

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 | 17/05/2018 17:15 |
| Date Of Accident | 10/05/2018 17:30 |
| Exact Location Of Accident | SEBBAWANG PLACE (OPEN CARPARK) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJM4183S |
| Insured/Policyholder | |
| Name Of Registered Owner | TAY KOON CHUAN |
| NRIC No | S0096608H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96346161 |
| Alternative Phone No | OTHERS-96346161 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | MERCEDES-BENZ |
| Model | E200K |
| 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 | DMPPHQ18-000167 |
| Cover Note Number | N.A |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | NG LIAN HOON |
| NRIC No | S1395691Z |
| Date Of Birth | 06/06/1959 |
| Occupation | INDOOR |
| Date Of Driving Pass | 25/02/1980 |
| Driving Experience | 38 YEARS AND 2 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-92711411 |
| Fax Number | |
| Contact Number | |
| Email Address | NGLIANHOONKIM@GMAIL.COM |

| | |
|---|--|
| Address | HDB SEMBAWANG, 472 SEMBAWANG DRIVE #13-417 |
| Postcode | 750472 |
| 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 | COLLIDED INTO PARKED VEHICLE |
| 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

My car SJM4183S was parked and stationary at open carpark at SEMBAWANG PLACE, when suddenly my car jerk backward and had a contact onto the rear car SKW1683X that was also parked behind me. Both vehicles had no damages and no injuries involved. That's all.

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 | SKW1683X |
| Vehicle Make/Model/Colour | HONDA VEZEL 1.5X CVT |
| Details Of Properties | NIL |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | HELEN |
| NRIC/Passport Number | |
| Contact Number | 90275862 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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.

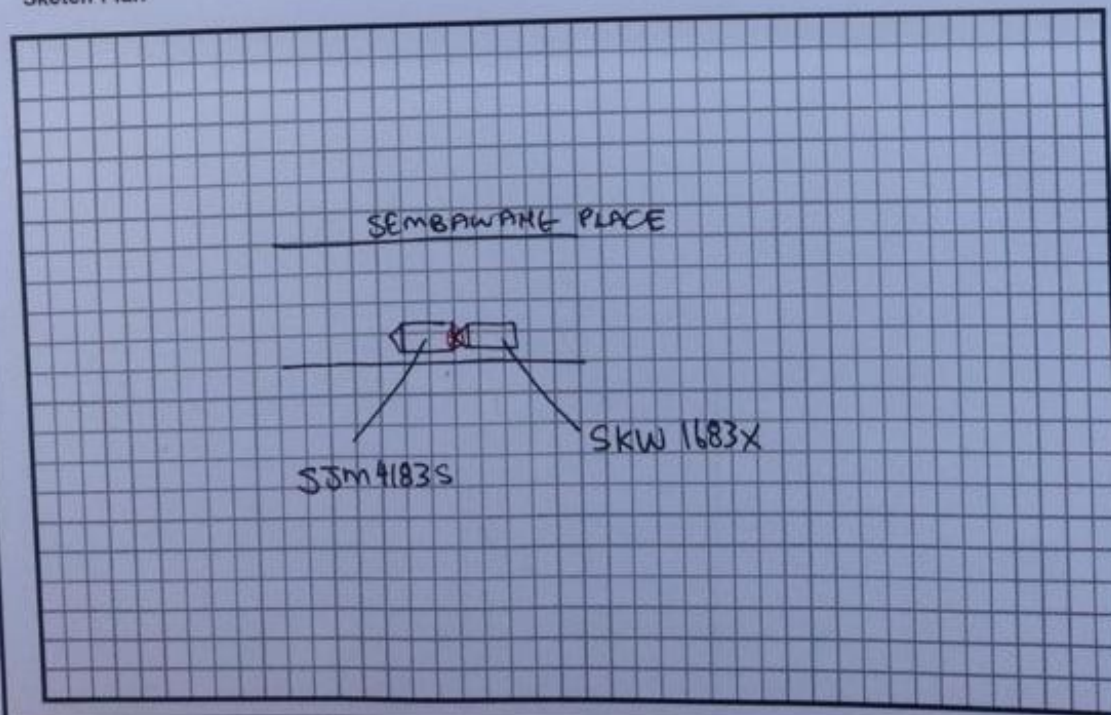
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FADZLY BIN ISMAIL

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

My car SJM4183S was parked & stationary at open carpark at SEMBAWANG PLACE, when suddenly my car jerk backward & had a contact onto the rear car SKW1683X that was also parked behind me. Both vehicles had no damages & no injuries involved. That's all.

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 -
MOHD FADZLY BIN ISMAIL

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

17 May 2018 2:52 pm

Date/Time:

17 May 2018 2:52 pm

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1395691Z



Name
NG LIAN HOON
黄健雯



Race
CHINESE

Date of Birth
06-06-1959


Sex
F

Country of Birth
SINGAPORE





Identification Card

2165229



NRIC No. S1395691Z



Blood Group O+ Date of issue 22-06-1994

Address
A/T BLK 472 SEMBAWANG DRIVE #13-417
SINGAPORE 750472

NRIC No: S1395691Z Date: 01-06-2000 No: 3760830