

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	03/09/2018 12:07
Date Of Accident	02/09/2018 11:00
Exact Location Of Accident	OUTSIDE 27 TAGORE AVE S(787656)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF7189D
Insured/Policyholder	
Name Of Registered Owner	TAN AIK TZE IVY
NRIC No	S7725776D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97726234
Alternative Phone No	OFFICE-97726234

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.5 AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC18B00022401
Cover Note Number	

Driver

Name of Driver	TAN AIK TZE IVY
NRIC No	S7725776D
Date Of Birth	10/09/1977
Occupation	INDOOR
Date Of Driving Pass	07/07/1997
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97726234
Fax Number	
Contact Number	OFFICE-97726234
EEmail Address	NOEMAIL

Address	NIL
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 - HEAD TO REAR
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.	YES
Number of Passengers (Including Driver)	0

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

PLEASE 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

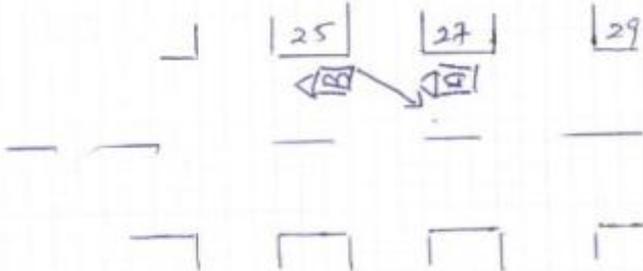
Vehicle Registration Number	GBH167L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

(A) SGR7189D
(B)

27 TAYLOR AVENUE S 787656



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Morning of 2nd Sep 2018, at 11am, my neighbour MR Lim rang my door bell. He said he reversed his lorry into my car in the morning. He kept apologising and said he would pay for the repair cost. He had already moved his lorry away at this point in time. My car was parked stationary on the road and covered with a car cover during time of accident.

DECLARATION

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

Jan

Policyholder's Signature

Date & Time:

2nd Sep 2018, 3pm

Jan

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2nd Sept 2018, 3pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

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:

2 Sep 2018 3pm

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

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

Common Statement

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident Time Location of Accident
02-09-2018 11:00am Outside 27 Tagore Avenue, S(787656)

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number SGF 7189D
Name of Policyholder TAN AIK TZE IUY
NRIC/ FIN/ Passport/ ROC (if Policyholder is company) S7725776D
Address
Contact Number Tel Hp 97726234
Occupation INDOOR

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model
Type of Vehicle Sedan MPV CRV Van Lorry Bus Motorcycle Others
Exact Purpose for which vehicle was being used at the time of accident PRIVATE USE
Are you claiming under your own insurance policy? Yes No Remarks 3rd party
Vehicle category Private Commercial Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company ECICS
Type of Policy Comprehensive TP Fire & Theft Third party
Fleet Policy Yes No
Policy Number MPC18B00022401

DRIVER

Name of Driver
NRIC/ FIN/ Passport
Date of Birth 10-09-1977
Occupation INDOOR
Driving Pass Date 07-07-1977
Gender Male Female
Contact Number Tel Hp 97726234
Address
Email Address
Was driver an employee of the Insured's Company? Yes No
If No, relationship of Driver with the Insured OWNER

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head On, etc)
Weather Conditions Clear Raining Others
Road Surface Wet Dry Others
Damage Area

OTHER INFORMATION

Was there any foreign vehicle(s) involved? No Yes
Was anybody injured in the accident? (including Witness) No Yes
Was any other vehicle(s) or property damaged? No Yes
Was there any camera video footage (in car)? No Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? No Yes
If Yes, please state which police station & Report No.
Was notice of intended Prosecution given? No Yes
If Yes, against whom?

Joyride 9997 @ yahoo.com.sg.

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

GBH 167L

Vehicle Maker Model/ Colour

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Maker Model/ Colour

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Yes

No

Was Injured conveyed to hospital by ambulance?

Yes

No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Yes

No

Was Injured conveyed to Hospital by Ambulance?

Yes

No

Declaration

(We declare that the above particulars & information provided above are true in every aspect)

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

21/Sept/2018, 3pm

Date & Time

Signature of Driver / Date & Time
(if Driver is not the Policy Holder)

Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



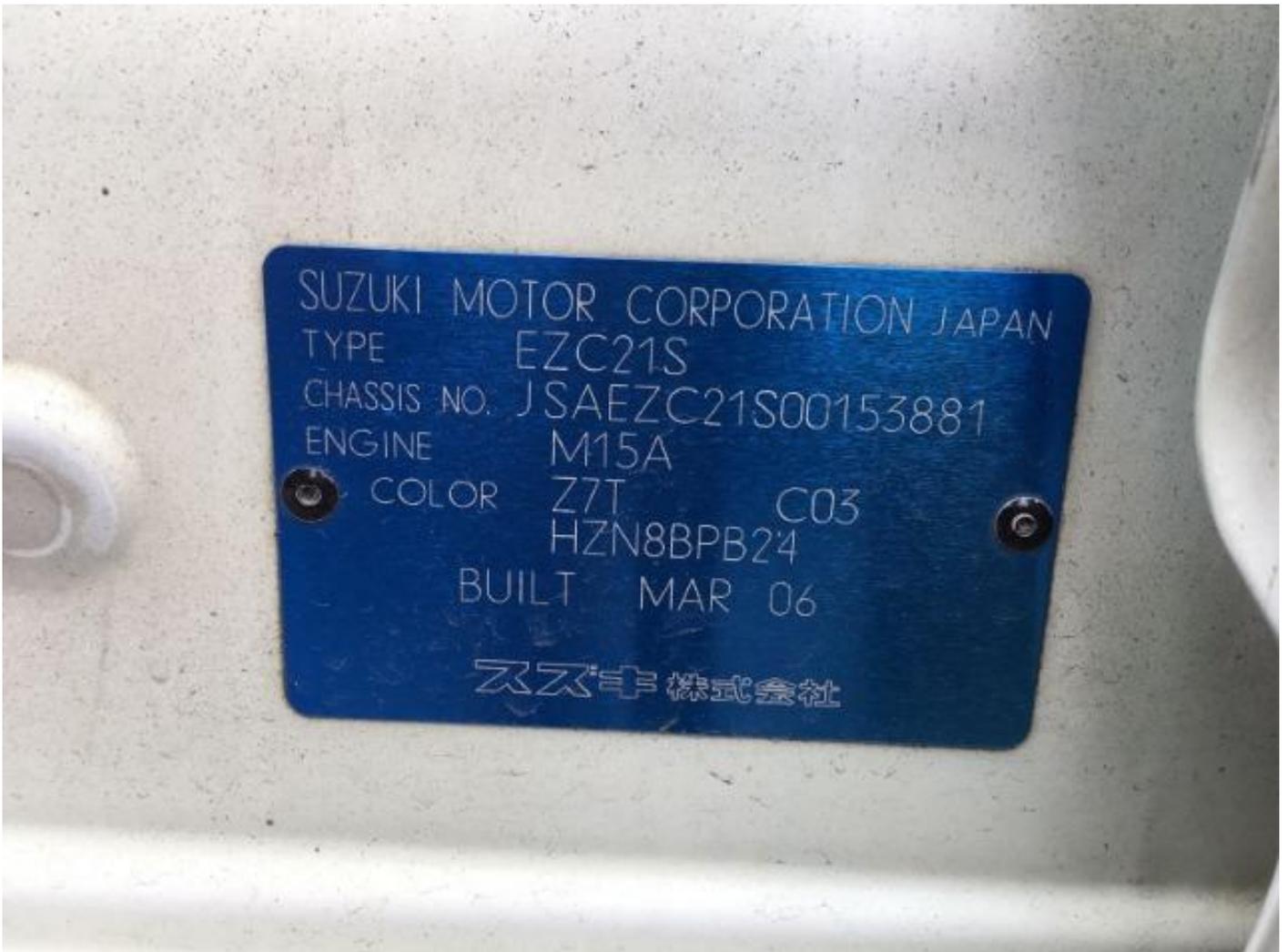
Driving License



Accident Photo



Accident Photo



Accident Photo

