

MKF518047135-01 / Kan Fook Sing Motor Workshop - Dafu
 ENTRY DATE & TIME: 09/04/2018 16:09
 SUBMITTED BY: Lucy Ng

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 16:09
Date Of Accident	09/04/2018 09:10
Exact Location Of Accident	MOUNTBATTEN RD EXIT TO TG KATONG SOUTH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8075S
Insured/Policyholder	
Name Of Registered Owner	SPINACAS EATS PTE LTD
Co Reg No	-
Email Address	PHYLLIS@SPINACUS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97707039

Vehicle Particulars

Manufacturer	CITROEN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY
 Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DPCPHQ17-003517
Cover Note Number	

Driver

Name of Driver	CHUA WHEE MING
NRIC No	S7917009G
Date Of Birth	14/06/1979
Occupation	INDOOR
Date Of Driving Pass	31/10/2012
Driving Experience	5 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97707039
Fax Number	
Contact Number	
EMail Address	PHYLLIS@SPINACAS.COM

Address 2 HAIG AVE #01-06

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 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) 2

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

PLEASE SEE ATTACHED.

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	SHC8938G
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	QUEY BOON CHONG
NRIC/Passport Number	S0125956C
Contact Number	97503388
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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7. 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
 - (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.

SPINACAS
Estate Plan Ltd
Tel: 9770 7030 www.spinacas.com
reg no. 201415000C

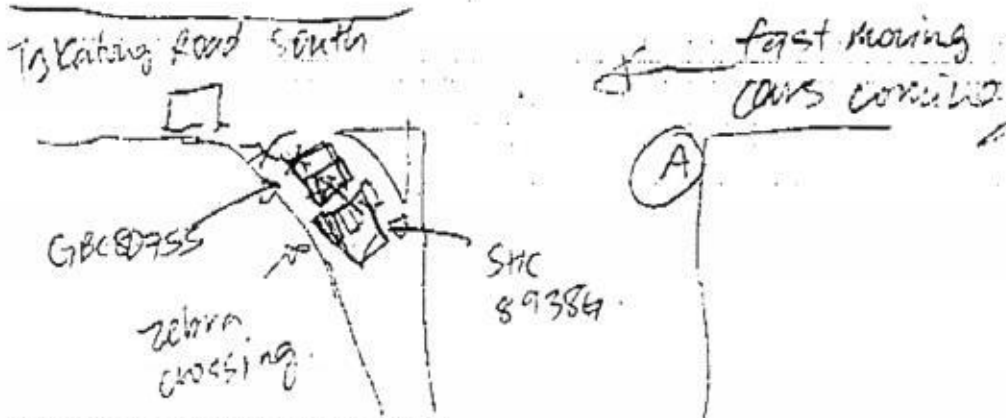
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.:

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Waited at * as light at A had turned
 upon and ~~as~~ my car was 2nd to ~~move~~ move after
 lights at (A) turned green
 and got hit by taxi SHC 89386

~~while~~ while waiting for oncoming traffic to
 pass

Lights at (A) turned green I was 2nd vehicle
 to move off. But had to stop as I
 wasn't able to clear the ~~fast~~ oncoming traffic
 in the morning.

Taxi SHC 89386 hit my vehicle at
 rear left rear bumper as a result of
 not watching the place at junction.

Police No.	Officer No.	Officer Name
<input type="checkbox"/> Reporting Only		
<input type="checkbox"/> Own Damage Claim		
<input checked="" type="checkbox"/> Third Party Claim	C	D4C Automotive

DECLARATION

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

SPINACAS
 Risk Free Ltd

Police No. 9770 7588 www.spinacas.com
 Date & Time of no. 2014130120

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

Reporting Centre Personnel's Signature
 Name
 SRI/IN No.