

## 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	02/06/2018 21:00
Date Of Accident	01/06/2018 17:30
Exact Location Of Accident	UBI ROAD 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3805A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOVELY DE ART
Co Reg No	53029132X
Email Address	MAKCHEEFENG@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97353289

### Vehicle Particulars

Manufacturer	CITROEN
Model	BERLINGO LWB 1.6L EHD1 ETG6
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	DMCPHQ17-006547
Cover Note Number	N.A

### Driver

Name of Driver	MAK CHEE FENG
NRIC No	S0033175I
Date Of Birth	18/01/1951
Occupation	OUTDOOR
Date Of Driving Pass	27/08/1991
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97353289
Fax Number	
Contact Number	
EEmail Address	MAKCHEEFENG@HOTMAIL.COM

Address	YEW MEI GREEN, 56 CHOA CHU KANG NORTH 6
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	
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 doing a parallel parking at the side road on a parking lot, I almost parked perfectly but I felt that my rear end of my vehicle was too much on the back of the lot so I slowly and gently moved forward. Upon moving forward, I lightly bump into the vehicle in front of me which was at a stationary parked position. I went out from my vehicle and look if there was any damage. Suddenly the driver of the vehicle approach me and was agitated about the accident. We exchange particulars No injury 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	SJH4586P
Vehicle Make/Model/Colour	HONDA / CIVIC TYPE-R 2.0 M / WHITE
Details Of Properties	N.A
Vehicle Category	PRIVATE CAR
Name of Driver	RANDELL GOON WEI FATT
NRIC/Passport Number	S7620463B
Contact Number	98621533
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# SKETCH PLAN

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## 5. 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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in the 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 making 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 in the external cover of envelopes/postal 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 be 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 used outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AIA MARS  
REPORTING OFFICER

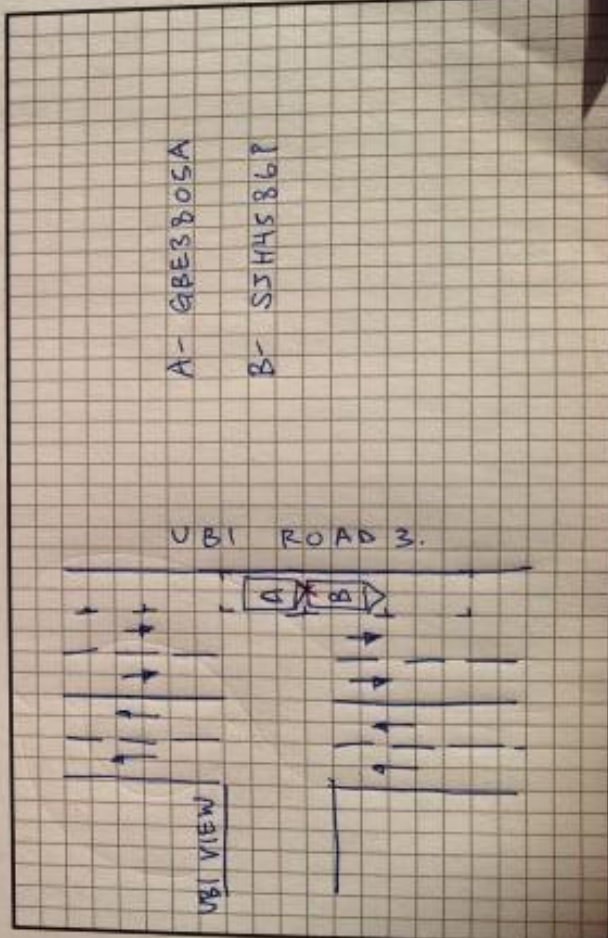
2/6/18

Muhammad Azzly Bin Abdullah

Mohammad Azzly Bin Abdullah

Policyholder's Signature / Date & Time Driver's Signature (if involved not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

## Sketch Plan



**ACCIDENT STATEMENT (2000 characters)**

I was doing a parallel parking at the side road on a parking lot, I almost parked perfectly but I felt that my rear end of my vehicle was too much on the back of the lot so I slowly and gently moved forward. Upon moving forward, I lightly bump into the vehicle in front of me which was at a stationary parked position. I went out from my vehicle and look if there was any damage. Suddenly the driver of the vehicle approach me and was agitated about the accident.

We exchange particulars

No injury involved.

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 -  
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

2 June 2018 at 5:25 PM

Date/Time:

2 June 2018 at 5:25 PM

## Identification Card





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Identification Card





Driving License

