

## 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	01/03/2018 16:40
Date Of Accident	01/03/2018 14:10
Exact Location Of Accident	AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8435Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG SEE FOOK
NRIC No	S1300536B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91730099
Alternative Phone No	OTHERS-91730099

### Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.6 SP (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	DMPPHQ17-001981
Cover Note Number	14/04/2017 - 13/04/2018

### Driver

Name of Driver	WONG YI HAO ADRIAN (HUANG YIHAO ADRIAN)
NRIC No	S8232164J
Date Of Birth	21/09/1982
Occupation	INDOOR
Date Of Driving Pass	02/04/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81898911
Fax Number	
Contact Number	
EEmail Address	ADRIANWONG82@GMAIL.COM

Address	BLK 435C FERNVALE ROAD #11-232
Postcode	792435
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

MOTOR CAR SGC4444C JAM BRAKE INFRONT, AS SUCH I FOLLOWED TOO BUT COULDN'T IN TIME AND THUS HIT ONTO IT'S REAR PORTION. UPON ALIGHTING, I THEN REALISED THERE WAS ANOTHER VEHICLE SHC5219T INFRONT OF SGC4444C. I WAS INVOLVED IN A 3 VEHICLE CHAIN COLLISION WITH NO ONE INJURED.

#### 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	SGC4444C
Vehicle Make/Model/Colour	MERCEDES BENZ A200 BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YIP HENG THONG
NRIC/Passport Number	S1741367H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC5219T
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Vehicle Make/Model/Colour	RED TRANCAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SJP 8435Z  
INSURER : EO  
DATE & TIME: 01/03/18 @ 1410

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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 (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Danyu (AME)  
NRIC/FIN No.: 01/03/18

## Sketch Plan #2

**SKETCH PLAN** *Alexandra Rd*

A: SJP 8435Z  
(alone)

B: SGC 4444C  
(alone)

C: SHC 5219T  
(w/ passenger)

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SJP 8435Z (EQ)

Date & Time: 01/03/2018 @ 1410 (clear/dry)

Motor car SGC 4444C jam brake in front, as such i followed too but couldn't in time and thus hit onto it's rear portion. Upon alighting, i then realised there was another vehicle SHC 5219T in front of SGC 4444C. I was involved in a 3 vehicle chain collision with no one injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

### DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

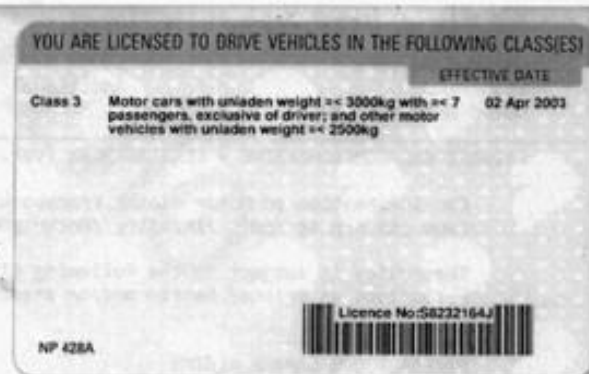
☒ Claim Own Policy    ( ) Claim Third Party    ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )

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### Sketch Plan #4



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





SCENE PHOTO





SCENE PHOTO

