SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
Contact Number

EMail Address

- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	06/06/2018 03:53
Date Of Accident	02/06/2018 06:00
Exact Location Of Accident	PIE(TUAS) NEAR ENG NEO AVE EXIT
Country/State of Loss	SINGAPORE
В	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP712B
Insured/Policyholder	
Name Of Registered Owner	WONG GOK JAN
NRIC No	S2666920J
Email Address	FONGKF55@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90308540
Alternative Phone No	OFFICE-90308540
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	DMPPHQ18-001203
Cover Note Number	N.A.
Driver	
Name of Driver	FONG KUM FATT
NRIC No	S1100696E
Date Of Birth	10/05/1955
Occupation	INDOOR
Date Of Driving Pass	21/04/1978
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90308540

OFFICE-90308540

FONGKF55@HOTMAIL.COM

Address BLK 98 LORONG 1 TOA PAYOH

#08-303

Postcode 310098

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

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Insurance Company of Driver's Own Vehicle

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NO

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions RAINING
Road Surface WET

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?

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.

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : JOHNNY TAN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I was traveling along PIE(Tuas) on the right lane. Weather was raining heavily and visibility was very bad. After Eng Neo Ave exit, there were water ponding and when my car drive over, the water splashed across my windscreen which totally blocked my view. I immediately stepped on my brake and came to a complete stop. I noticed there was a car on my left lane which had stopped. Ignoring it, i continue driving to my location at Bukit Batok. Upon reaching Bukit Batok, the car SJL3144S which had followed me stopped my car and informed me that my car had collided onto his car right rear side. Upon checking my car, there was damages to my car front left. No injuries were 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 SJL3144S

Vehicle Make/Model/Colour HONDA/CITY LX 1.5

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number 85916210

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

1

SKETCH PLAN

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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)
- Junderstand, 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 insurers; who have insured to see the 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
- (ii) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my restructions or responding to any enquiries by me.
 (iv) administering my claims (including the mailing of correspondence, statements, involves, 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
- (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
- (c) my Personal Information may/can be disclosed by any of the insurers 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 egents (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

Muhammad Faizal

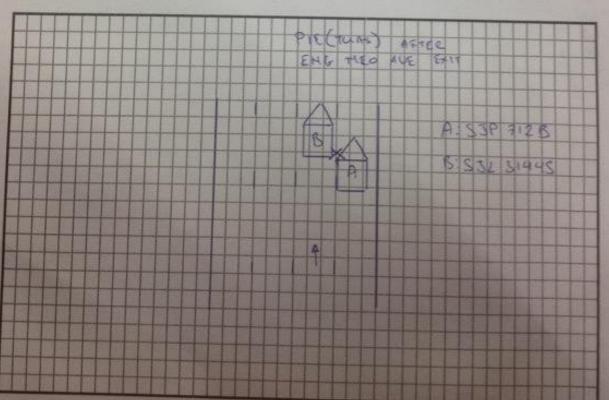
Bin Pabila

Witnessed by Reporting Centre

Policyholder's Signature / Date & Time

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

Sketch Plan

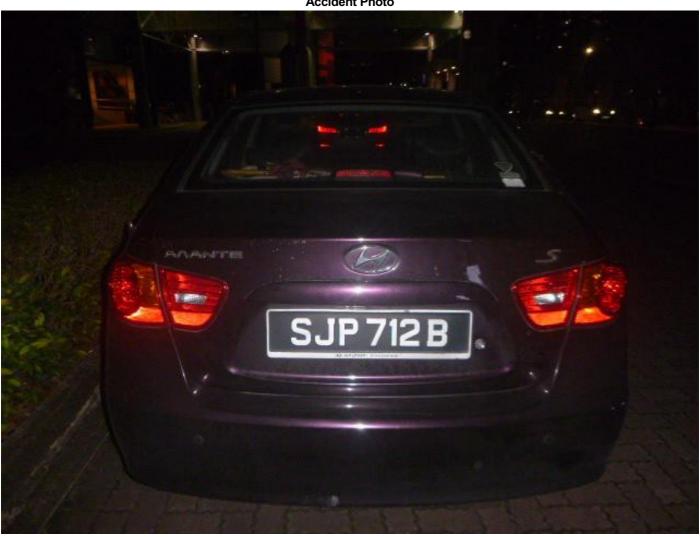


Common Statement

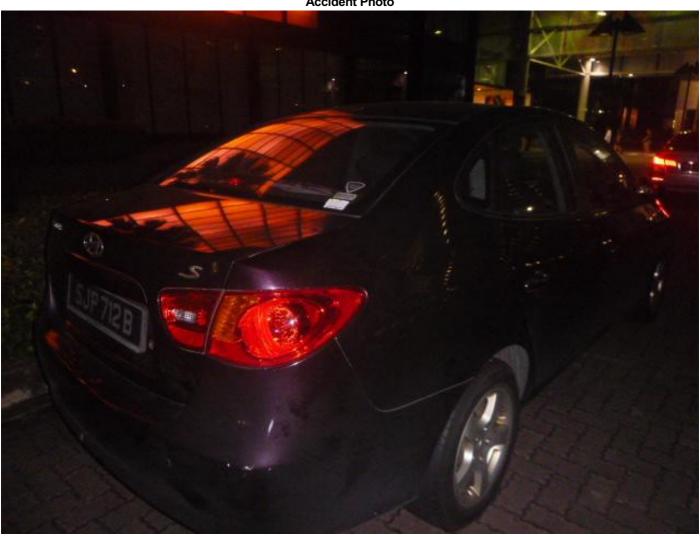
ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information provi	ded above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MUHAMMAD FAIZAL BIN PABILA	MA
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
5 June 2018 at 7:44 PM	5 June 2018 at 7:44 PM
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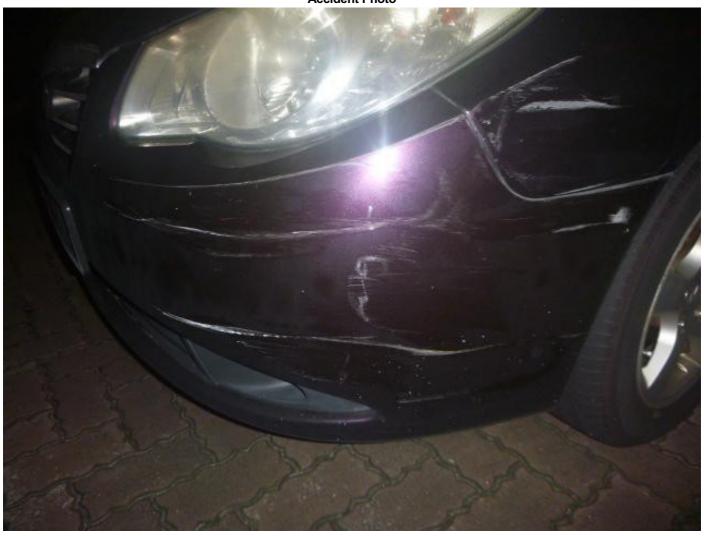






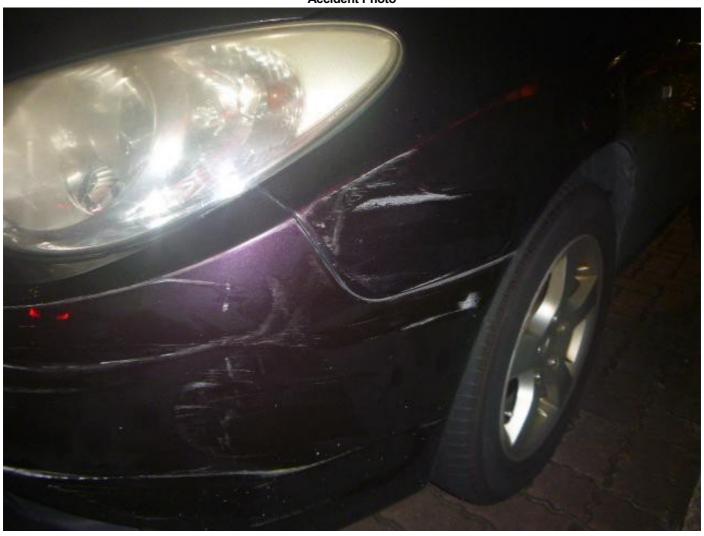


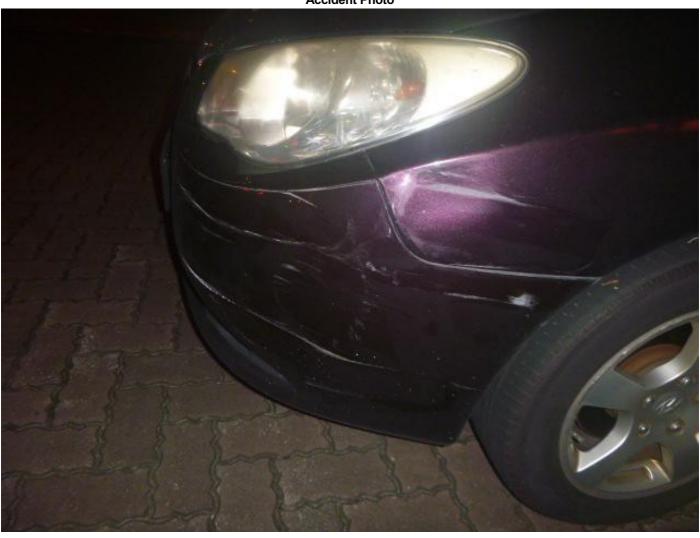














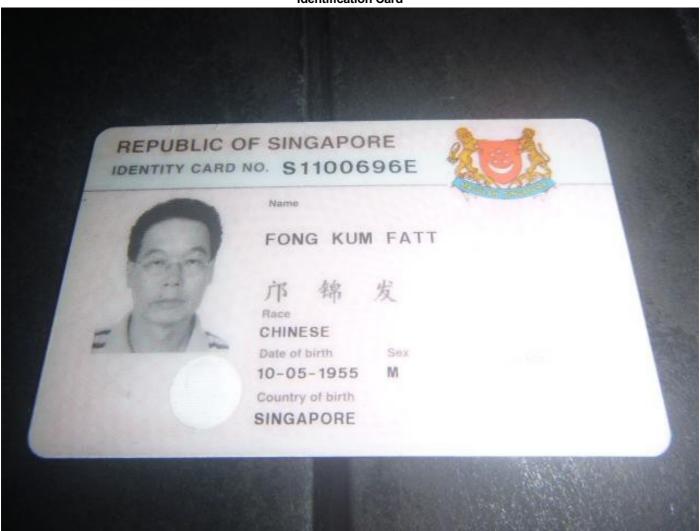
Driving License



Driving License



Identification Card



Identification Card

