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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	24/06/2018 12:04
Date Of Accident	23/06/2018 11:05
Exact Location Of Accident	AYE TOWARDS CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA2562C
Insured/Policyholder	
Name Of Registered Owner	KIM SWA TRADING
Co Reg No	53067899C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91298498
Vehicle Particulars	
Manufacturer	RENAULT
Model	KANGOO DCI70
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	DMCPHQ17-005753
Cover Note Number	
Driver	
Name of Driver	ANG THIAM GUAN
NDIC No	\$01521540

Name of Driver ANG THIAM GUAN
NRIC No S0152154C
Date Of Birth 14/06/1951

Occupation OUTDOOR
Date Of Driving Pass 07/03/1977

Driving Experience 41 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91298498

Fax Number

Contact Number

EMail Address JAYSON @YAHOO.COM

Address BLK 118 BUKIT BATOK WEST AVENUE 6 #06-274

Postcode 650118

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle -

-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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

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? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] BUKIT BATOK NPC

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180623/2068 LODGED AT BUKIT BATOK NPC. ON 23/06/2018 AT ABOUT 1105HRS, I WAS DRIVING IN MY VEHICLE BEARING REGISTRATION NUMBER V1) GBA2562C ALONG AYE. I WAS DRIVING ON THE LEFT MOST LANE. I WAS GOING TO FILTER TO THE LEFT AFTER CLEMENTI. I SIGNALLED MY INTENTION AND CHECKED MY BLINDSPOT. AS IT WAS CLEAR, I THEN PROCEEDED TO FILTER LEFT. WHILE I WAS FILTERING LEFT, A LORRY IN FRONT OF ME ALSO FILTERED TO THE LEFT. SUDDENLY, A TAXI FROM THE LEFT SPED UP. AS IT WAS SUDDEN, THE LEFT SIDE OF MY VEHICLE HAD SIDE SWIPED ON THE RIGHT SIDE OF V2. BOTH OF US STOPPED AT THE SIDE AND EXCHANGED PARTICULARS. THERE WERE NO DAMAGES TO MY VEHICLE. HOWEVER, THE RIGHT SIDE MIRROR OF V2 WAS BROKEN. THERE WAS A FEMALE PASSENGER IN V2 AND I ASKED IF BOTH THE PASSENGER AND THE DRIVER OF V2 WERE ALRIGHT AND THEY INFORMED THAT THEY WERE ALRIGHT AND DID NOT REQUIRE ANY MEDICAL ATTENTION. BOTH MYSELF AND MY PASSENGER ALSO DID NOT SUSTAIN ANY INJURIES. THERE IS AN IN-CAR CAMERA IN V2.

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 SH6210D

Vehicle Make/Model/Colour HYUNDAI/I40 1.7 CRDI/BLUE

Details Of Properties

Vehicle Category TAXI

Name of Driver FONG HOR FOO

NRIC/Passport Number S1574429D Contact Number 96253298 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2 Passenger 1

NAME: : PASSENGER 1

GENDER: : FEMALE

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.
 - being made available aforesaid 8. Consent under the Personal Data Protection Act (PDPA)

t 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 (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 process my personal data/personal information set out in this [form] and any other personal information to all insurer(s) who have insured 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 shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers is appropriately firms, the Monetary Authority of Singapore and any relevant government aparticles firms, the Monetary Authority of Singapore and any relevant government aparticles firms. "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

- the calms.

 (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

- 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

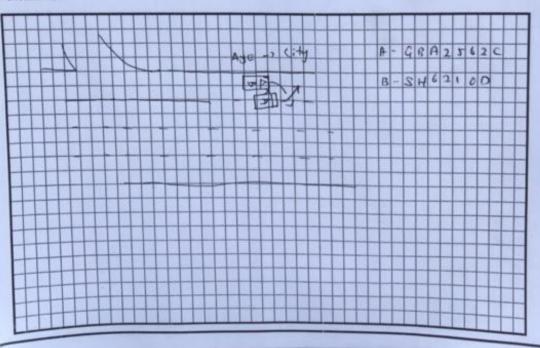
 (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

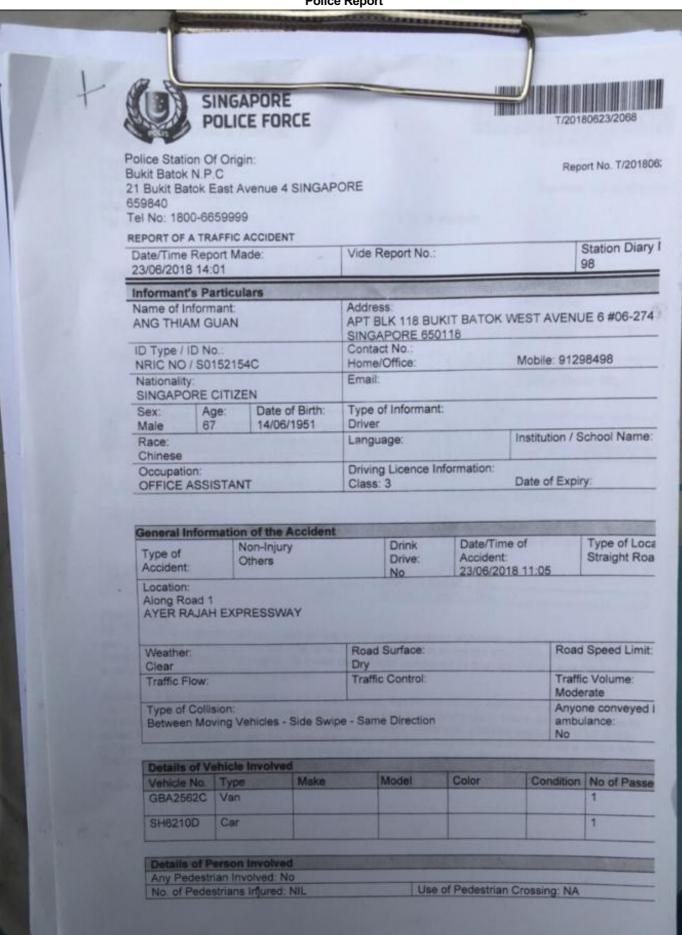
VERIFIED BY AJAX MARS REPORTING OFFICER MOHAMAD HELMY BIN **ALEHAM**

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

Witnessed by Reporting Centre Personnel

Sketch Plan







T/20180623/2068

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 Tel No: 1800-6659999

2 of 3 Report No. T/20180623/2068

CONTINUATION OF REPORT

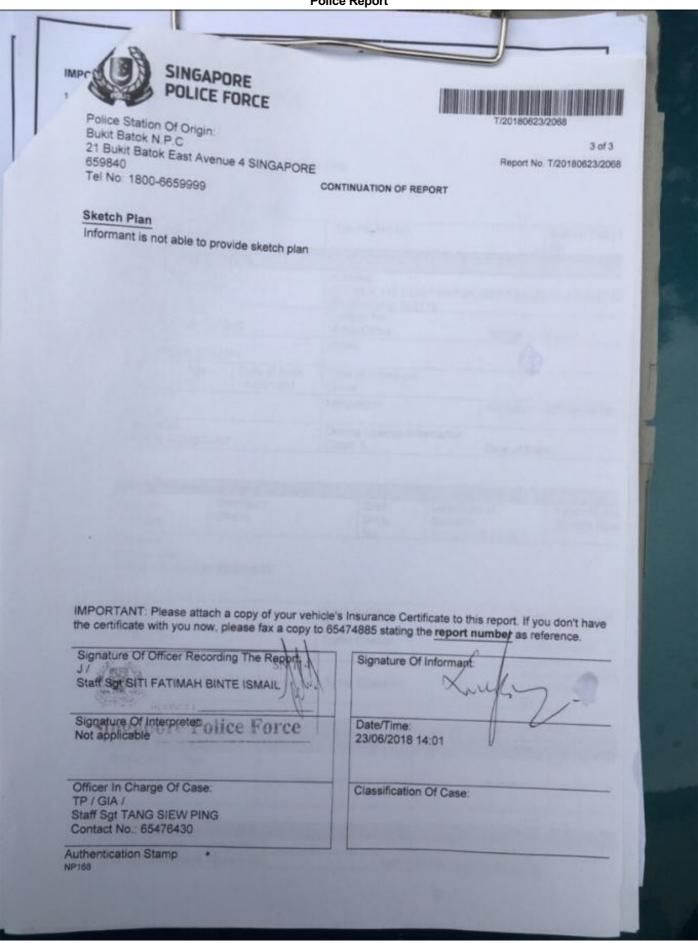
Driver	CHARLES CHIEF TO THE	ALC: UNK	CONTRACTOR OF THE	-		Name and Address of the Owner, where
Name	ANG THIAM GUAN			ID No.		S0152154C
Related Vehicle	GBA2562C (Van)			Contact No.		91298498
Hospital/Clinic	NIL			Class of Driving Licence & Explry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			THE REAL PROPERTY.	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			
Driver	DETRIES CARRIED VALUE				-	
Name	FONG HOR FOO			ID No.		S1574429D
Related Vehicle	SH6210D (Car)			Contact No.		96253298
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days granted Medical Leave NIL				Degree of Injury NIL		

Brief Details.

On 23/06/2018 at about 1105hrs, I was driving in my vehicle bearing registration number V1) GBA2562C along AYE. I was driving on the left most lane. I was going to filter to the left after Clementi. I signalled my intention and checked my blindspot. As it was clear, I then proceeded to filter left. While I was filtering left, a lorry in front of me also filtered to the left.

Suddenly, a taxi from the left sped up. As it was sudden, the left side of my vehicle had side swiped on the right side of V2. Both of us stopped at the side and exchanged particulars. There were no damages to my vehicle. However, the right side mirror of V2 was broken. There was a female passenger in V2 and I asked if both the passenger and the driver of V2 were alright and they informed that they were alright and did not require any medical attention. Both myself and my passenger also did not sustain any injuries. The driver of V2 and his passenger also did not sustain any injuries.

There is an in-car camera in V2.

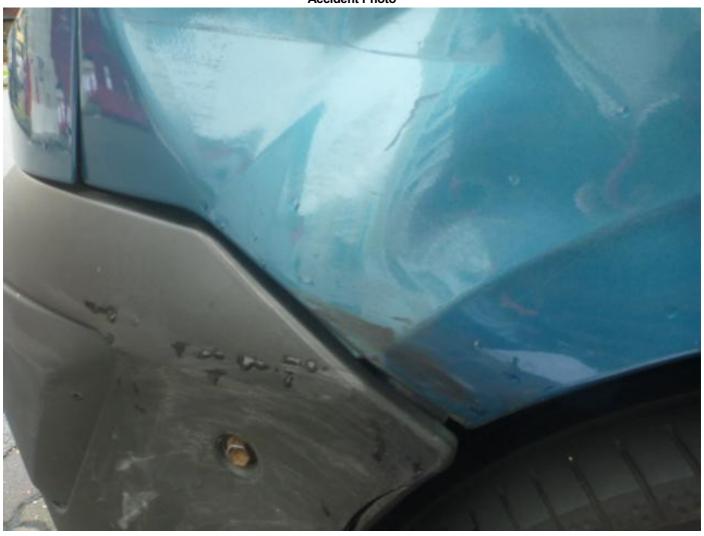






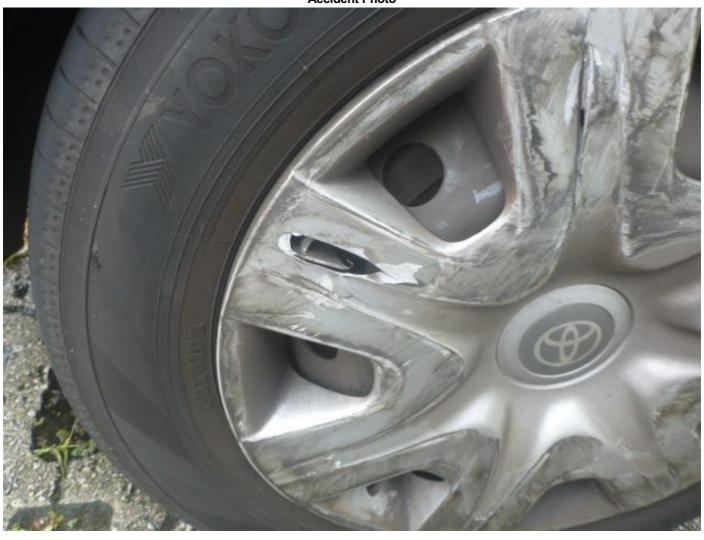




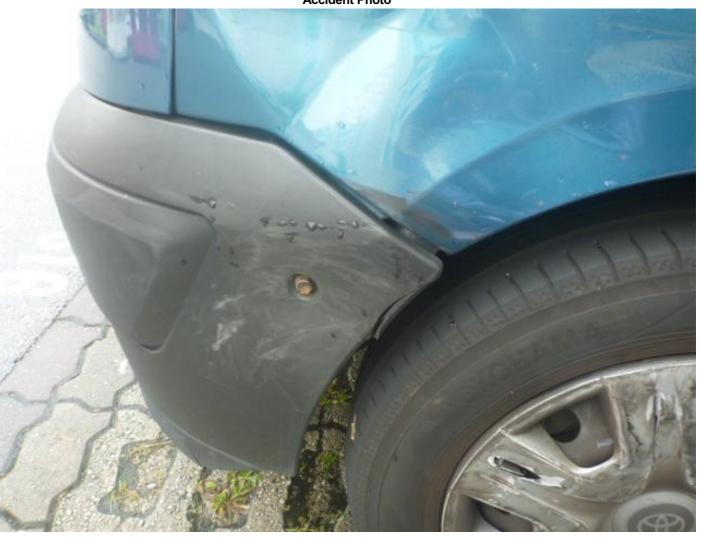












Identification Card



Identification Card

