

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	04/08/2018 15:17
Date Of Accident	04/08/2018 09:55
Exact Location Of Accident	JUNC OF RIVER VALLEY ROAD AND KIM SENG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5571C
Insured/Policyholder	
Name Of Registered Owner	LIOW TING SOON
NRIC No	S0196317A
Email Address	LIOWHENRY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82920931
Alternative Phone No	OFFICE-82920931

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 (FD) 1.6 DOHC AUTO
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	DMPPHQ18-003109
Cover Note Number	

Driver

Name of Driver	LIOW TING SOON
NRIC No	S0196317A
Date Of Birth	07/12/1952
Occupation	INDOOR
Date Of Driving Pass	01/05/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82920931
Fax Number	
Contact Number	OFFICE-82920931
EEmail Address	LIOWHENRY@GMAIL.COM

Address	NIL
Postcode	
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : LIM BEE HOON
	GENDER: : FEMALE

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 traveling along River Valley Road on the right lane wanted to make a right turn into Kim Seng Road. Approaching traffic junction of Kim Seng Road, i noticed that traffic light was not working. I was queuing behind rows of car. As car's ahead move to made the right turn, i followed suit. As i turn right into Kim Seng Road, i saw lane on the right was closed for construction and i had to change lane into the left lane when a vehicle GBC5389G coming from Irwell Bank Road and its right side collided onto my car front left side. Minor damages to my car front left side. 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	GBC5389G
Vehicle Make/Model/Colour	TOYOTA/HIACE AUTO/WHITE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAI TAK CHOON
NRIC/Passport Number	S2549534I
Contact Number	81815947
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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.
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.

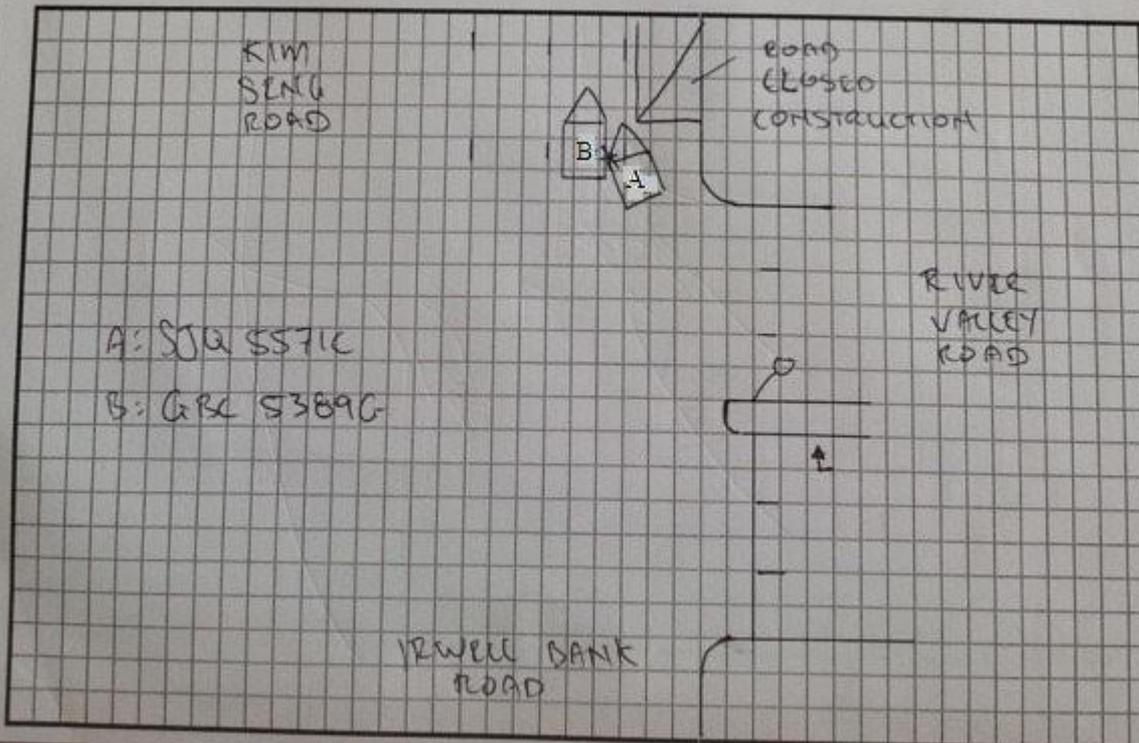
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
Muhammad Faizal
Bin Pabila

Witnessed by Reporting Centre
Personnel

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

I was traveling along River Valley Road on the right lane wanted to make a right turn into Kim Seng Road. Approaching traffic junction of Kim Seng Road, i noticed that traffic light was not working. I was queuing behind rows of car. As car's ahead move to made the right turn, i followed suit. As i turn right into Kim Seng Road, i saw lane on the right was closed for construction and i had to change lane into the left lane when a vehicle GBC5389G coming from Irwell Bank Road and its right side collided onto my car front left side. Minor damages to my car front left side. No injuries were 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 -
MUHAMMAD FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

4 August 2018 at 1:13 PM

Date/Time:

4 August 2018 at 1:13 PM

Case Summary Form (CSF)



F/20180719/2133

1 of 2

Report No. F/20180719/2133

Manual Form Serial No F/20180719/2128
 Report Number F/20180719/2133
 Vide Report Number F/20180719/2128
 Date/Time of Report Made 19/07/2018 16:57
 Place Report Lodged Serangoon N.P.C
 Name of Informant LOW TING SOON
 ID Type / ID No. NRIC NO / S0196317A
 Home/Office
 Mobile 82920931
 Email
 Date/Time of Incident From 19/07/2018 13:30
 Date/Time of Incident To 19/07/2018 14:00
 Incident Location 20 SERANGOON AVENUE 2 SERANGOON BUS INTERCHANGE
 SINGAPORE 556138
 NEX MALL

Brief Facts

Correction to NP322 F/20180719/2128 which was lodged as found property report, the items listed are actually lost and not found.

Property Information								
S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Lost				1		One Brown colored wallet
2	Credit Card / Debit Card/ ATM Card	Lost	UNITED OVERSEAS BANK LTD			3		Three UOB cards.
3	Credit Card / Debit Card/ ATM Card	Lost	OCBC LTD			1		One OCBC card.
4	General property	Lost				1		One NTUC card.
5	Identity Card	Lost	SINGAPORE NRIC		S0196317A	1		One NRIC belonging to Liow Ting Soon

FIJPO hotline number: 68429645

police report



F/20180719/2133

2 of 2

Case Summary Form (CSF)

Report No.F/20180719/2133

6	Licence	Lost	Qualified Driving Licence	S0196317 A	1		One driving licence.
7	General property	Lost		S0196317 A	1		One Safra Card.
8	General property	Lost			1		One HomeTeam member card.
9	Ezlink Card	Lost			3		Three ez-link cards.
10	Cash	Lost			1	Singapore Dollars 15.00	Cash: \$15/-.
11	General property	Lost		S0196317 A	1		One Energy Marketing Authority Licence.
12	Credit Card / Debit Card/ ATM Card	Lost	UNITED OVERSEAS BANK LTD		1		One UOB corporate card.

Case Sensitivity

No

Officer-in-Charge of Case

F / Serangoon N.P.C /
AIMAN BIN MUHAMAD SALEH

Contact No.

-

Classification of Case

1) NO OFFENCE DISCLOSED



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



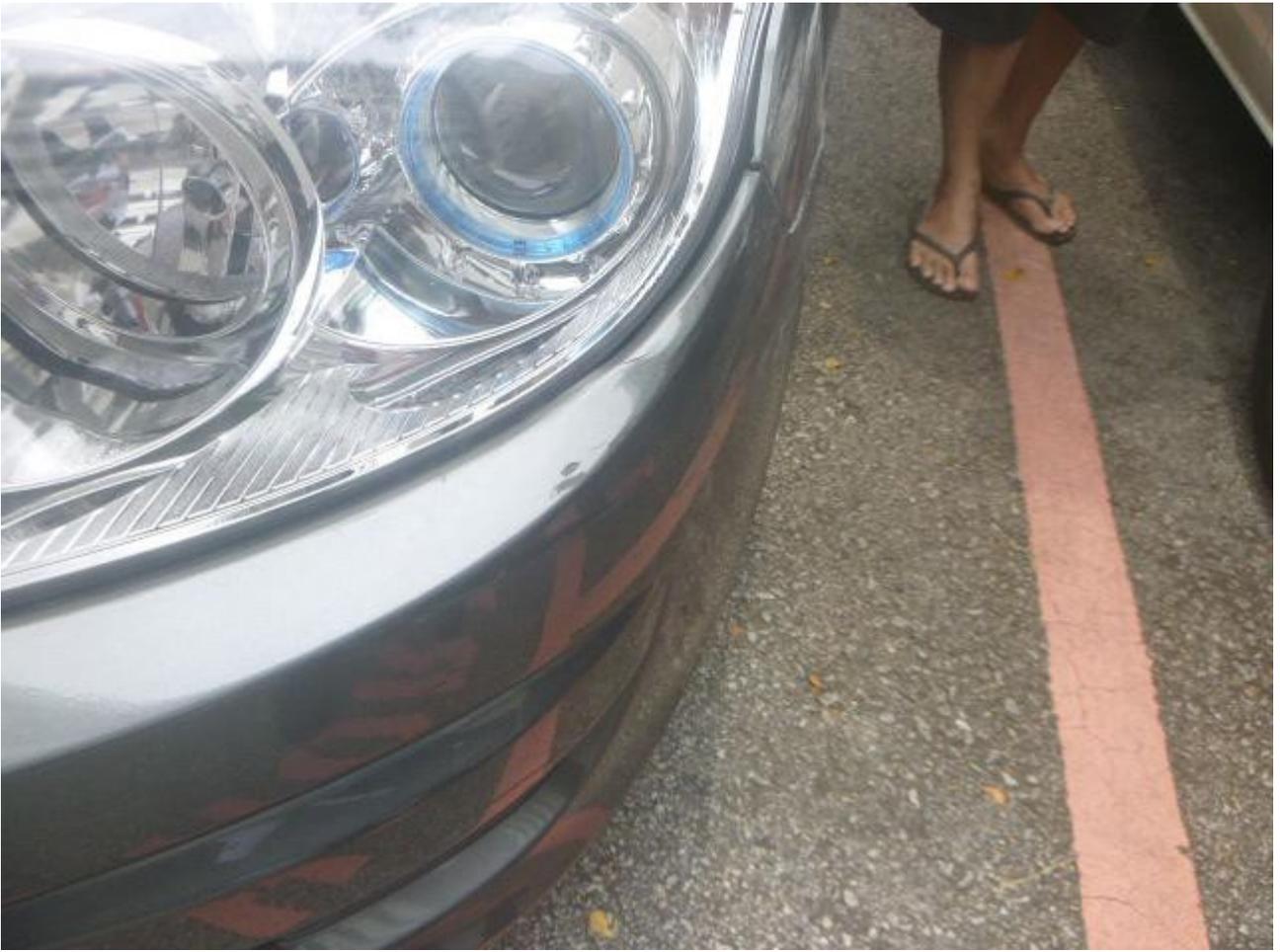
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH18100812-01 Vehicle Registration No: SJQ5571C
Name(as shown in NRIC) : LIOW TING SOON NRIC/FIN/Passport No : S0196317A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 82920931
Email Address : LIOWHENRY@GMAIL.COM
Date of Accident : 04/08/2018 Time of Accident : 09:55
Place of Accident : JUNC OF RIVER VALLEY ROAD AND KIM SENG ROAD
Insurance Company: EQ INSURANCE COMPANY LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend from was the accident reported to the police - YES to NO

Policyholder / Driver's Signature
Date:

Xian Chern

Reporting Centre Personnel's Signature
Name: Chin Xian Chern
NRIC/FIN No.: G8577824U
Date: 5 AUG 2018