

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	08/12/2017 15:59
Date Of Accident	27/11/2017 09:45
Exact Location Of Accident	ALONG HOLLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD7305Z
Insured/Policyholder	
Name Of Registered Owner	LIM RU ZHU DOLEEN
NRIC No	S8508159D
Email Address	DOLEENLIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83686236
Alternative Phone No	OFFICE-83686236

Vehicle Particulars

Manufacturer	AUDI
Model	A1 1.4 TFSI S-TRONIC
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	DMPPHQ17-003371
Cover Note Number	

Driver

Name of Driver	LIM RU ZHU DOLEEN
NRIC No	S8508159D
Date Of Birth	09/03/1985
Occupation	INDOOR
Date Of Driving Pass	23/01/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83686236
Fax Number	
Contact Number	OFFICE-83686236
Email Address	DOLEENLIM@GMAIL.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 -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING

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

I (SKD7305Z) WAS DRIVING ALONG HOLLAND ROAD WHEN A CAR (SKS9574X) IN FRONT SUDDENLY STOPS. I BRAKED BUT DUE TO THE WET SURFACE, I COULDN'T STOP IN TIME. THE TRAFFIC LIGHT WAS ON GREEN AT THAT POINT OF TIME. 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 SKS9574X

Vehicle Make/Model/Colour VOLVO/V40 D2 A/T ABS D/AIRBAG 2WD/RED

Details Of Properties

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number 83381316

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 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.

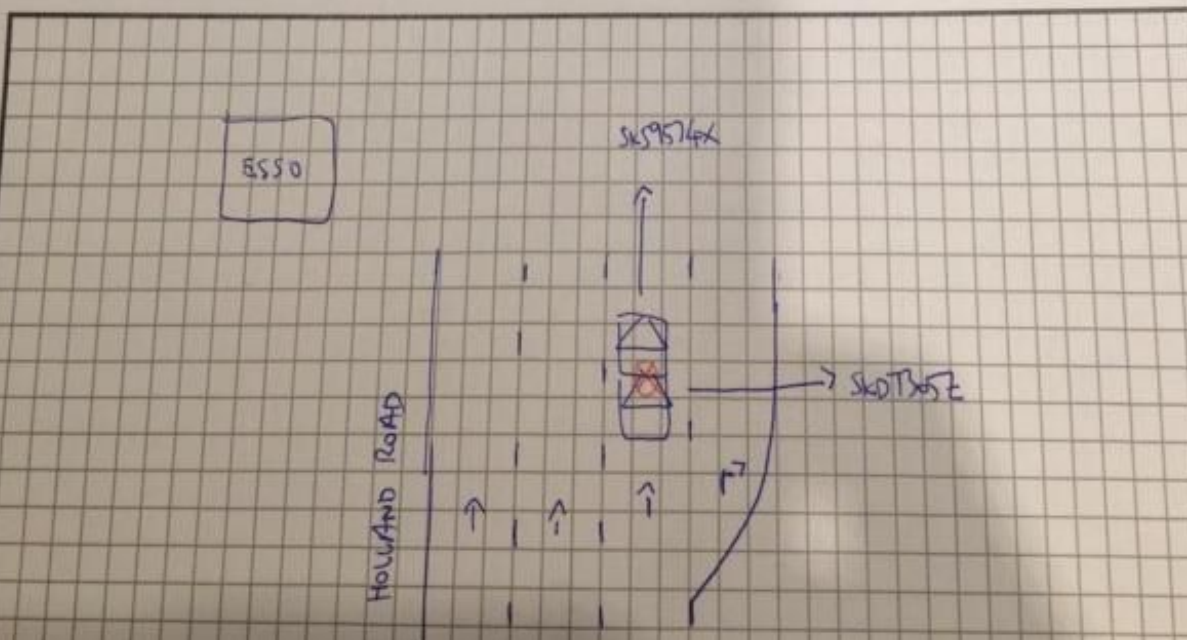
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMMAD SULHANDI BIN
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I (SKD7305Z) WAS DRIVING ALONG HOLLAND ROAD WHEN A CAR (SKS9574X) IN FRONT SUDDENLY STOPS. I BRAKED BUT DUE TO THE WET SURFACE, I COULDNT STOP IN TIME. THE TRAFFIC LIGHT WAS ON GREEN AT THAT POINT OF TIME. NO INJURIES INVOLVED.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

8 December 2017 at 3:40 PM

Date/Time:

8 December 2017 at 3:40 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



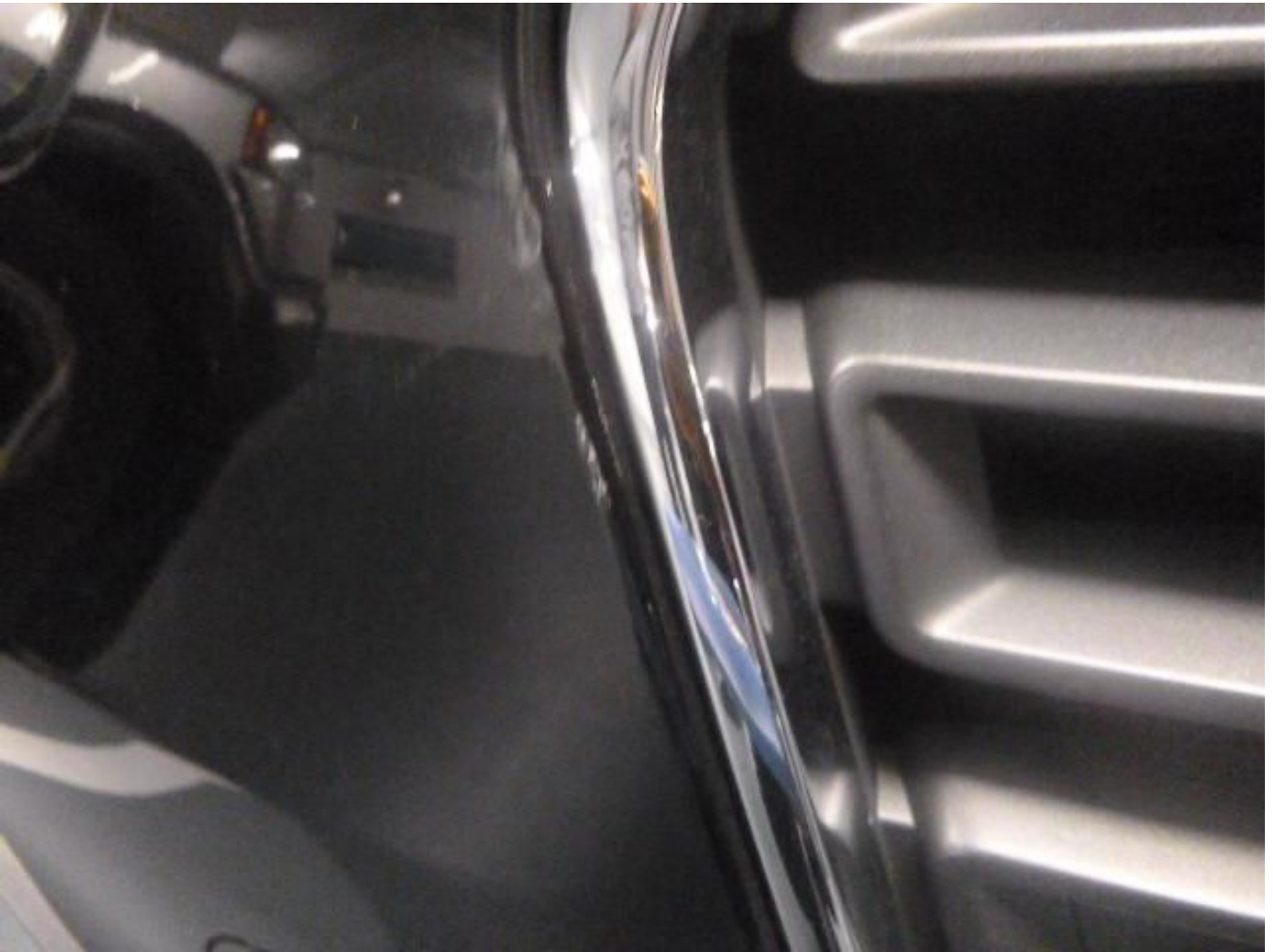
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8508159D**



Name
LIM RU ZHU, DOLEEN
林如珠

Race
CHINESE

Date of birth
08-03-1985

Country/Place of birth
SINGAPORE

Sex
F

S8508159D

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number **S8508159D**

Name
LIM RU ZHU, DOLEEN

Birth Date **09 Mar 1985**

Issue Date **23 Jan 2010**



001824122D

Identification Card

