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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/03/2018 11:20
Date Of Accident	02/03/2018 09:20
Exact Location Of Accident	KPE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW3940C
Insured/Policyholder	
Name Of Registered Owner	NG RUI QI STEPHANIE
NRIC No	S8405028H
Email Address	INFLUXA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98412482
Alternative Phone No	OFFICE-98412482
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	AVEO-1.4 5DR T255 (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-001351
Cover Note Number	
Driver	
Name of Driver	ROY HO GUAN RONG

Name of Driver ROY HO GUAN RONG

NRIC No S8414077E

Date Of Birth 20/05/1984

Occupation INDOOR

Date Of Driving Pass 07/12/2007

Driving Experience 10 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91691192

Fax Number

Contact Number

EMail Address INFLUXA@GMAIL.COM

BLK 470B UPPER SERANGOON CRESCENT #05-322 Address

SINGAPORE

Postcode 532470

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

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?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH STATEMENT RECORDED BY PEIWEN- PROGRESSIVE AUTOMOTIVE 67415336

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO WITH OWNER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHC2753L Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 interested parties.
- By the lodgment 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 "
 - 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 invoive 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 policyhelder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

		Vehicle No
		A-SJ W 3940
		B-SHC 275
	I B	
	1	Legend
	A LILLIANIA	D A-A
		THE A
		++++
		Vehicle Bike
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Ol. K. Und out	for Charle Care	
Weeky buya spor	to change lone, Lim the year.	
Hit Cab SHCLTS	L in the veer.	
ECLARATION		
We declare the foregoing part	culars are true in every respect.	inst own policy out he made within the
lease be advised that your in: lipulated timeframe from the	culars are true in every respect. urer may have a 14 day clause whereby the claim ago date of occurrence. Kindly check your policy for more	e details.
	Palp	XNVV
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Name: DOWN
	Date & Time: 213 19	NRIC/FIN No.:
IARMC SketchPlanForm V3	//	

DRIVER NRIC AND LICENSE Pg. 1



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8414077E





Name

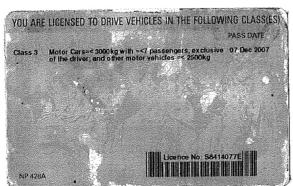
ROY HO GUANRONG (ROY HE GUANRONG)

何 冠 荣 Raco CHINESE

Date of birth 20-05-1984 Sex M

58414077E

Country/Place of birth



Date of Issue
14-01-2015
Address
APT BLK 470B UPPER SERANGOON CRESCENT
#05-322
SINGAPORE 532470

Accident Photo









Accident Photo



Accident Photo

