

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	02/05/2018 17:32
Date Of Accident	30/04/2018 19:00
Exact Location Of Accident	ALONG AYE TOWARDS MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDG1921B
Insured/Policyholder	
Name Of Registered Owner	TAN YONG JUN
NRIC No	S8729360B
Email Address	YJ87TAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98509337
Alternative Phone No	OFFICE-98509337

Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.8
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-005881
Cover Note Number	

Driver

Name of Driver	TAN YONG JUN
NRIC No	S8729360B
Date Of Birth	27/09/1987
Occupation	INDOOR
Date Of Driving Pass	02/10/2006
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98509337
Fax Number	
Contact Number	OFFICE-98509337
EMail Address	YJ87TAN@HOTMAIL.COM

Address	BLK 21C SIMEI STREET 4 #07-49 SINGAPORE 528720
Postcode	
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	CHAIN COLLISION
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)	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

I WAS DRIVING ALONG AYE TOWARDS MCE AND I WAS DRIVING AT THE MOST RIGHT LANE. THE VEHICLE IN FRONT OF ME EMERGENCY BRAKED, I BRAKED AND STOP IN TIME. SUDDENLY, I FELT AN BIG IMPACT ON REAR. VEHICLE B COLLIDED ONTO MY REAR PORTION , AFTER THE IMPACT VEHICLE C COLLIDED ONTO VEHICLE B. THIS IS A 3 CAR CHAIN COLLIDED ACCIDENT. WE MANAGE TO TOOK PHOTO AND EXCHANGED PARTICULARS. 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	SKB9903U
Vehicle Make/Model/Colour	AUDI/A5 DESIGN 2.0/BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHOO KAH BEE
NRIC/Passport Number	
Contact Number	96990609
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBF99K
Vehicle Make/Model/Colour	TOYOTA/PICNIC AUTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOHN DON DEGAN OEI JING WEI
NRIC/Passport Number	S8943513G
Contact Number	97978485
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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7. By the completion 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.

I understand, acknowledge, agree and consent that:

(a) My Insurer, my Insurers 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 Insurers, 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 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 based 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	Witnessed by Reporting Centre Personnel
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<p>A: 5061921B</p> <p>B: CKB9903U</p> <p>C: SBF99K</p>	<p>AVE</p> <p>to</p> <p>MCE</p>	<p>A</p> <p>B</p> <p>C</p>	

ACCIDENT STATEMENT (2000 characters)

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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 -
NG CHIN CHUN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

2 May 2018 4:10 pm

Date/Time:

2 May 2018 4:10 pm