SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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	18/04/2018 15:35	
Date Of Accident	18/04/2018 07:10	
Exact Location Of Accident	BOON LAY WAY LAKESIDE MRT	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKE8891K	
Insured/Policyholder		
Name Of Registered Owner	YEO KHUANG HIN BRADLEY	
NRIC No	S7008260H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98730665	
Alternative Phone No	OTHERS-98730665	
Vehicle Particulars		
Manufacturer	VOLKSWAGEN	
Model	TIGUAN 2.0 TSI AT 5N22N9	
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	DMPPHQ18-001440	
Cover Note Number	N.A	
Driver		
Name of Driver	SHIRLEY WEN	
NRIC No	S7484348D	
Date Of Birth	20/08/1974	
Occupation	INDOOR	
Date Of Driving Pass	20/02/2006	
Driving Experience	12 YEARS AND 1 MONTH	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-98730665	
Fax Number		

FLOPPYSOUND@GMAIL.COM

Address D'LEEDON, 7 LEEDON HEIGHTS #10-18

Postcode 267953

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

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 YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : CERES YEO ZI YI

GENDER: : FEMALE

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?

Julian Surani

If Yes, against whom?

Circumstances of Accident

Traffic flows was heavy along BOON LAY WAY near LAKESIDE MRT and I was on the centre lane. Hence I checked my blind spot, cleared and I signal to inched to the right lane. As I was inched out, suddenly a vehicle appeared in speed and brushed onto my vehicle front right portion. After the contact, the driver didn't stop till I caught up with him and signalled him to stop to review the damage.

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 SHA2796Z

Vehicle Make/Model/Colour HYUNDAI I40 1.7 CRDI / BLU

Details Of Properties NIL
Vehicle Category TAXI

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

2

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)
- (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/necessal insurance Association of Singapore ("GIA") may/are permitted by me or possessed by 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 accretion (all contents). 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 (and formation of the insurers and insurers). "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposa(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. 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 (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.

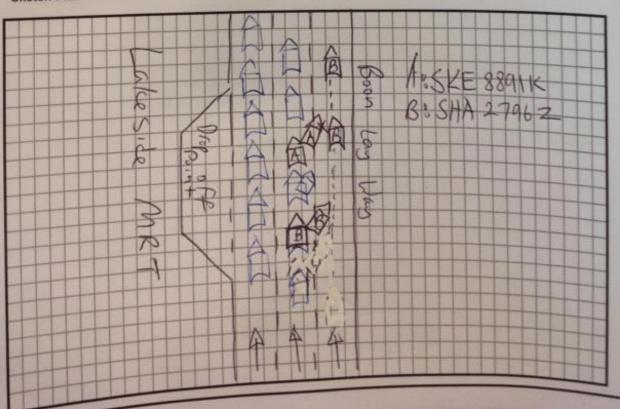
VERIFIED BY AJAX MARS REPORTING OFFICER

AIZAM BIN ATAN

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

Witnessed by Reporting Centre Personnel

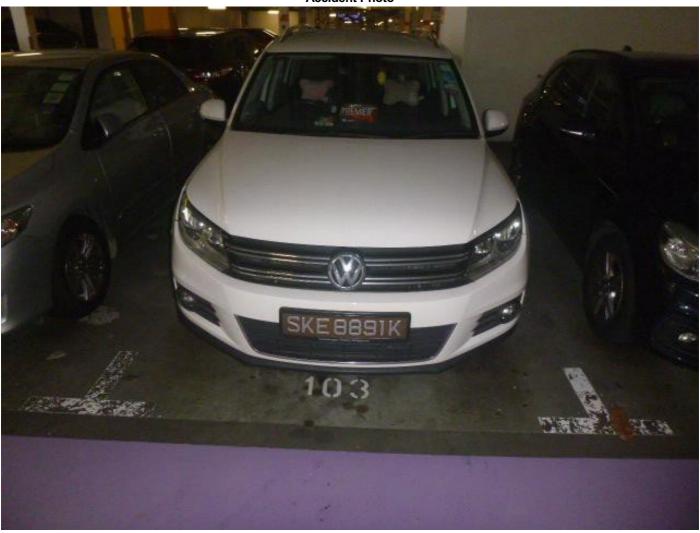
Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

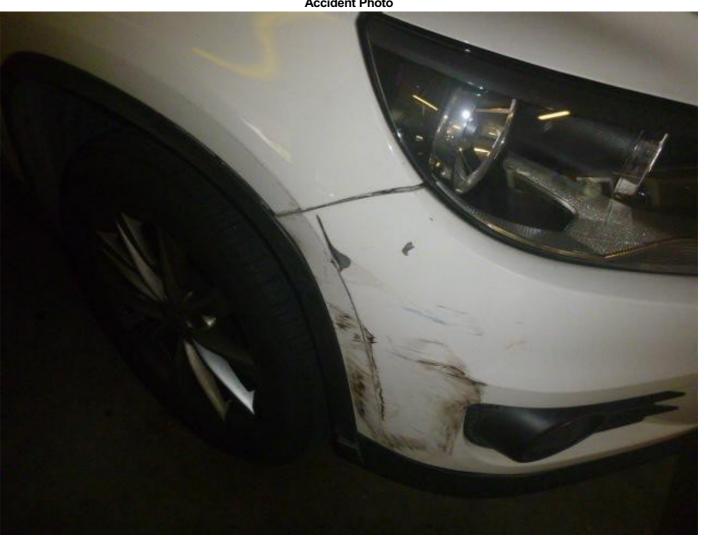
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Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information prov	rided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - AIZAM BIN ATAN	
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
18 April 2018 12:30 pm	18 April 2018 12:30 pm



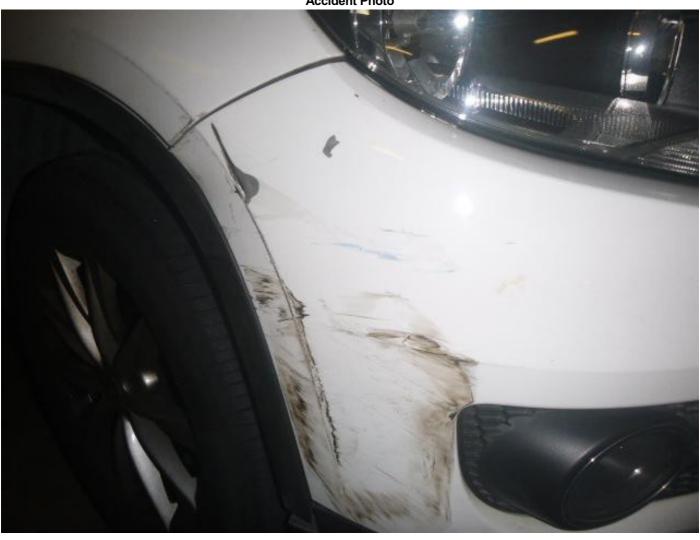




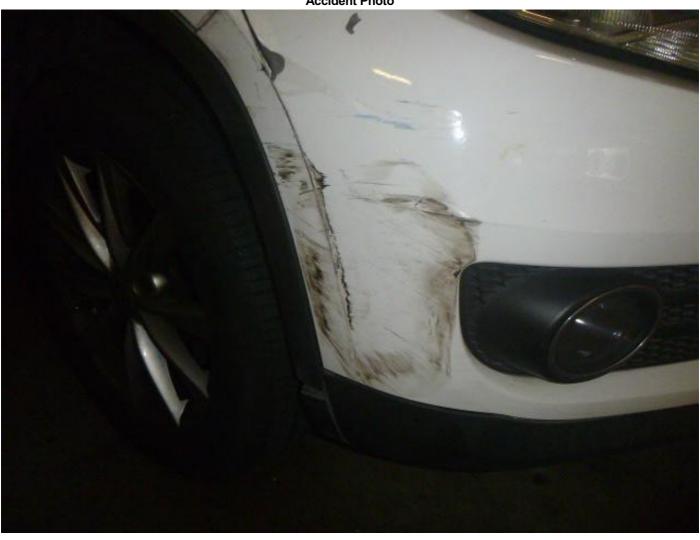


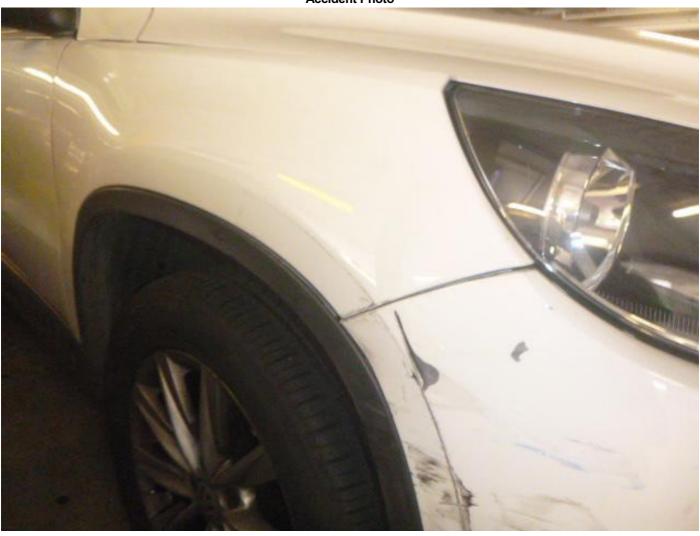


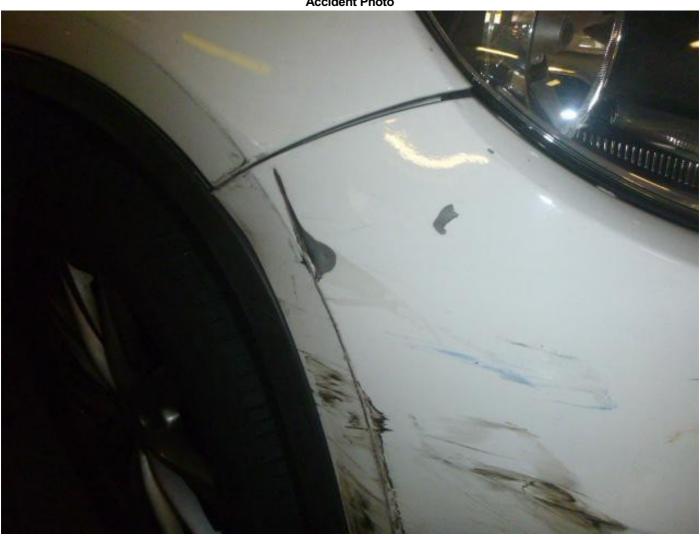




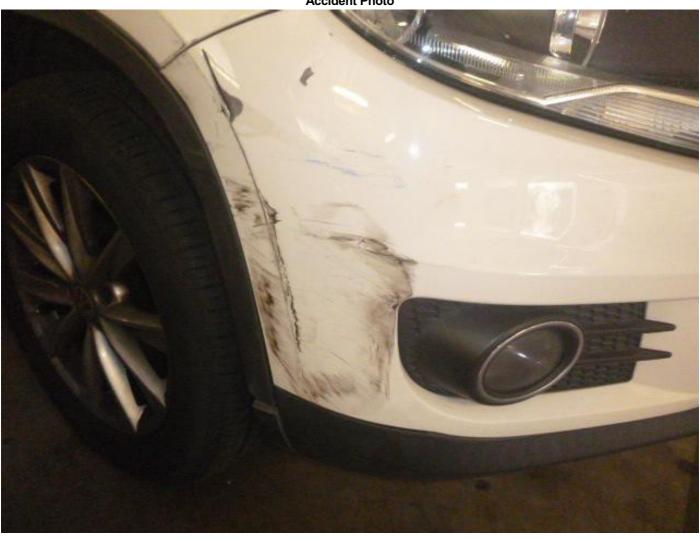


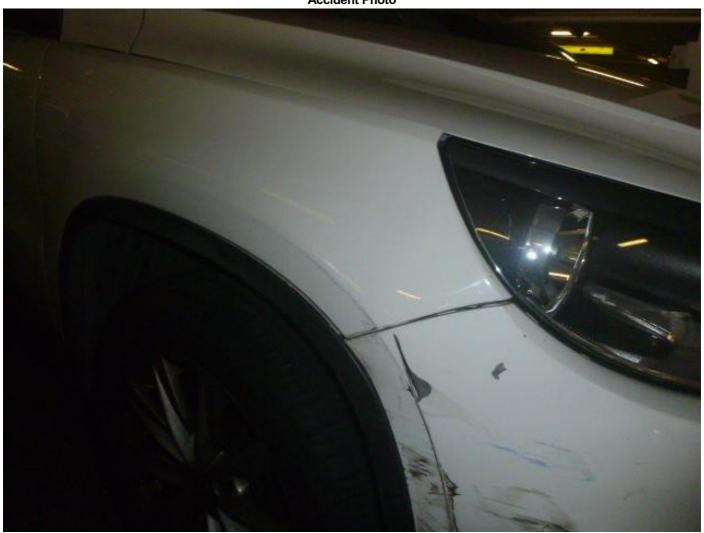


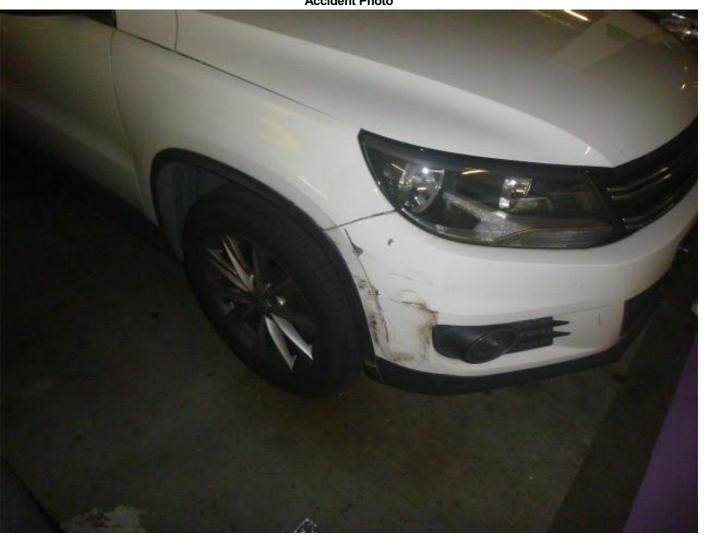














YOU ARE LICENSED TO DRIVE VEHICLES IN THE TOUR DWING CLASS(ES) SDATE Motor cars without clutch pedals (Auto) = 30000 Feb 2006 with =< 7 passengers, exclusive of the driver; and Class 3A other motor vehicles without clutch pedals =< 2500kg Licence No: S7484348D NP 428A 8596824 MRIC No. S7484348D Mationality DOMINICAN REPUBLIC Date of insue 14-11-2003 7 LEEDON HEIGHTS #10-18 SINGAPORE 267953 NRIC No: \$74843480 Date: 21/11/2015