

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	12/06/2018 10:35
Date Of Accident	11/06/2018 22:35
Exact Location Of Accident	ALONG SLE EXIT TWDS YISHUN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW5839M
Insured/Policyholder	
Name Of Registered Owner	TAN KENG CHWEE
NRIC No	S1320885I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90676399
Alternative Phone No	OTHERS-90676399

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 L CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-004931
Cover Note Number	05/11/17 - 04/11/18

Driver

Name of Driver	CHEN HUIFEN
NRIC No	S8507883F
Date Of Birth	11/03/1985
Occupation	INDOOR
Date Of Driving Pass	03/01/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94569360
Fax Number	
Contact Number	
Email Address	CHENHUIFENFEN@GMAIL.COM

Address	9 CANBERRA DRIVE #02-17
Postcode	768070
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	
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

Driver was exiting Yishun along SLE and heading towards the most left lane. However, the car at the 2nd lane from left slowed down and driver did not manage to slow down in time, causing a hit on the left back bumper of car B, with a crack on the right side of front bumper. Both drivers are not hurt in the process, as it is too dangerous to get down the car (many cars exiting the highway), we did not take the photo of the accident scene, but drove to the road shoulder to settle the issue.

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	SJD3062L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YOYCE
NRIC/Passport Number	
Contact Number	96791894
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SLW 5839M
INSURER : ED
DATE & TIME: 11/6/18 @ 10:34pm

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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.

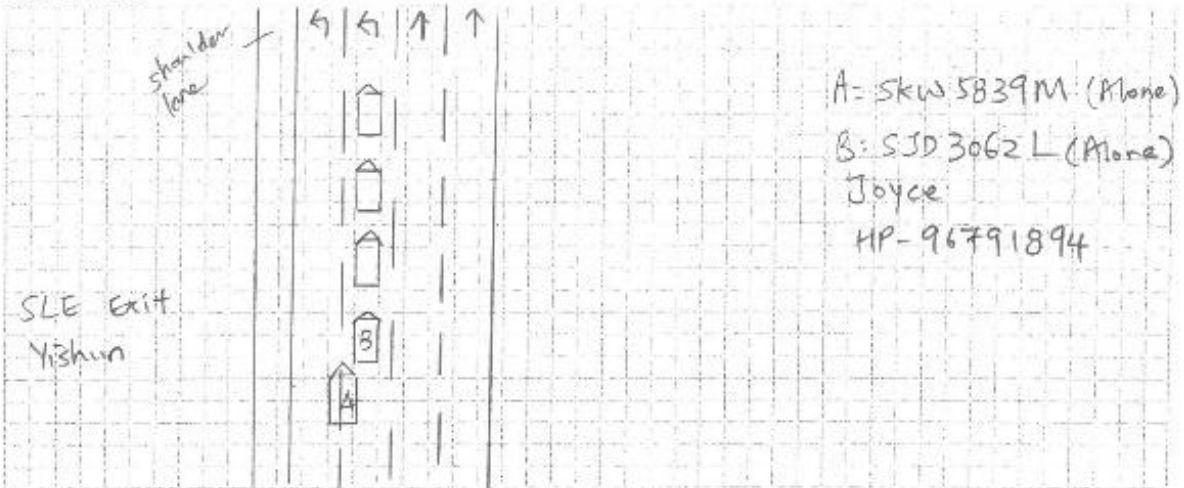
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driver was exiting Yishun along SLE and heading towards the most left lane. However, the car at the 2nd lane from left slowed down and driver didn't manage to slow down in time, causing a hit on the left back bumper of car B, with a ~~right~~ crack on the right side of front bumper.

Both drivers are not hurt in the process, as ~~the~~ it is too dangerous to get down the car (many cars exiting the highway), we did not take the photo of the ~~hit~~ scene accident scene, but move to the road shoulder to settle the issue.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

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.:

☒ Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

DRIVER IC & DL

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8507883F**



Name

CHEN HUIFEN

陳慧芬

Race
CHINESE

Date of birth
11-03-1985

Sex
F

S8507883F

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

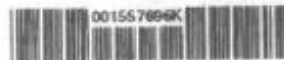


Licence Number: **S8507883F**
Name:

CHEN HUIFEN

Birth Date: **11 Mar 1985**

Issue Date: **03 Jan 2008**



001557886K

5471591



NRIC No: **S8507883F**



Date of issue
20-05-2015

NRIC No: **S8507883F**

Date: **10/08/2016**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ 03 Jan 2008



Licence No: **S8507883F**

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1320885I



Name

TAN KENG CHWEE



陳 建 水

Race

CHINESE

Date of Birth

04-05-1958

Sex

M

Country of Birth

SINGAPORE



A0002180



NRIC No. **S1320885I**



Blood Group

O+

Date of issue

20-03-2001

Address



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE



SCENE

