

## 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	10/03/2014 17:10
Date Of Accident	09/03/2014 19:15
Exact Location Of Accident	Along Depot Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH6506T
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#### Insured/Policyholder

Name Of Registered Owner	AU KIM CHU
NRIC No	S1457853F

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	GETZ-1.5 3 DR (A)
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	DMPPHQ13-003618
Cover Note Number	NA

#### Driver

Name of Driver	TOH CHIN WEI
NRIC No	S8435057E
Date Of Birth	17/11/1984
Occupation	Indoor
Date Of Driving Pass	10/06/2004
Driving Experience	9 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-81839592
Fax Number	
Contact Number	
EEmail Address	briantohcw@gmail.com
Address	NA
Postcode	NA
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	Collision- Head to Rear (Insured Hit TP)
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
Was there any video captured by Car Camera?	No

#### 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 travelling along Depot Rd on the right lane. A taxi SHD5795R was on the left lane when it suddenly made a U-turn across my lane. I managed to brake but couldn't stop on time and collided onto the taxi rear. Damage to my car were on the front right side. No injuries were involved.

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD5795R
Vehicle Make/Model/Colour	TOYOTA WISH 2.0 BI-FUE
Details Of Properties	NA
Name of Driver	TAY SWEE HUAT
NRIC/Passport Number	S1120973D
Contact Number	90932062
Address	NA
	NA
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### Details of Witness

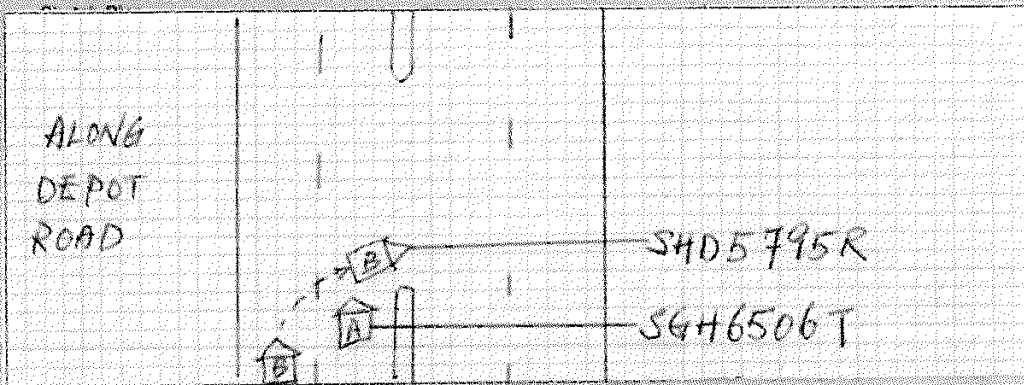
Name	NA
Phone Number	NA
Email Address	NA

Sketch Plan

SKETCH PLAN

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Describe Circumstances of the Accident

I was travelling along depot road on the right lane. A taxi SLD 5795R was on the left lane when it suddenly made a U-turn across my lane. I managed to brake but couldn't stop on time and collided with the taxi car.

Damage to my car were on the front right side.

No injuries were involved.

Declaration

I/We declare the foregoing particulars are true in every respect

VERIFIED BY  
TEAM LEADER

FAIZAL  
S853584BJ

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Centre Personnel

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

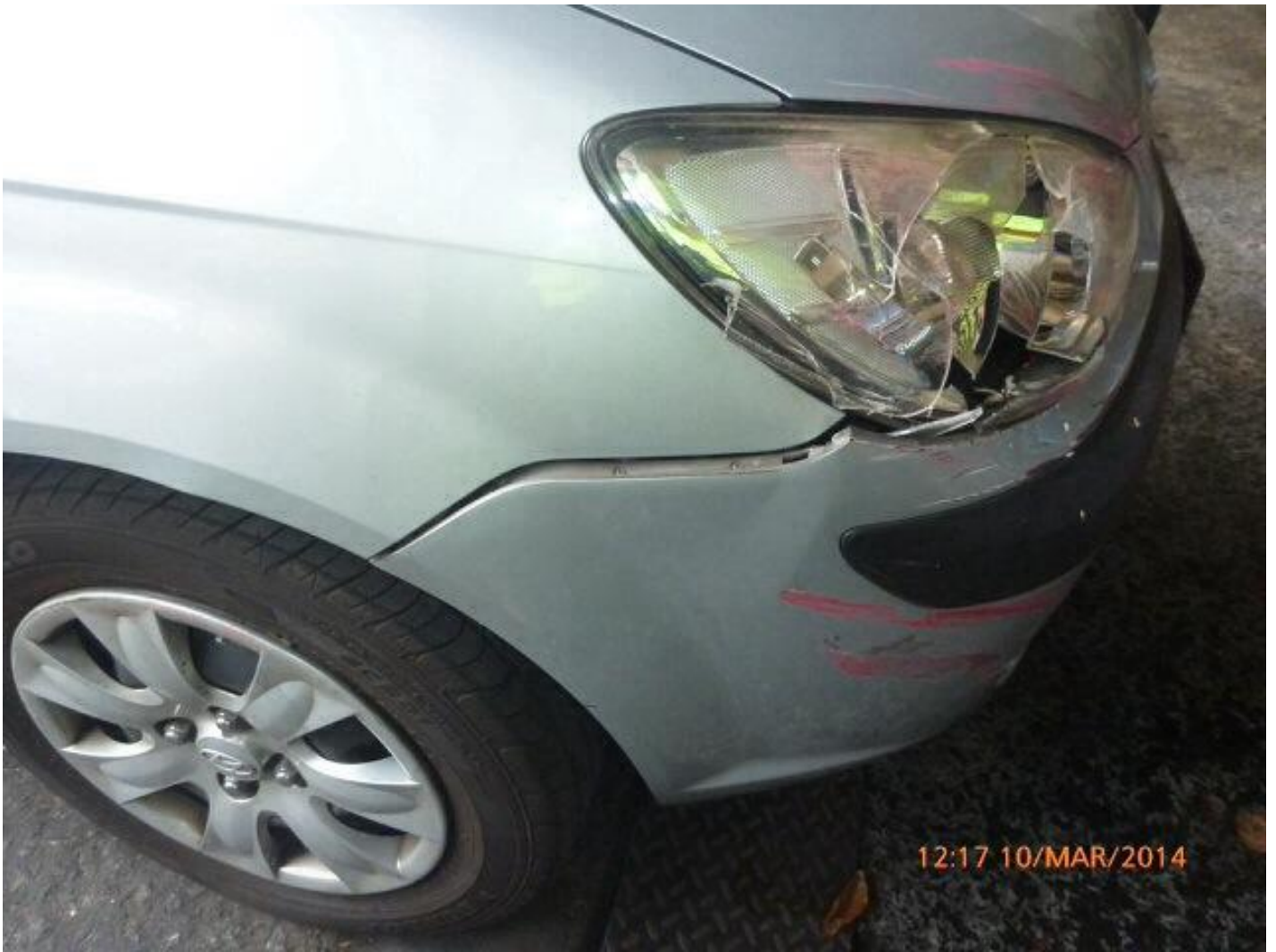


Accident Photo



12:16 10/MAR/2014

Accident Photo



Addendum Sheet Pg.1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**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 : MEQ114028568 Vehicle Registration No : PGH 6506T  
Name(as shown in NRIC) : Toh Chin Wei  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : SP425057E  
Address : -  
Contact (Tel) : - (H/P) : 8183 9592  
(Email) : -  
Date of Accident : 09/03/2014 Time of Accident : 19:15hrs  
Place of Accident : Alg Depot Rd  
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:

Attached sketch plan.

VERIFIED BY  
MARS AGENT  
MEILIN CHAI  
A15900293

Signature of Vehicle Owner / Driver

Date: 11/03/2014 (E-File)

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm