

## 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	09/04/2018 19:08
Date Of Accident	07/04/2018 18:30
Exact Location Of Accident	BEFORE WESTGATE TOWER GANTRY ENTRANCE SLOPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD954X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAI MIN HOOI
NRIC No	S7781860Z
Email Address	TAIMINHOOI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94790710
Alternative Phone No	OTHERS-94790710

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	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	DMPPHQ17-005216
Cover Note Number	N.A

### Driver

Name of Driver	TAI MIN HOOI
NRIC No	S7781860Z
Date Of Birth	21/12/1977
Occupation	INDOOR
Date Of Driving Pass	23/03/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94790710
Fax Number	
Contact Number	OTHERS-94790710
Email Address	TAIMINHOOI@YAHOO.COM.SG

Address	WESTWOOD RESIDENCES, 192 WESTWOOD AVENUE #05-25
Postcode	648151
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	RAINING
Road Surface	WET

#### 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)	3
Passenger 1	NAME: : TAI YEE ZHE DARRYL GENDER: : MALE
Passenger 2	NAME: : TAI YEE SIANG JONAS 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

I was driving about to enter to the car park of Westgate shopping mall. It was raining and the floor was quite wet. I accidentally hit the car in front quite lightly. No injury involved and we exchanged particulars.

#### 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	SLC768K
Vehicle Make/Model/Colour	AUDI A4 1.4 TFSI S TRONIC / BLK
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	LOO PENG WAH
NRIC/Passport Number	S7606913A
Contact Number	93633444
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

## Sketch Plan

### SKETCH PLAN

#### 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 liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The 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 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.
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.

*[Signature]* 9/4/18

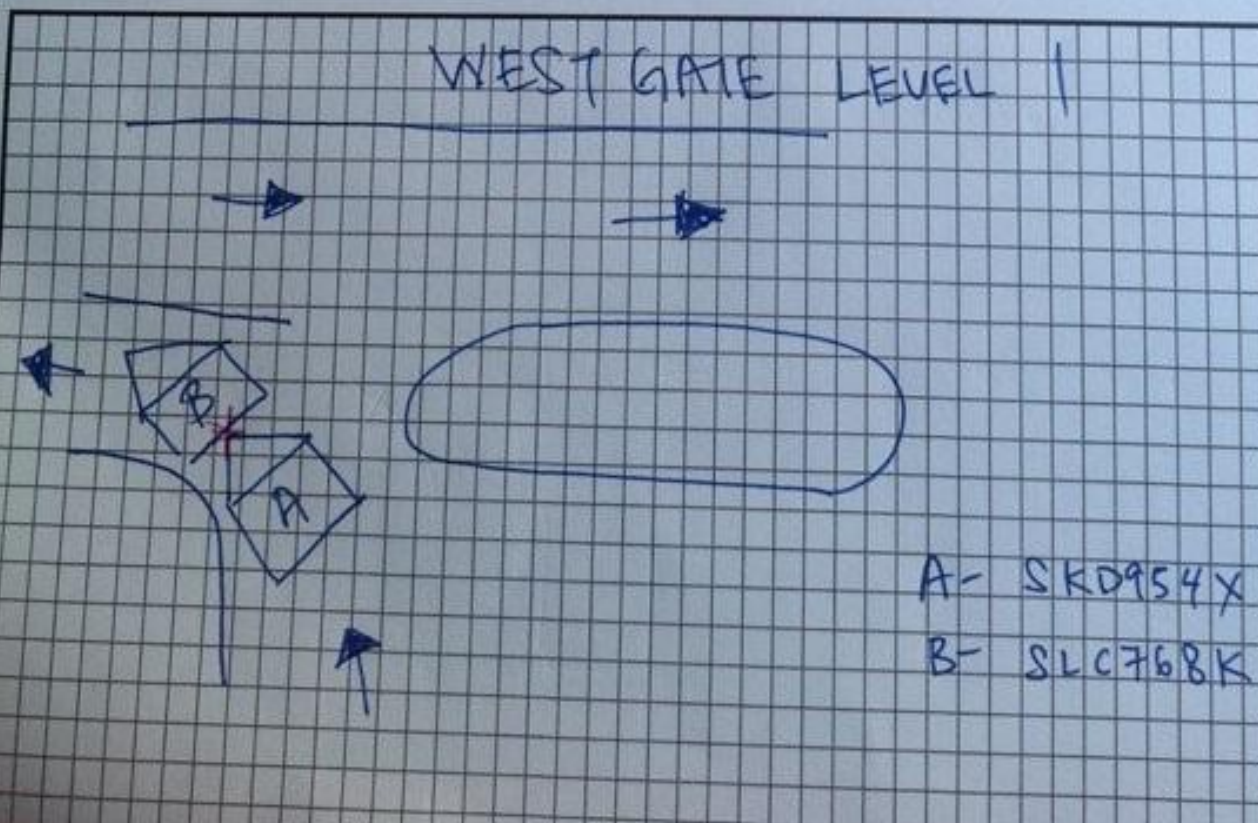
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Mohammad Azaly Bin Abdullah

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was driving about to enter to the car park of Westgate shopping mall. It was raining and the floor was quite wet. I accidentally hit the car in front quite lightly. No injury involved and we exchanged particulars.

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 -  
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

9 April 2018 at 5:44 PM

Date/Time:

9 April 2018 at 5:44 PM

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo




Accident Photo





**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



License Number **S7781860Z**  
Passion

**TAI MIN HOOI**

Birth Date **21 Dec 1977**  
Issue Date **23 Mar 2007**



001487771D

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7781860Z**



Name  
**TAI MIN HOOI**

**戴 銘 輝**

Race  
**CHINESE**

Date of birth **21-12-1977** Sex **M**

Country of birth  
**MALAYSIA**



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B	Motorcycles =< 200 cc	23 Mar 2007
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	23 Mar 2007



Licence No: S7781860Z

NP 429A

8620979



NRIC No. S7781860Z



Nationality

**MALAYSIAN**

Date of issue

**09-06-2004**

192 WESTWOOD AVENUE #05-25  
SINGAPORE 648151

NRIC No. S7781860Z

Date: 15/12/2017