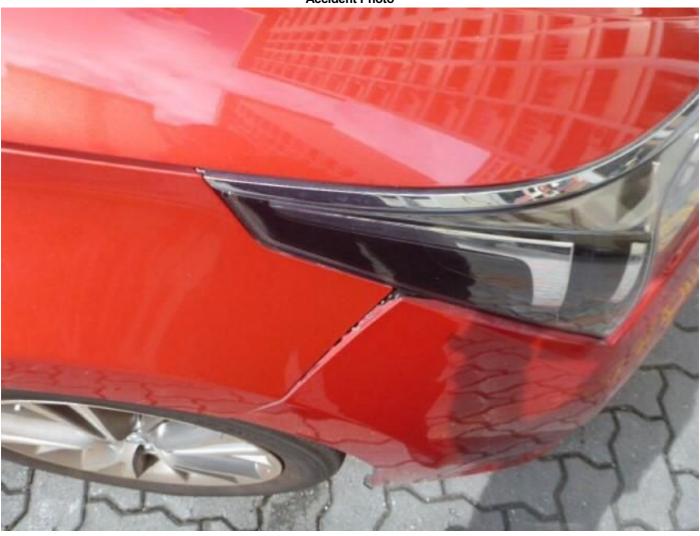






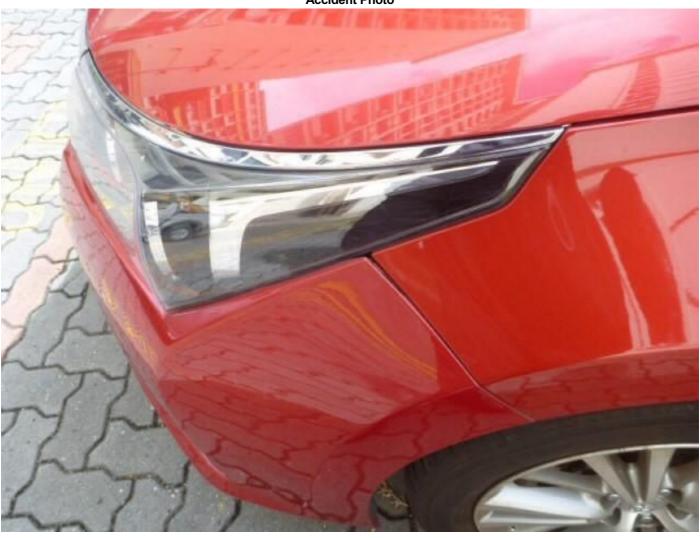




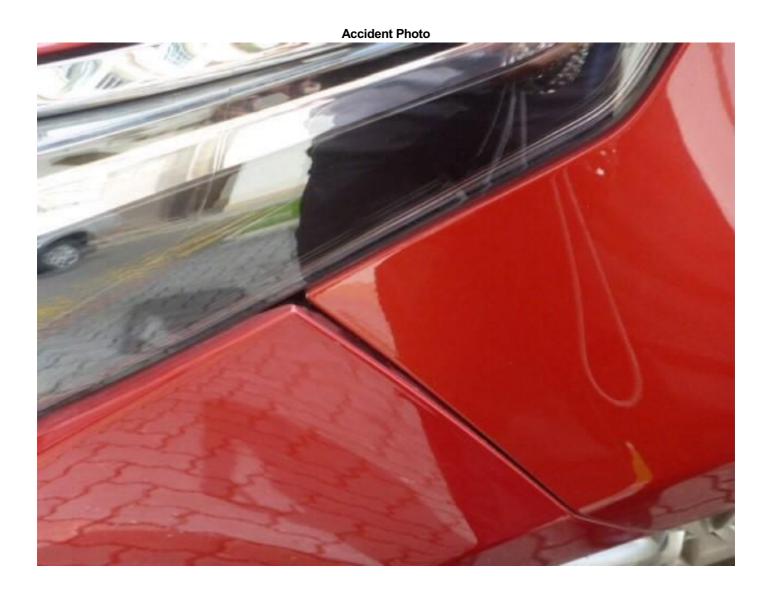






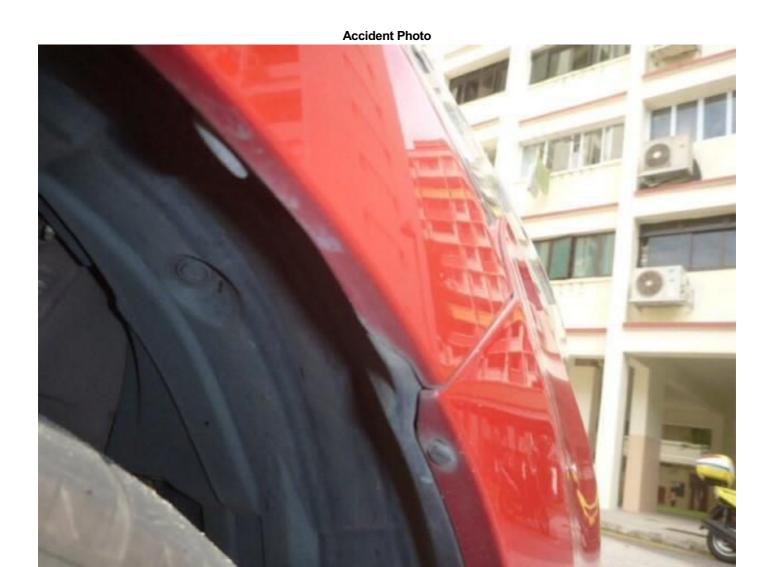












Driving License



Driving License

