

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 16:57
Date Of Accident	03/06/2018 11:10
Exact Location Of Accident	FILTER LANE ANG MO KIO AVE 1 TO UPPER THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4985Z
Insured/Policyholder	
Name Of Registered Owner	WOON YU YEE
NRIC No	S8403919E
Email Address	WOONYUYEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92383978
Alternative Phone No	OFFICE-92383978

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 1.4 TSI R-LINE AT SR (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-002246
Cover Note Number	

Driver

Name of Driver	WOON YU YEE
NRIC No	S8403919E
Date Of Birth	10/02/1984
Occupation	INDOOR
Date Of Driving Pass	20/11/2004
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92383978
Fax Number	
Contact Number	OFFICE-92383978
EEmail Address	WOONYUYEE@GMAIL.COM

Address	79D LORONG GAMBIR
Postcode	536639
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	
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)	2
Passenger 1	NAME: : WOON KAI NEEN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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	SKJ3111K
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM YAN ZHEN
NRIC/Passport Number	S8138861Z
Contact Number	97500120
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

Policyholder's Signature
Date & Time:

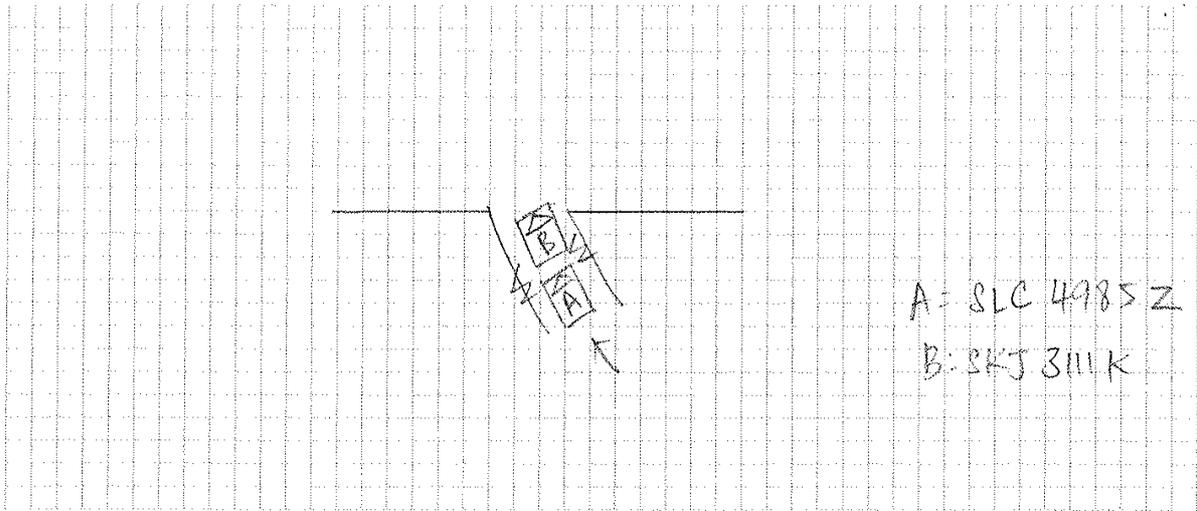
Driver's Signature
(if driver is not the policyholder)
Date & Time:

Shuman



Reporting Centre Personnel's Signature
Name: 4/6/18 @
NRIC/FIN No.: 4. 50pm

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident took place at 11:00AM at the first lane of Ang Mo Kio Avenue 1 turning into Upper Thomson Road. The road was clear but the driver of the vehicle in front of me, Mr Kim Kinzner, abruptly stepped on his brakes. My vehicle nudged into his as a result. There is no damage to either vehicles ^{bumper} ~~at any~~ ~~to~~ Nobody was injured.

I reported the accident on 14 June 2018 at 4:50PM. However I am unable to complete the report as I was lacking several documents and that not to my vehicle was not present as I am unfamiliar with the process.

DECLARATION

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


 Policyholder's Signature
 Date & Time:
 Company Chop (if applicable)

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


 Reporting Centre Personnel's Signature
 Name: Shuman
 NRIC/FIN No.: 416/18 @ 4:50pm

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Woon Yu Yee HP: _____

NRIC/FIN S8403919E, has reported to the Police a non-injury traffic accident which occurred at filter lane of Ang Mo Kio Ave1 turning upper Thomson Road

on 3 June 2018 at 1106 am/pm involving the following vehicles:

SLC 4985 Z

SKJ 3111K (Lim Yan zhen HP: 9750 0120)

- 2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt (2) Tan Rui Yun.

Date: 3 June 2018

Time: 1157 hrs.

S/D Ref: 29

Police Post/Unit: Serangoon, NPC.

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Serangoon NPC
No: 50 Serangoon Ave 2
#01-02 Singapore 556129
Tel: 1800 488 0999

CONFIDENTIAL

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

