

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	05/06/2018 15:16
Date Of Accident	04/06/2018 14:20
Exact Location Of Accident	SLIP ROAD FROM AYER RAJAH TO AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4739B
Insured/Policyholder	
Name Of Registered Owner	A. SQUARED EXPRESS
Co Reg No	0
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83335369
Alternative Phone No	OFFICE-83335369

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-006873
Cover Note Number	

Driver

Name of Driver	AW NIAN CAI, ANDREW (HU NIANCAI ANDREW)
NRIC No	S8243155A
Date Of Birth	25/12/1982
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2003
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83335369
Fax Number	
Contact Number	
EEmail Address	ANDREW_AW1723@YAHOO.COM

Address	BLK 17B CIRCUIT ROAD #17-214
Postcode	372017
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

REFER TO THE ATTACHED REPORT.

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	GY3143L
Vehicle Make/Model/Colour	MIT L300
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEONG PENG CHENG
NRIC/Passport Number	S2570014G
Contact Number	96902526
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : NA GENDER: : MALE

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 the 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 upon application by interested parties.
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.

A.SQUARED EXPRESS
BLOCK 30, BALAM ROAD
#03-40 SINGAPORE 370030
HP: 8333 5369

Policyholder's Signature
Date & Time:

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

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

NRIC & DRIVING LICENCE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8243155A**

Name: **AW NIAN CAI, ANDREW**
(HU NIANCAI, ANDREW)

Birth Date: **25 Dec 1982**
Issue Date: **24 Feb 2011**

001940635G





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8243155A



Name: **AW NIAN CAI, ANDREW**
(HU NIANCAI, ANDREW)
胡 年 財

Race: **CHINESE**

Date of birth: **25-12-1982**

Country/Place of birth: **SINGAPORE**

Sex: **M**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSSES

EFFECTIVE DATE


Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **16 Jun 2003**

CRYSTAL WINES

83335369

NP 428A

Licence No: **S8243155A**



5173475



NRIC No: **S8243155A**

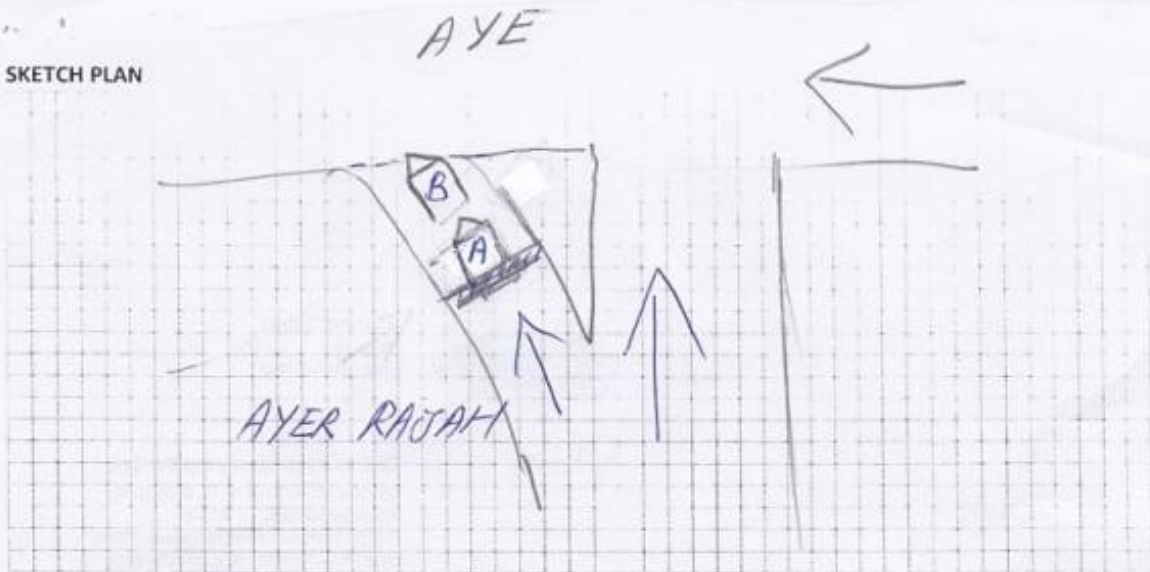


Date of issue
21-05-2013

APT BLK 178 CIRCUIT ROAD #17-214
SINGAPORE 372017

NRIC No: **S8243155A** Date: **03/06/2018**

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was entering the slip road, ^{going} towards AYE following behind vehicle B. There was no oncoming vehicle on my right. I proceed to step on my accelerator, vehicle B suddenly brake. I could not avoid & slightly hit into his rear portion. I approached the driver to request for private settlement & check both of them whether they are OK, and they replied both are OK and ask me to refer to their boss. The damaged to his van was quite minor. I have tape the conversation with the third party unfortunately couldn't upload due to the file size was too big. I will send separately if you need the video footage & teleconversation.

DECLARATION

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

SQUARED EXPRESS
BLOCK 30, BALAM ROAD
#03-40 SINGAPORE 370030
HP: 8333 5369

Policyholder's Signature
Date & Time:

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

