

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	14/08/2018 13:53
Date Of Accident	13/08/2018 12:15
Exact Location Of Accident	VICTORIA ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH4086M
Insured/Policyholder	
Name Of Registered Owner	CHEW CHOO EE TINA
NRIC No	S6930932A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90258242
Alternative Phone No	OFFICE-90258242

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT TSI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC18A00078300
Cover Note Number	

Driver

Name of Driver	QUAH CHUNG MING MICHAEL
NRIC No	S6874450D
Date Of Birth	02/09/1968
Occupation	INDOOR
Date Of Driving Pass	15/01/1993
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98164644
Fax Number	
Contact Number	
Email Address	MIKEQ72@YAHOO.COM

Address	1 RIDGEWOOD CLOSE # 08- 05
Postcode	276692
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : SHUCK CHIN LEONG GENDER: : MALE
Passenger 2	NAME: : CHIN HON CHOONG 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

REFER TO ATTACHMENT

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	SJT7255L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	92772949
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

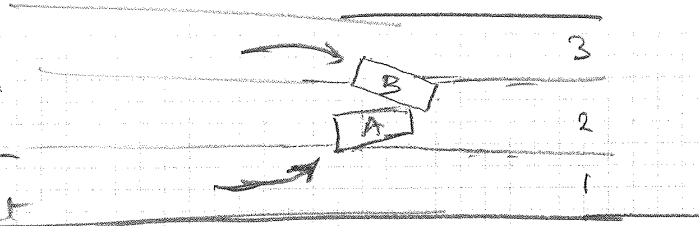
() Claim Own Damage () Claim TP (☒) Reporting Only () Claim OD/TP at other workshop

Workshop Name : _____

Sketch Plan Pg. 2

SKETCH PLAN

A = SFH 4086M
B = SGT 725SL
Victoria Street



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 was driving along Victoria St on lane 1. I signaled to move to Lane 2. The lane was clear & I turned into lane 2. Car B suddenly cut into my lane 2 from lane 3.

from placement of my car (photo) and the scratches on car B, it can be seen that has cut into me. The first point of impact between the 2 cars can be seen from the beginning of the scratch mark on car B.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/28/11

Date & Time: 10/28/18

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S6874450D**

Name: **QUAH CHUNG MING**

Birth Date: **02 Sep 1968**
Issue Date: **04 Apr 2006**

001410246E



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S6874450D**



Name: **QUAH CHUNG MING MICHAEL**

柯俊明

Race: **CHINESE**

Date of birth: **02-09-1968**

Country/Place of birth: **MALAYSIA**

Sex: **M**

S6874450D



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

Class 3 Motor Cars—< 3000kg with —< 7 passengers, exclusive of the driver; and other motor vehicles —< 2500kg

PASS DATE: **15 Jan 1993**

NP 428A

License No: **S6874450D**

5733931

NRIC No. **S6874450D**

Date of issue: **24-04-2017**

Address: **1 RIDGEWOOD CLOSE
#08-05
SINGAPORE 276692**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

