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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.		
		ACCIDENT STATEMENT
	Date Of Report	23/08/2018 16:47
	Date Of Accident	23/08/2018 14:10
	Exact Location Of Accident	109D EDGEDALE PLAINS
	Country/State of Loss	SINGAPORE
	D	DETAILS OF OWN VEHICLE
	Vehicle Registration Number	SDE1008Z
	Insured/Policyholder	
	Name Of Registered Owner	CHAN KOK WAH
	NRIC No	S7037313J
	Email Address	DESCHAN1@SINGNET.COM.SG
	Mobile Phone No	(LOCAL) +65-90693242
	Alternative Phone No	OFFICE-90693242
	Vehicle Particulars	
	Manufacturer	TOYOTA
	Model	ALPHARD-2.5 CVT ELEGANCE S/R (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	THIRD PARTY
	Vehicle Category	PRIVATE CAR
	Insurance Company	
	Name of Insurance Company	EQ INSURANCE COMPANY LTD
	Type Of Coverage	COMPREHENSIVE

Fleet Policy NO

Policy Number DMPPHQ18-003421

Cover Note Number

Driver

Name of Driver

CHAN KOK WAH

NRIC No

S7037313J

Date Of Birth

28/10/1970

Occupation

OUTDOOR

Date Of Driving Pass

12/04/1994

Driving Experience 24 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90693242

Fax Number

Contact Number OFFICE-90693242

EMail Address DESCHAN1@SINGNET.COM.SG

Address 29 FERNVALE CLOSE #14-22

Postcode 797464

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

-

0

NO

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 2 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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED REPORT.

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 SHB9834X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver TAN GUOXIANG KELVIN

NRIC/Passport Number

Contact Number 86088046

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 7. By the lodgment 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)
 - (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
- (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.

Date & Time:

r's Signature

(If driver is not the policyly

Date & Time: 3.30 PA-1

Reporting Centre Personnel's Signature

Name:

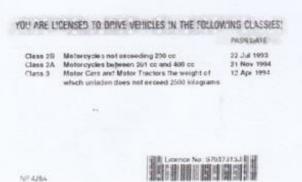
NRIC/FIN No.:

GIARME SketchPlanForm_V3

SKETCH PLAN Vehicle A. SDEDOUSZ B=SHB9834X DESCRIBE CIRCUMSTANCES OF THE ACCIDENT on 23/8/2018 at about 2.10pm, my rehizle A(SOE10082) was stationary along 1000 Edgedale Plains waiting for my kids vehicle B (SHB9834X) in front of me which was stationary suddenly reversed and hit into the front right side of my vehicle A. At that point of hime, I was DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Date & Time: 3.30?M (If driver is not the policyholder) Date & Time: 3 · 30 PM NRIC/FIN No.: GIARMC ShetchPlanForm_V3







Nº 4284







