

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	19/02/2018 18:32
Date Of Accident	18/02/2018 12:40
Exact Location Of Accident	CTE TOWARDS CITY BEFORE BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4492H
Insured/Policyholder	
Name Of Registered Owner	TAN CHAY HUA
NRIC No	S0144715G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96384541
Alternative Phone No	OFFICE-96384541

Vehicle Particulars

Manufacturer	FORD
Model	FOCUS TITANIUM
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?	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	DMPPHQ17-005108
Cover Note Number	

Driver

Name of Driver	DARREN BECK KAI XIANG
NRIC No	S8418112I
Date Of Birth	04/07/1984
Occupation	INDOOR
Date Of Driving Pass	30/11/2005
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86910984
Fax Number	
Contact Number	
E Mail Address	DARREN.BECK0704@GMAIL.COM

Address	BLK 148 SERANGOON NORTH AVENUE 1 #01-459 SINGAPORE 550148
Postcode	
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
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?	
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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD FOLLOWING VEHICLE B, WHICH WAS IN FRONT AT A DISTANCE. WHEN VEHICLE B MADE AN EMERGENCY BRAKING, I FOLLOWED SUIT BUT MY VEHICLE COULD NOT STOP IN TIME AND HIT THE REAR OF VEHICLE B. NOBODY WAS INJURED AND THE DAMAGE WAS VERY MINIMAL AND THE DRIVER OF VEHICLE B ACKNOWLEDGED HE WAS PARTLY AT FAULT AND HAD AGREED TO SETTLE HIS OWN DAMAGE AND SUGGESTED I DO THE SAME. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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	SLS4301M
Vehicle Make/Model/Colour	SSANGYONG/TIVOLI 1.6D/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Sketch Plan

SKETCH PLAN

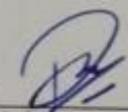
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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.

X 

VERIFIED BY AJAX MARS
REPORTING OFFICER
Hashim Kamari

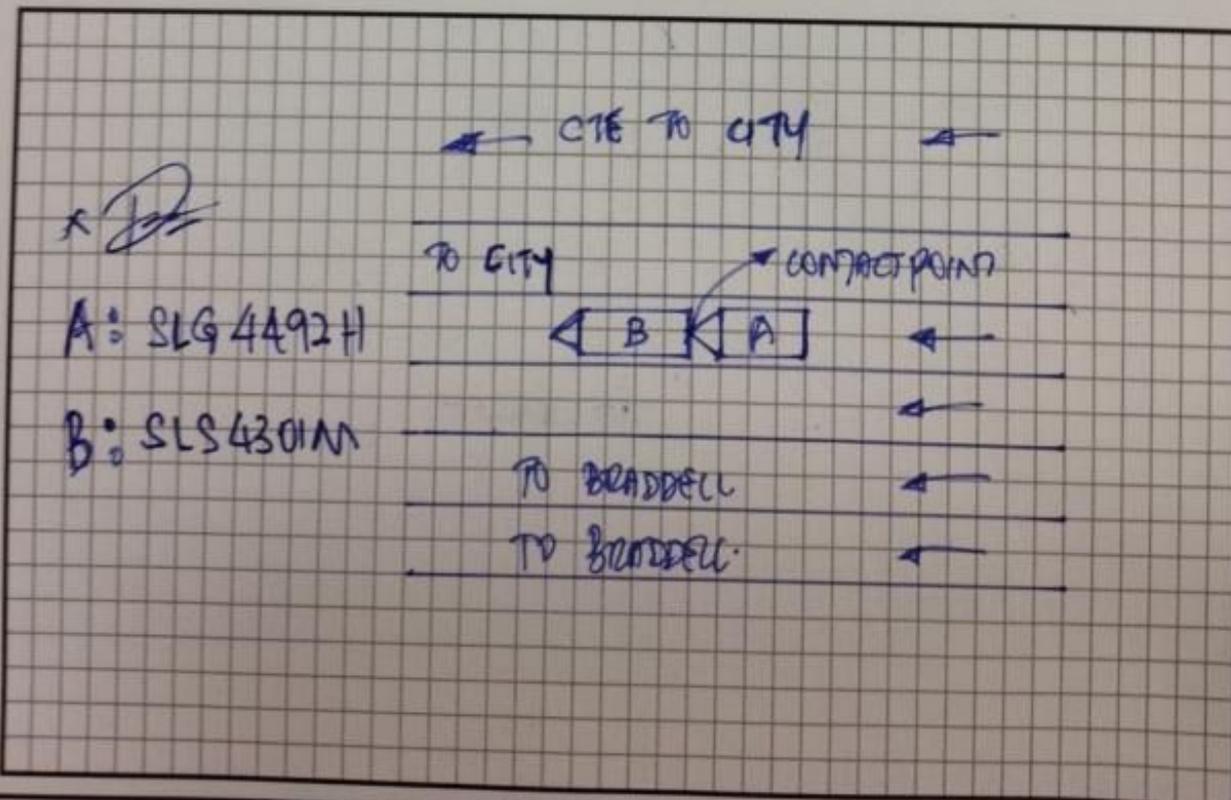
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

190218

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD FOLLOWING VEHICLE B, WHICH WAS IN FRONT AT A DISTANCE. WHEN VEHICLE B MADE AN EMERGENCY BRAKING, I FOLLOWED SUIT BUT MY VEHICLE COULD NOT STOP IN TIME AND HIT THE REAR OF VEHICLE B. NOBODY WAS INJURED AND THE DAMAGE WAS VERY MINIMAL AND THE DRIVER OF VEHICLE B ACKNOWLEDGED HE WAS PARTLY AT FAULT AND HAD AGREED TO SETTLE HIS OWN DAMAGE AND SUGGESTED I DO THE SAME.

STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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 -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

19 February 2018 at 1:52 PM

Date/Time:

19 February 2018 at 1:52 PM

Elizabeth Lee

From: Pauline Tan <pauline@newstate.com.sg>
Sent: Tuesday, 20 February 2018 5:21 PM
To: elizabeth@ajaxmars.com
Cc: 'Darren Beck'
Subject: FW: GIA REPORT - SLG4492H
Attachments: GIA REPORT - SLG4492H.PDF; Untitled attachment 00015.htm; AWR - SLG4492H.PDF; Untitled attachment 00018.htm

Dear Elizabeth

I would like to claim the cost of repair to my car under the motor insurance policy with EQ Insurance.

Please let me have amended report.

Thank you.

Best Regards
Tan Chay Hua, Pauline
Newstate Stenhouse (S) Pte Ltd
56 Lorong 23 Geylang
#04-01
Century Technology Building
Singapore 388381
Tel No. 62229188
DID 63985996
Mobile 96384541

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From: Darren Beck [<mailto:darren.beck0704@gmail.com>]
Sent: Monday, 19 February 2018 8:28 PM
To: Pauline <pauline@newstate.com.sg>
Subject: Fwd: GIA REPORT - SLG4492H

Sent from my iPhone 7

Begin forwarded message:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



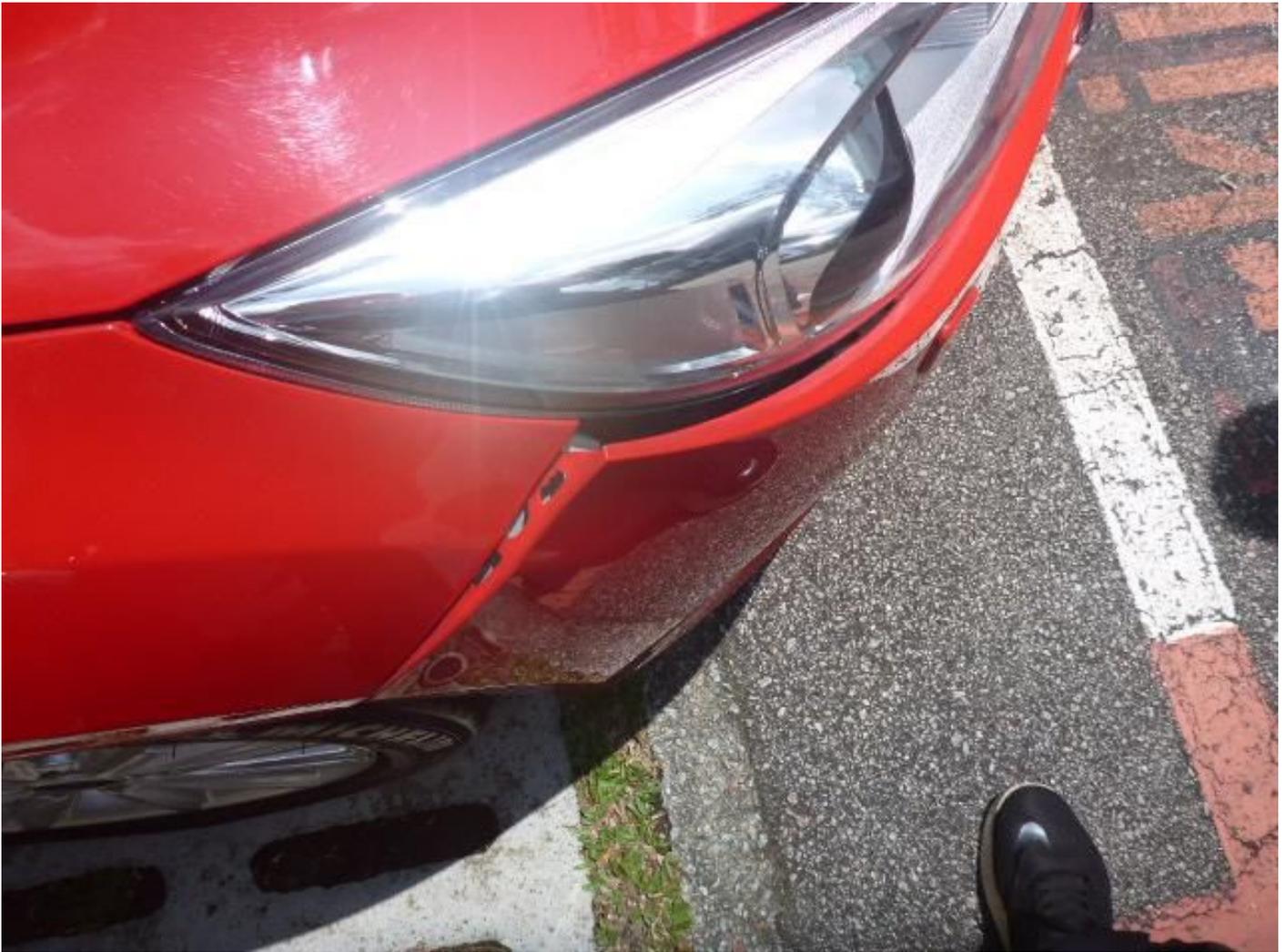
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S84181121



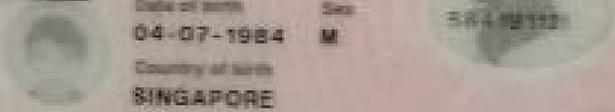
Name
DARREN BECK KAI XIANG

Race
CHINESE

Date of birth
04-07-1984

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S84181121

Name
DARREN BECK KAI XIANG

Birth Date: 04 Jul 1984

Issue Date: 29 Apr 2008



001598191F



Identification Card



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66SS00206 / GST Reg. No.: M400017735

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 : MBHH18024081 Vehicle Registration No: SLG4492H
Name(as shown in NRIC) : DARREN BECK KAI XIANG NRIC/FIN/Passport No : S8418112I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore()
Contact (Tel) : Mobile No.: 96384541
Email Address : DARREN.BECK0704@GMAIL.COM
Date of Accident : 18/02/2018 Time of Accident : 12:40
Place of Accident : CTE TOWARDS CITY BEFORE BRADDELL EXIT
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:

AMEND ACCIDENT TIME : 12.40PM

N.A
Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: NOR ATIKA
NRIC/FIN No.: G2055450P
Date: