# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number EMail Address

- 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 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. 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.

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	ACCIDENT STATEMENT
Date Of Report	17/05/2019 16:11
Date Of Accident	04/09/2018 15:20
Exact Location Of Accident	ORCHARD ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGF6108U
Insured/Policyholder	
Name Of Registered Owner	FOO FANG YAW RONEL
NRIC No	S7527113A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92393989
Alternative Phone No	OFFICE-92393989
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B180
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	DMPPHQ17-004529
Cover Note Number	17/09/17-16/09/18
Driver	
Name of Driver	CHIN SHUN (CHEN SHANSHAN)
NRIC No	S7610749A
Date Of Birth	25/04/1976
Occupation	INDOOR
Date Of Driving Pass	24/05/1997
Driving Experience	21 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97954197
Fax Number	
O	

**NOEMAIL** 

89 YISHUN ST 81 #07-07 Address

Postcode

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 **COLLISION - HEAD TO REAR** 

Weather Conditions **CLEAR** Road Surface DRY

## Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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**

MY CAR DRIVING PASS CONTINUE YELLOW AND RED LINE TILL REACHING DOTTED LINE ABLE TO TURN LEFT. ALL OF SUDDEN, CAR B (SHA7480B) EXIT FROM MINOR ROAD, GIVE WAY LINE AND COLLIDED MY CAR LEFT SIDE, CAR B SHOULD EXERCISE WITH CAUTION, MAKING SURE NO CARS FROM MAIN ROAD BEFORE EXIT. I HAVE VIDEO PART 1 & PART 2, NO ONE WAS INJURE.

## Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHA7480B

Vehicle Make/Model/Colour

**Details Of Properties** 

**TAXI** Vehicle Category

**CHAN CHUEN SUM** Name of Driver

NRIC/Passport Number S1512840B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 5

#### Sketch Plan

#### Sketch Plan

## SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre natablished 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 ladgment of this report to the insurers, you hereby consent to the archiving of this report at the sentre and to copies of the report being
- 8. Consent under the Personal Data Protection Act (PDPA)

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 the [form) and any other personal information provided by me or passessed 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 issured 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) asministering 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' lawyershaw firms, may are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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 sted outside of Singapore, for one or more of the above Purposes.
- my Personal information will also be collected and used to compile claims history for the purpose of traud 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 easist in evaluating, investigating, controlling or managing fraud, regulators, law emforcement and government apencies 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 Perso Name: HGG (

NRIC/FIN No.

## Sketch Plan #2

## Sketch Plan #2

	ASGF 61084	(B) SHA 748	0 B
¢		] Bus lane	Continue Keller

0 P	1' veh	icle	dr	iving	2455	(0	ntinue	Yellow &	Redline	+i
-	eching	dott	99	line	able	to	turn	left.	Red line	

- (3) All of sudden (B) which exit from minor road, sire way line and collided (A) which left side.
- (3) (B) which should expresize with courtion, making sure no cars from main road before exit.
- DI have video Part 1 d Part 2, no one was injure.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name: Alan Quek

Page 4 of 17

# Sketch Plan #3

Sketch Plan #3



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

PASS DATE

Class 3

Motor Cars of unlation weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unlation weight not exceeding 2500 kg

24 May 1997

FOR C& USE ONLY

NP 428A

Licence No. 87610749A

Page 5 of 17