

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	13/08/2018 15:24
Date Of Accident	12/08/2018 11:45
Exact Location Of Accident	TERMINAL 4 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EW926Z
Insured/Policyholder	
Name Of Registered Owner	YAP KIM FUI
NRIC No	S2533174E
Email Address	EW0926Z@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97970926
Alternative Phone No	OFFICE-97970926

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELAN COUPE M
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMPPHQ18-000370
Cover Note Number	

Driver

Name of Driver	YAP KIM FUI
NRIC No	S2533174E
Date Of Birth	27/10/1960
Occupation	INDOOR
Date Of Driving Pass	06/10/1989
Driving Experience	28 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97970926
Fax Number	
Contact Number	OFFICE-97970926
EEmail Address	EW0926Z@YAHOO.COM.SG

Address	NA
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 - OPENING DOOR OF 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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I (EW926Z) was turning right in the driveway car park of terminal 4 when the front left side of my car make contact with the right door of a car (SJY6351Y) who was going straight 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	SJY6351Y
Vehicle Make/Model/Colour	TOYOTA/HARRIER/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BADRULHISHAM BIN SIDEK
NRIC/Passport Number	S1716482A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

The issue and acceptance of this report will be referred to the Police for the purpose of the Road Traffic Act (RTA) and to copies of this report at the Police Station.

Any false reporting may be referred to the Police for the purpose of the Road Traffic Act (RTA) and to copies of this report at the Police Station.

The report will be forwarded by the insurers of the GIA Records Management of Singapore (GIA) for archiving and that copies of this report will for a fee be made available aforesaid.

By the lodgement of this report to the insurers, you hereby consent to the archiving and making available aforesaid.

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 be permitted to use, disclose and/or process my personal data/personal information set out in this [form] and any other information provided to them by me or possessed by them, 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;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, notices to me, which may involve disclosure of certain personal data about me to bring about delivery of the same as well as 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
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 (EW926Z) was turning right in the driveway carpark of terminal 4 when the front left side of my car make contact with the right door of a car (SJY6351Y) who was going straight 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

13 August 2018 at 2:38 PM

Date/Time:

13 August 2018 at 2:38 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Identification Card

00000050143430

NRIC No/Colour
S2533174E/ PINK

Race
CHINESE

Date Of Birth
27/10/1960

Service Status
REGULAR

Address
**Blk 444 CHOA CHU KANG AVENUE 4
#15-321 SINGAPORE 680444**

Blood Group
AB (*)

Country Of Birth
MALAYSIA

Military Rank Status
MILITARY EXPERT

Sex
M

1



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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	26 Feb 1991
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	06 Oct 1990

NP 428A

Licence No: S2533174E

