

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	04/07/2018 18:53
Date Of Accident	03/07/2018 11:25
Exact Location Of Accident	ALONG KEONG SAIK RD IN FRONT OF BLK 335A KEONG SAI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP794L
Insured/Policyholder	
Name Of Registered Owner	KEAN ANN COMPANY
Co Reg No	06038100X
Email Address	FINANCE@KEANANN.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-97852631

Vehicle Particulars

Manufacturer	HINO
Model	XZU605R 10FT NARROW CAB 5T
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	DMCPHQ18-000131
Cover Note Number	N.A

Driver

Name of Driver	KOH KONG LOY
Passport No/FIN	F0114278W
Date Of Birth	09/07/1962
Occupation	OUTDOOR
Date Of Driving Pass	04/10/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82633808
Fax Number	
Contact Number	
Email Address	FINANCE@KEANANN.COM.SG

Address	NA
Postcode	
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	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 DRIVING ALONG KEONG SAIK RD AND IM AT THE LOADING BAY OF BLK 335A KEONG SAIK RD. WHEN IM ABOUT TO EXIT THE LOADING BAY, I DID CHECK MY SIDE MIRROR AND PUT ON THE HAZZARD LIGHT. WHEN I WAS FOUND THE RD WAS CLEAR SO I STARTED REVERSED. I DIDNT NOTICE VEHICLE B WAS BEHIND ME AND WHEN I REVERSED MY VEHICLE, I ACCIDENTALLY COLLIDED ONTO VEHICLE B REAR LEFT PORTION. WE MANAGED TO TAKE PHOTO AND EXCHANGED PARTICULARS. NO INJURIES 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	SHD6617R
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7L CRDI AT / BLU
Details Of Properties	N.A
Vehicle Category	TAXI
Name of Driver	FOONG KOK SING
NRIC/Passport Number	S1150683F
Contact Number	96971209
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

建安私人有限公司
KEAN ANN CO. PTE LTD
179, Kaki Bukit Ave 1, Shun Li Industrial Park, Singapore 416024
Tel: 6748 6399 / 6748 6735 Fax: 6747 0431

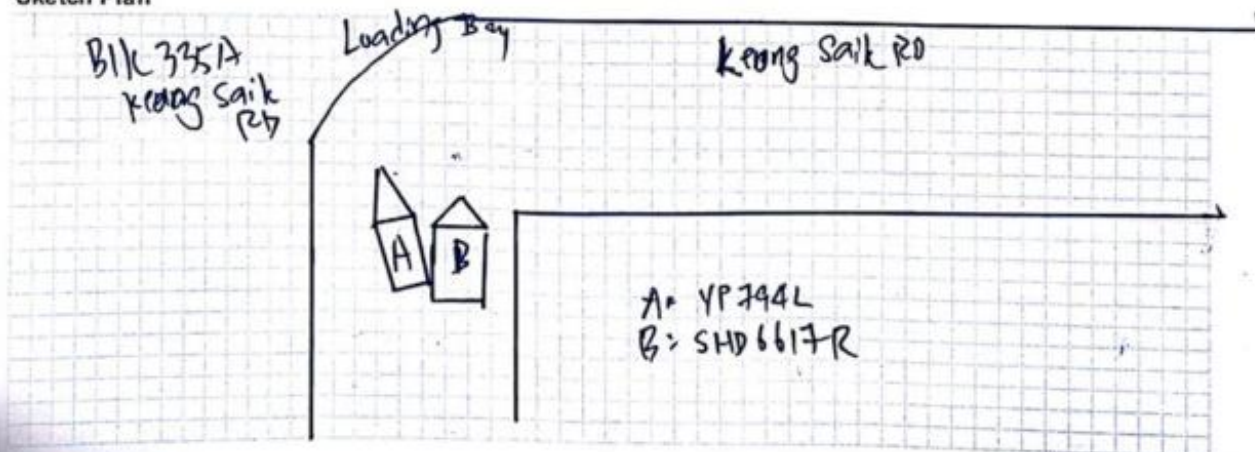
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
THOMAS NG CHIN CHUN

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

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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 -
NG CHIN CHUN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

4 July 2018 12:35 pm

Date/Time:

4 July 2018 12:35 pm

Accident Photo



Accident Photo



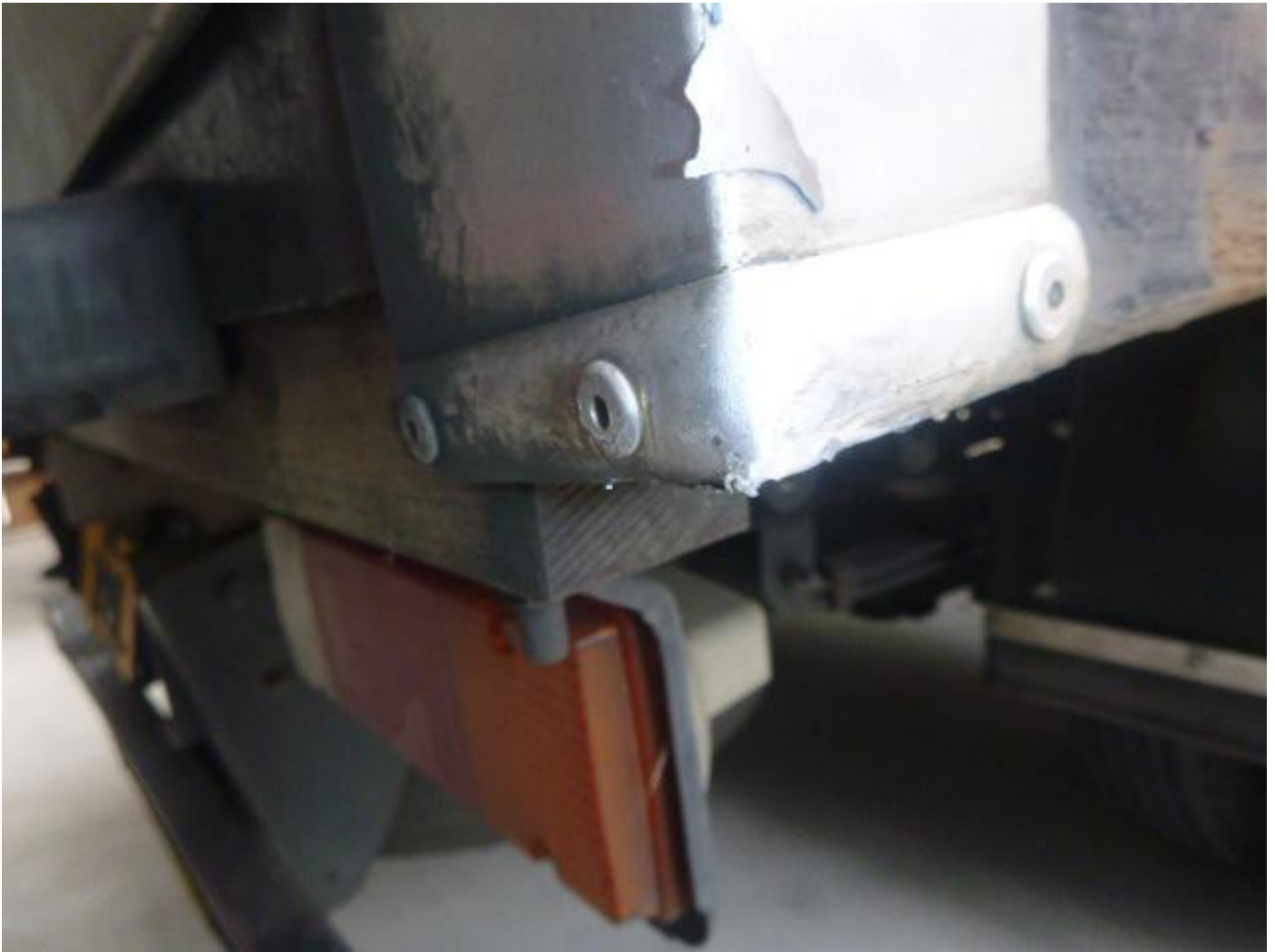
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait of KOH KONG LOY

Licence Number: **F0114278W**
Name: **KOH KONG LOY**
Birth Date: **09 Jul 1962**
Issue Date: **31 Jul 2017**
Valid Till: **30/07/2022**

Barcode: 002708929E

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
KEAN ANN CO. PTE. LTD.

Portrait of KOH KONG LOY

Name: **KOH KONG LOY**
Work Permit No.: **3 67936304** Sector: **SERVICE**

3 67936304

Barcode: K0380609

Driving License

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

	EFFECTIVE DATE
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	84 Oct 2017

F0114278W

3 No. 9000302887

Licence No: F0114278W

NP 428A

VISIT PASS
Immigration Register

15-05-2018

Name
KOH KONG LOY

FIN
F0114278W

Date of Birth
09-07-1962

Sex
M

Nationality
MALAYSIAN

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.