

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	25/11/2017 19:33
Date Of Accident	22/11/2017 16:05
Exact Location Of Accident	AYE NEAR TO EXIT CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB8684H
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Insured/Policyholder

Name Of Registered Owner	CNC ENGINEERING SERVICES
Co Reg No	49865400A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68534421

Vehicle Particulars

Manufacturer	JAGUAR
Model	XJ 3.0L DIESEL LWB PL A/T ABS D/AB HID
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?	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	DMPPHQ17-003530
Cover Note Number	N.A

Driver

Name of Driver	LUNG FEI
NRIC No	S8170780D
Date Of Birth	04/07/1981
Occupation	INDOOR
Date Of Driving Pass	04/03/2006
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94561152
Fax Number	
Contact Number	
EEmail Address	DEADMANLF@GMAIL.COM

Address

Postcode

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

Weather Conditions CLEAR

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? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] TRAFFIC POLICE DIVISION HQ

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Police report (T/20171123/7000). A collision to the rear of Malaysian car on the highway 1st lane with carplate number JRS9973. No one is injured and no damage to other government properties.

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 JRS9973

Vehicle Make/Model/Colour CHEVROLET / MALIBU LTZ / BLACK

Details Of Properties NIL

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number 60167081523

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 4

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

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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 submission 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, if needed.
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 an 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 making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to being about recovery 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.
(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

I HAVE DRAWN

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**SINGAPORE
POLICE FORCE**



T/20171123/7000

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20171123/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2017 01:25		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LUNG FEI			Address: 48 CANBERRA DRIVE #16-16 SINGAPORE 768437		
ID Type / ID No.: NRIC NO / S8170780D			Contact No.: Home/Office: Mobile: 94561152		
Nationality: SINGAPORE CITIZEN			Email: deadmanlf@gmail.com		
Sex: Male	Age: 36	Date of Birth: 04/07/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: IT CONSULTANT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 22/11/2017 16:05	Type of Location: Straight Road
Location: AYE Around 1.4KM before the clementi ave 6 exit from city				
Weather: Sunny		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRS 9973	Car	CHEVROLET	MALIBU LTZ	Black	Slightly Damaged	4
SKB8684H	Car	JAGUAR	XLJ	Silver	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171123/7000

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20171123/7000

CONTINUATION OF REPORT

Driver			
Name	LUNG FEI	ID No.	S8170780D
Related Vehicle	SKB8684H (Car)	Contact No.	94561152
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

A collision to the rear of Malaysian car on the high way 1st lane with car plate number JRS 9973. No one is injured and no damage to other government properties,



**SINGAPORE
POLICE FORCE**



T/20171123/7000

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20171123/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/11/2017 01:25

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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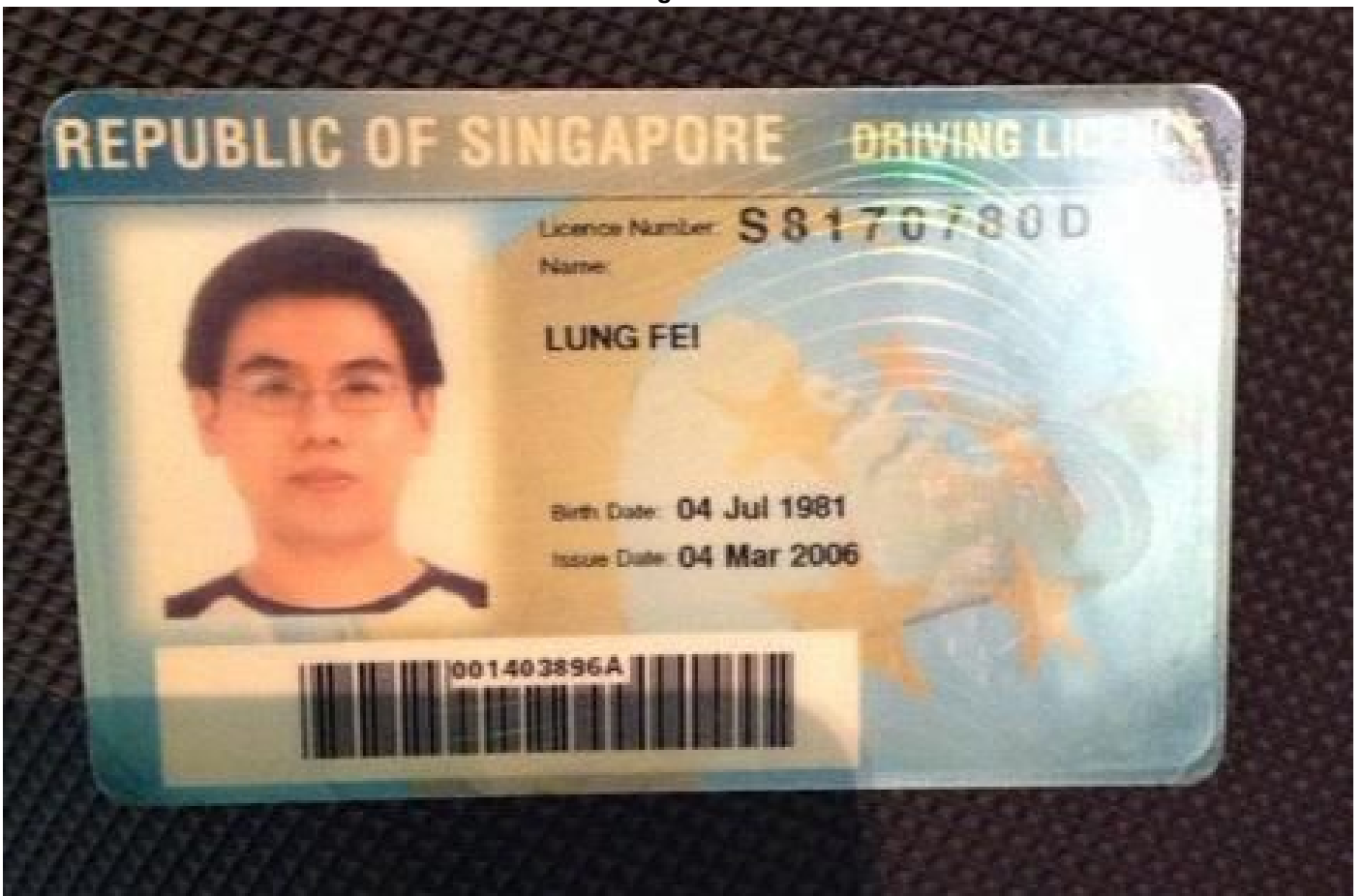
Accident Photo



Accident Photo



Driving License



Driving License

