

## 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	21/08/2018 21:52
Date Of Accident	20/08/2018 17:15
Exact Location Of Accident	SIN MING AUTOCARE CENTRE OUTSIDE WORKSHOP #02-01
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9925T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MULTICO MARKETING & SERVICES PTE. LTD.
Co Reg No	200901012C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96988693
Alternative Phone No	OFFICE-96988693

### Vehicle Particulars

Manufacturer	SUZUKI
Model	EVERY PA 660 M
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ18-000450
Cover Note Number	N.A.

### Driver

Name of Driver	LEONG CHEE TONG
NRIC No	S0584776A
Date Of Birth	18/12/1947
Occupation	INDOOR
Date Of Driving Pass	07/05/1976
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96988693
Fax Number	
Contact Number	OFFICE-96988693
EEmail Address	PETERL@MMS.MULTICOASIA.COM

Address	NIL
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	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	
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

There was a vehicle parked on the left side, outside the workshop. Hence when I passed by the vehicle. Suddenly I heard a scratch on my vehicle left side. Hence I stopped and checked. I discovered, the vehicle right rear door swung opened. As a result, damaged my vehicle left side portion.

#### 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	SJN5145R
Vehicle Make/Model/Colour	NISSAN TEANA 2.0L / BLU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

## 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 liability.
4. The issue and acceptance of this form by insurance companies is not an admission 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 established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available 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.
8. Consent under the Personal Data Protection Act (PDPA)
  - (a) I understand, acknowledge, agree and consent that:
    - (i) 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.
    - (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

AIZAM BIN ATAN

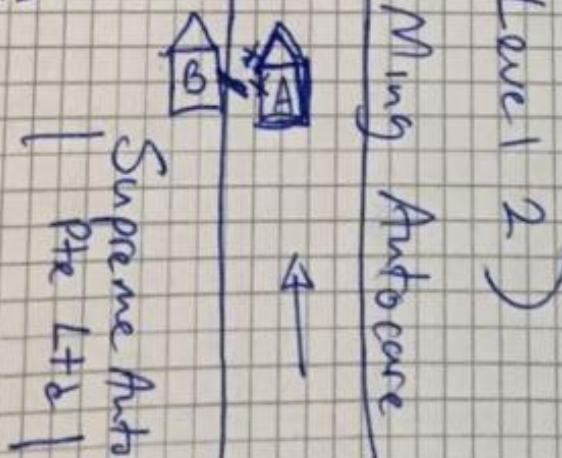
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

## Sketch Plan

A: GBA 9925T  
B: SJN 5145R



**ACCIDENT STATEMENT (2000 characters)**

There was a vehicle parked on the left side, outside the workshop. Hence when I passed by the vehicle. Suddenly I heard a scratch on my vehicle left side. Hence I stopped and checked. I discovered, the vehicle right rear door swung opened. As a result, damaged my vehicle left side portion.

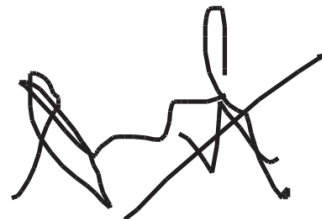
Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

21 August 2018 at 7:30 PM

Date/Time:

21 August 2018 at 7:30 PM

Accident Photo



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**

Licence No: **S0584776A**

**LEONG CHEE TONG**

Birth Date: **18 Dec 1947**  
Issue Date: **05 Feb 2004**

 001107958E



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S0584776A**



Name  
**LEONG CHEE TONG**

**梁子通**

Race  
**CHINESE**

Date of Birth  
**18-12-1947**

Country of Birth  
**SINGAPORE**



Identification Card

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	03 Mar 1967
Class 2A Motorcycles between 201 cc and 400 cc	03 Mar 1967
Class 2 Motorcycles exceeding 400 cc	03 Mar 1967
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 May 1976

NP 428A

Licence No: S0584776A

2500864

NRIC No S0584776A

Blood Group Date of issue

O+ 19-10-1994

Address

APT BLK 1 TECK WHYE AVENUE

6-182

SINGAPORE 2368

**Addendum Sheet Pg. 1**



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66S0020G / GST Reg. No.: M400017735

**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 : MBHH18108649 Vehicle Registration No: GBA9925T  
Name(as shown in NRIC) : LEONG CHEE TONG NRIC/FIN/Passport No : S0584776A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96988693  
Email Address : peterl@mms.multicoasia.com  
Date of Accident : 20/08/2018 Time of Accident : 17:15 HRS  
Place of Accident : SIN MING AUTOCARE CENTRE OUTSIDE WORKSHOP #02-01  
Insurance Company: EQ INSURANCE COMPANY LIMITED

**(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:

ATTACHED PICS.

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Lee Wan Qi  
NRIC/FIN No.: S9245801F  
Date: 22/08/2018