

## 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	05/03/2018 20:36
Date Of Accident	03/03/2018 19:40
Exact Location Of Accident	ALONG BUKIT HOO SWEE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY8119A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AVTECH ENGINEERING PTE. LTD.
Co Reg No	201501378W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83288687

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ18-000526
Cover Note Number	NA

### Driver

Name of Driver	TAN YOU KHOR
NRIC No	G7421254P
Date Of Birth	27/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83288687
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

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

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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
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: : SOON GENDER: : MALE

#### 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

WHEN I WAS TRAVELLING ALONG THE MENTIONED LOCATION FOLLOWING BEHIND VEHICLE B, OUT OF A SUDDEN VEHICLE B SLOW DOWN AND STOPPED STATIONARY AT THE SIDE OF THE ROAD. UPON REALISING IT, I SIGNAL AND OVERTAKE VEHICLE B WITH THE INTENTION TURNING INTO THE HDB CAR PARL. WHEN IN THE PROGRESS OF TURNING, VEHICLE B SUDDENLY MOVE FORWARD AND COLLIDED ONTO THE SIDE OF MY VEHICLE, AFTER THE IMPACT, WE ALIGHTED TO EXCHANGE DETAILS AND TOOK SOME PHOTOS BEFORE WE MOVE OFF. THERE IS NO INJURIES INVOLVED.

#### 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	SHA904S
Vehicle Make/Model/Colour	HYUNDAI / SONATA NF 2.0
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	LEE CHUNG MING
NRIC/Passport Number	S2599815D
Contact Number	91551386
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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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.



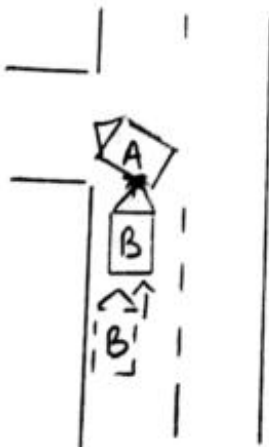
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
EUGENE KOH

Witnessed by Reporting Centre  
Personnel

Sketch Plan



ALONG BUKIT HOO SWEE

A) GY8119A

B) SHA904S

## Common Statement

### ACCIDENT STATEMENT (2000 characters)

WHEN I WAS TRAVELLING ALONG THE MENTIONED LOCATION FOLLOWING BEHIND VEHICLE B, OUT OF A SUDDEN VEHICLE B SLOW DOWN AND STOPPED STATIONARY AT THE SIDE OF THE ROAD. UPON REALISING IT, I SIGNAL AND OVERTAKE VEHICLE B WITH THE INTENTION TURNING INTO THE HDB CAR PARL. WHEN IN THE PROGRESS OF TURNING, VEHICLE B SUDDENLY MOVE FORWARD AND COLLIDED ONTO THE SIDE OF MY VEHICLE, AFTER THE IMPACT, WE ALIGHTED TO EXCHANGE DETAILS AND TOOK SOME PHOTOS BEFORE WE MOVE OFF. THERE IS NO INJURIES INVOLVED.

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

5 March 2018 at 2:05 PM

Date/Time:

5 March 2018 at 2:05 PM

Accident Photo



Accident Photo





Accident Photo





**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**






 **WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**AVITCOM SYSTEM PRIVATE LIMITED**

Sector: **SERVICE**


 Name  
**TAN YOU KHOR**  
Occupation  
**AUDIO & VIDEO EQUIPMENT TECHNICIAN**


Work Permit No.  
**4 01370730**

Date of Application  
**27-02-2016**

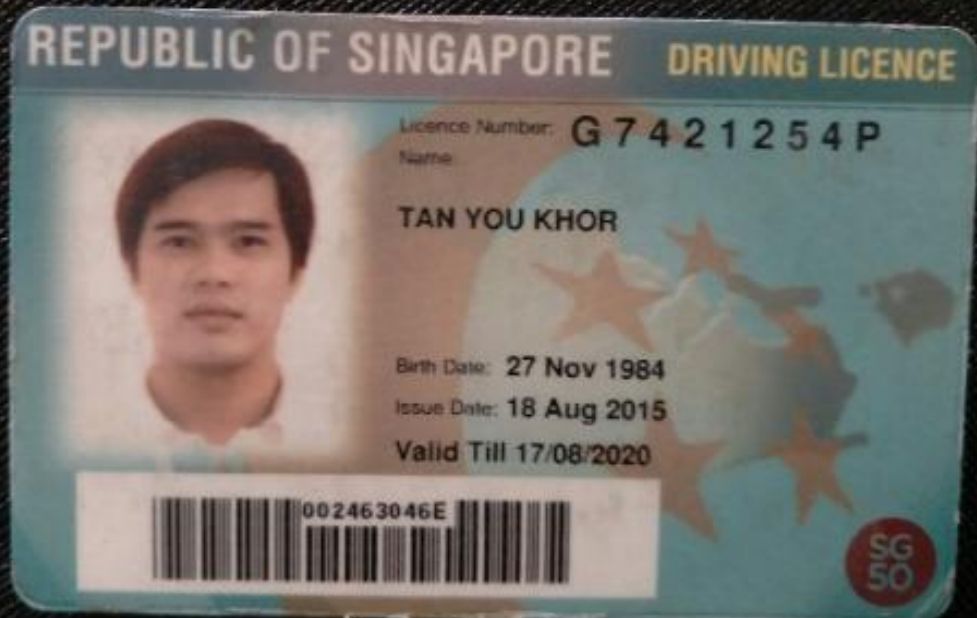
Date of Issue  
**01-06-2017**

Date of Expiry  
**25-06-2019**

 **L8004338**

Driving License



Driving License

