

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	26/06/2018 23:24
Date Of Accident	26/06/2018 13:30
Exact Location Of Accident	2 EUNOS CRESCENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3787T
Insured/Policyholder	
Name Of Registered Owner	AG & JT ENTERPRISE
Co Reg No	53310033N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85000004
Alternative Phone No	OFFICE-85000004

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0M
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	DMCPHQ17-006030
Cover Note Number	N.A.

Driver

Name of Driver	GOH YONG TECK
NRIC No	S8213505G
Date Of Birth	01/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	26/06/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85000004
Fax Number	
Contact Number	OFFICE-85000004
EEmail Address	JASMINE_LI85@HOTMAIL.COM

Address	BLK 448B SENGKANG WEST WAY #21-315
Postcode	792448
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	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?	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)	2
Passenger 1	NAME: : YUSOF GENDER: : MALE

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 (GBE3787T) was reversing my lorry when the rear right side of my lorry make contact with a car (SLZ4927X) front right side, who was stationary in the parking lot at that point of time. 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	SLZ4927X
Vehicle Make/Model/Colour	HYUNDAI/ELANTRA AD 1.6/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP JUN XIN
NRIC/Passport Number	S8809749A
Contact Number	96368744
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

Sketch Plan

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4. The issue and acceptance of this form by insurance companies is not a guarantee of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre for archiving and that copies of this report will for a fee be available application by interested parties.
7. By the judgement of this report to the Insurers, you hereby consent to the information provided in this report at the centre and to copies of the report being made available stored.
8. Consent under the Personal Data Protection Act (PDPA)
 - (i) I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such 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 necessary investigations relating to the police, for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of 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 or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as the external cover of envelopes/mail packages; and/or
 - (iv) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (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.

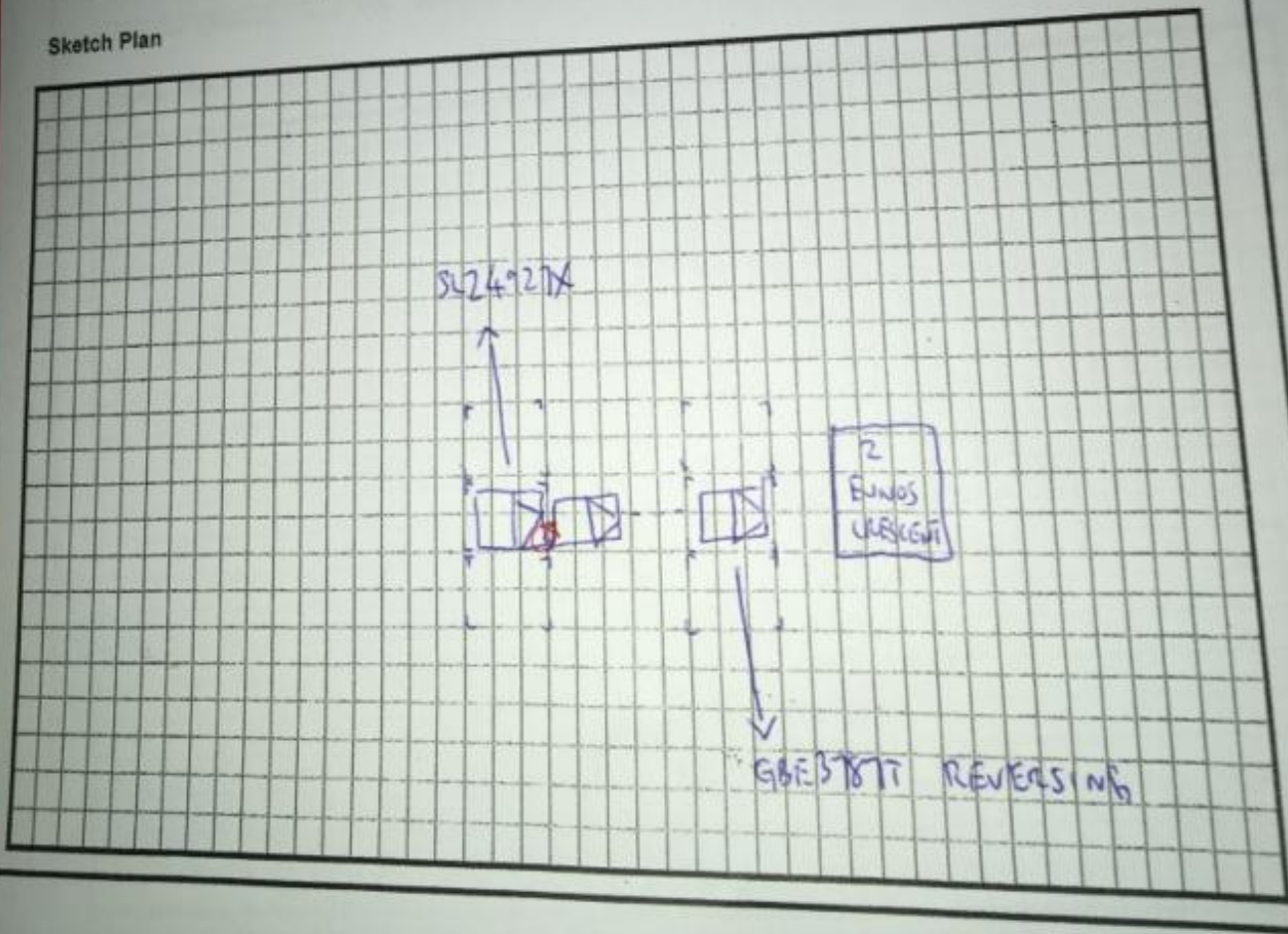
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMMAD SULHANDI BIN
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I (GBE3787T) was reversing my lorry when the rear right side of my lorry make contact with a car (SLZ4927X) front right side, who was stationary in the parking lot at that point of time. No injuries 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 SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

26 June 2018 at 7:50 PM

Date/Time:

26 June 2018 at 7:50 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8213505G**



Name
GOH YONG TECK
吴永德

Race
CHINESE

Date of birth
01-05-1982

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S8213505G**

Name
GOH YONG TECK

Birth Date: **01 May 1982**

Issue Date: **26 Jun 2015**



002444247F



Driving License

