

## 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	14/01/2018 17:33
Date Of Accident	13/01/2018 22:10
Exact Location Of Accident	PIE TOWARDS TUAS AFTER THE STEVEN RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFL6080U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GAN CHENG HUAN
NRIC No	S1578191B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98266747
Alternative Phone No	OFFICE-98266747

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DMPPHQ17-000896
Cover Note Number	

### Driver

Name of Driver	GAN HANQIANG LOUIS
NRIC No	S9339278G
Date Of Birth	23/10/1993
Occupation	INDOOR
Date Of Driving Pass	14/03/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98266747
Fax Number	
Contact Number	
Email Address	DIMENSION1234@HOTMAIL.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 driving along PIE towards Tuas after Stevens Road Exit. A BMW in front of my car starting to slow down and I followed to slow down. However, the BMW suddenly jammed brake and I immediately jammed my brake as well. Unfortunately my front bumper was damaged. I was told by Ms Chan(Nissan juke driver) that there was a taxi in front of her car (Nissan Juke) which suddenly jammed brake to which the Nissan Juke jammed brake and managed to avoid collision with the taxi. However, a Mazda collided with the Nissan Juke and the BMW which was in front of mine collided with the Mazda. From the photo, the rear of the BMW seemed not damaged. I have exchanged particulars with the Drivers of Nissan, Mazda and BMW. There were no injuries involved and we were told by the Traffic Police to clear off the site.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB9800H
Vehicle Make/Model/Colour	BMW/ 523i A/BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG KONG WEE
NRIC/Passport Number	S7711790C
Contact Number	98205940
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKQ7843T
Vehicle Make/Model/Colour	MAZDA/3 4-DOOR SEDAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AARON
NRIC/Passport Number	S9211981E
Contact Number	81809261
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKS1031Z
Vehicle Make/Model/Colour	NISSAN/JUKE 1.6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN WA YIN
NRIC/Passport Number	S1598095H
Contact Number	90074400
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Sketch Plan

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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.
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.

*[Signature]*  
Policyholder's Signature / Date & Time

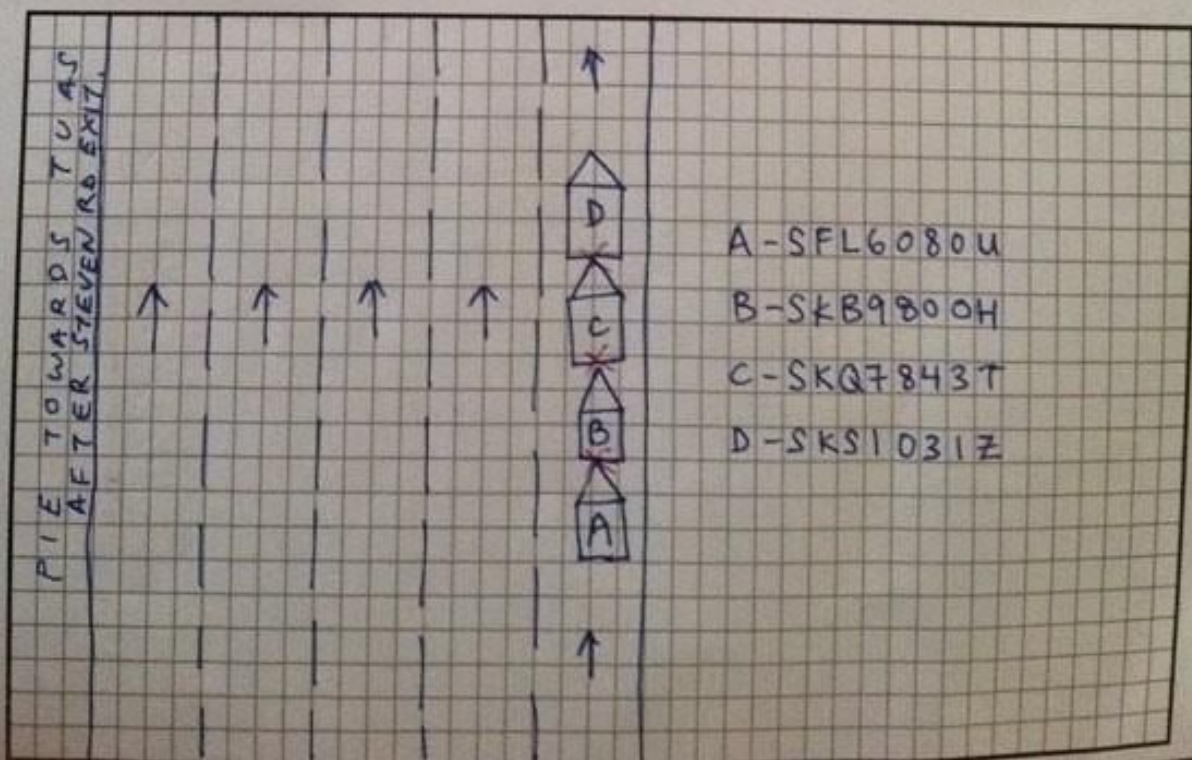
14/1/18

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

14/1/18

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Mohammad Azaly Bin Abdullah  
Witnessed by Reporting Centre  
Personnel

### Sketch Plan



**ACCIDENT STATEMENT (2000 characters)**

Refer to statement which will forward to us.

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 -  
EUGENE KOH YEW KIAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

13 January 2018 at 4:30 PM

Date/Time:

13 January 2018 at 4:30 PM

**Meilin**

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**From:** W G <dimension1234@hotmail.com>  
**Sent:** Monday, 15 January, 2018 12:05 PM  
**To:** Meilin  
**Subject:** Re: GIA Report - SFL6080U

Hi Meilin

We spoke.

This is to inform you that I wish to claim for own damage claim. Pls assist to amend the report and re-send to me. I'm now at your authorised workshop at ComfortDelho Engrg at Ubi.

Tks.

*Sent from my Mobile*

----- Original message-----

**From:** Meilin  
**Date:** Mon, 15 Jan 2018 11:19  
**To:** dimension1234@hotmail.com;  
**Cc:**  
**Subject:** GIA Report - SFL6080U

Dear Sir/Madam,

Please find attached file, the GIA Accident Report for your perusal.

Kindly ignore, If you find the statement, 'Your NCD will be affected due to late reporting' found on the right top corner of the report.

The date and time of your call to Mobile Accident Response Service (MARS) will be taken as the time you reported your accident to the insurer which is within 24 hours from the time of accident as required under the Motor Claims Framework (MCF).

If you require any further clarification on the matter, please do not hesitate to contact us at 6333 2222.

Thank You.

Mobile Accident Response Service (MARS)  
Tel: 6333 2222



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. S9339278G



Name  
GAN HANQIANG LOUIS

顏 翰 強

Race  
CHINESE

Date of birth 23-10-1993 Sex M

Country of birth  
SINGAPORE

S9339278G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9339278G

Name  
GAN HANQIANG LOUIS

Birth Date: 23 Oct 1993

Issue Date: 14 Mar 2013



002160784A

# Identification Card



Mohammad Az



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MBHH18006758 Vehicle Registration No: SFL6080U  
Name(as shown in NRIC) : GAN HANQIANG LOUIS NRIC/FIN/Passport No : S9339278G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98266747  
Email Address : \_\_\_\_\_  
Date of Accident : 13/01/2018 Time of Accident : 22:10HRS  
Place of Accident : PIE TOWARDS TUAS AFTER THE STEVEN RD EXIT  
Insurance Company: EQ INSURANCE COMPANY LTD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend to OD claims

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Meilin Chai  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 841119016058  
Date: 15 Jan 2018