

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	28/08/2018 16:35
Date Of Accident	27/08/2018 17:30
Exact Location Of Accident	CHANGI COAST RD TWDS NICOLL DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6641X
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE ISLAND CRUISE & FERRY SERVICES PTE LTD
Co Reg No	200704766M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65349339

Vehicle Particulars

Manufacturer	CITROEN
Model	BERLINGO 1.6 MT ABS AIRBAG 2WD 6DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCHHQ18-000001
Cover Note Number	

Driver

Name of Driver	NG YONG MING, GABRIEL
NRIC No	S9319671F
Date Of Birth	04/06/1993
Occupation	INDOOR
Date Of Driving Pass	21/09/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97942624
Fax Number	
Contact Number	OFFICE-97942624
Email Address	NOEMAIL

Address	BLK 321B ANCHORVALE DRIVE #04-192
Postcode	542321
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
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

REFER TO STATEMENT.

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	YP2803G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NG YONG MING, GABRIEL
------	-----------------------

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBC6641X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

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 the 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 upon application by interested parties.
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) 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:

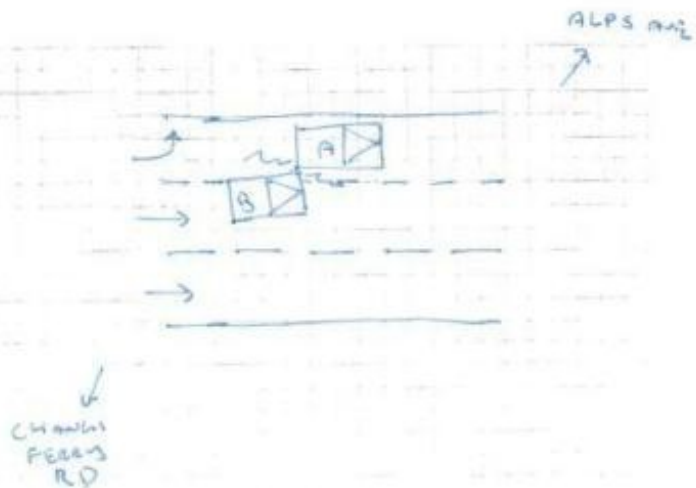

Reporting Centre Person's Signature
Name:
NRIC/PIN No.:

Accident Sketch Plan

SKETCH PLAN

VEHICLE A - GBC 6641 X

VEHICLE B - YP 2803 G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY STOPPED AND PARK AT THE SIDE OF THE ROAD ON CHANGI COAST RD TOWARDS NICOLL DR.

WHILE AT THE SIDE OF THE ROAD, STATIONARY STOPPED WITH ME IN THE VEHICLE, SUDDENLY I HEARD A LOUD CRASHING SOUND, FOLLOWED WITH A GREAT IMPACT.

THE DRIVER OF VEHICLE (YP 2803 G) PROCEEDED TO STOP HIS VEHICLE AT THE SIDE AND PROCEEDED TO WRITE ME A LETTER TO ADMIT HIS FAULT OF COLLIDING INTO MY VEHICLE. WHILE I WAS STATIONARY STOPPED AT THE SIDE OF THE ROAD

VEHICLE A - GBC 6641 X


VEHICLE B - YP 2803 G

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:


Reporting Centre Person's Signature
Name:
NRIC/PIN No.:

17:30 hrs

27/08/2018


I, Toh Thiam Guan, S 0173096 G
vehicle driver of YP 2803 G

declared that I had a collision
with vehicle GBL 6641 X

near Changi Ferry Road Junction.

I admit the cause of accident
was due to lethargic.

Driver address: Blk 169 Bukit Batok
West Avenue 9 #09-379
Singapore 650169.

Signature: 
Hp: 9385 3050

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048560
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500205 / 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: MNA 118111550 Vehicle Registration No: GBC 6641 X
Name (as shown in NRIC): NH YONH MING LAMUEL NRIC/FIN/Passport No: S9319671 F
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address: BLK 321 B ANCHORAGE DR #04-192 Singapore (542321)
Contact (Tel): 9794 2624 Mobile No.: _____
Email Address: _____
Date of Accident: 27/08/2018 Time of Accident: 17:30HRS
Place of Accident: CHANGI COAST RD TWD NICOLL DR
Insurance Company: EA INSURANCE

(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:

AT THE FIRST MOMENT OF IMPACT, I DIDN'T
FEEL ANY DISCOMFORT, ONLY AFTER THE FOLLOWING
PAD, THEN I STARTED TO FEEL UNCOMFORT, WHICH WAS
THEN I DECIDED TO CONSULT A DOCTOR FOR EXAMINATION.


Policyholder / Driver's Signature
Date: _____


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