

## 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 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	14/02/2018 02:57
Date Of Accident	12/02/2018 14:40
Exact Location Of Accident	NEAR YISHUN MRT STATION 301 YISHUN AVENUE 2 769093
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP2556Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG BEE HONG
NRIC No	S1809640D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82002038
Alternative Phone No	OFFICE-82002038

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.6
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-004659
Cover Note Number	N.A.

### Driver

Name of Driver	CHONG BEE HONG
NRIC No	S1809640D
Date Of Birth	02/07/1967
Occupation	INDOOR
Date Of Driving Pass	01/01/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-82002038
Fax Number	
Contact Number	OFFICE-82002038
Email Address	NOEMAIL

Address	BLK 895B WOODLANDS DRIVE 50 731895 #06-34
Postcode	731895
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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
Passenger 1	NAME: : JOANNA NG GENDER: : FEMALE

#### 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 slowing down and almost making a full stop when veh behind hit against my rear. The Impact push my car forward and hit against vehicle in front. It was a chain collision of 4 vehicle.

#### 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	SHC4274P
Vehicle Make/Model/Colour	TOYOTA/PRIUS TAXI I
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR YONG
NRIC/Passport Number	S1348940D
Contact Number	98348042
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB0939L  
Vehicle Make/Model/Colour CHEVROLET/EPICA 2.0DSL AT  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver MR TAN  
NRIC/Passport Number S0101582F  
Contact Number 94895676  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBE9209G  
Vehicle Make/Model/Colour OPEL/VIVARO VAN N\_  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number 96287003  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver) 1

# Sketch Plan

## IMPORTANT NOTICE

## SKETCH PLAN

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- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- 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/mall 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/are 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.

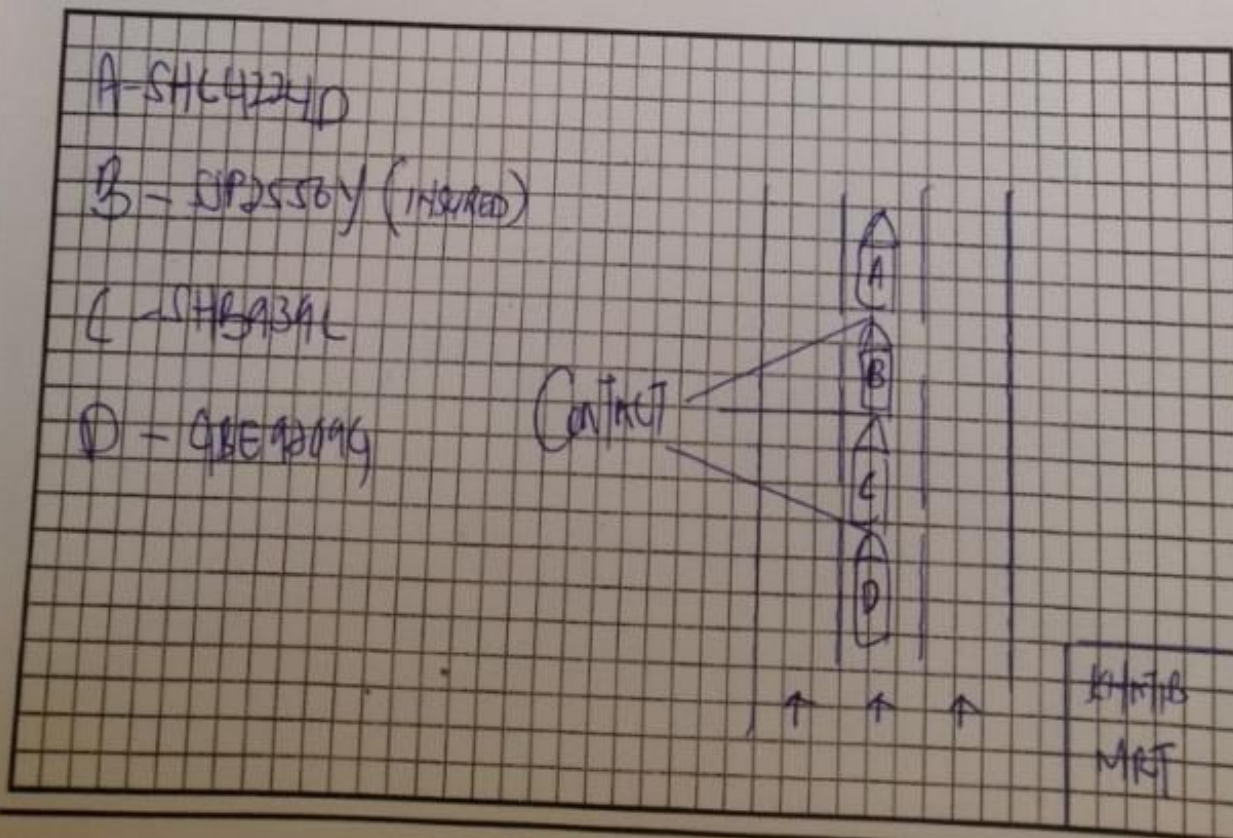
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMED SHARIL  
BIN SATAR

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

### ACCIDENT STATEMENT (2000 characters)

I was slowing down and almost making a full stop when veh behind hit against my rear. The Impact push my car forward and hit against vehicle infront. It was a chain collision of 4 vehicle.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Claim 3rd party


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### DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

13 February, 2018 4:55 pm

Date/Time:

13 February, 2018 4:55 pm

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





**Accident Photo**



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Identification Card

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1809640D**



Name

**CHONG BEE HONG**

**莊美鳳**

Race

**CHINESE**

Date of Birth



**02-07-1967**

Sex

**F**

Country of Birth

**SINGAPORE**





Identification Card

1107146



NRIC No: S1809640D



Blood Group: O+      Date of issue: 14-07-1993

Address:

APT BLK B95B WOODLANDS DRIVE 50 #06-34  
SINGAPORE 731895

NRIC No: S1809640D      Date: 14-07-1993      No: 2046111