

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	13/09/2018 18:02
Date Of Accident	12/09/2018 19:45
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH76X
Insured/Policyholder	
Name Of Registered Owner	KHO CHUAN HOCK
NRIC No	S7638366I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97600560
Alternative Phone No	OFFICE-97600560

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	DMPPHQ17-005577
Cover Note Number	

Driver

Name of Driver	ALVIN KHO RUI JIE
NRIC No	S9929546E
Date Of Birth	16/09/1999
Occupation	INDOOR
Date Of Driving Pass	16/09/1999
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90053668
Fax Number	
Contact Number	
EEmail Address	ALVINKHORUIJIE@YAHOO.COM.SG

Address	APT BLK 726 JURONG WEST AVENUE 5 #06-244 SINGAPORE 640726
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : ALEX KHO GENDER: : MALE
Passenger 2	NAME: : KRYSTELLE SEOW GENDER: : FEMALE

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

Was driving along the said location, on the first lane of four lane road. I noticed vehicle ahead slowing down. I applied my brake to stopped, upon stopping I felt an impact from my rear. Vehicle b right front came into contact onto my rear left. No injuries.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOAD INTO MERIMEN ONCE INSURED SEND
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC9047L
Vehicle Make/Model/Colour	HYUNDAI/ELANTRA AD 1.6 GLS AT (AMS)/RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DANIEL TAN
NRIC/Passport Number	S8318593G
Contact Number	97852486
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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)

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.

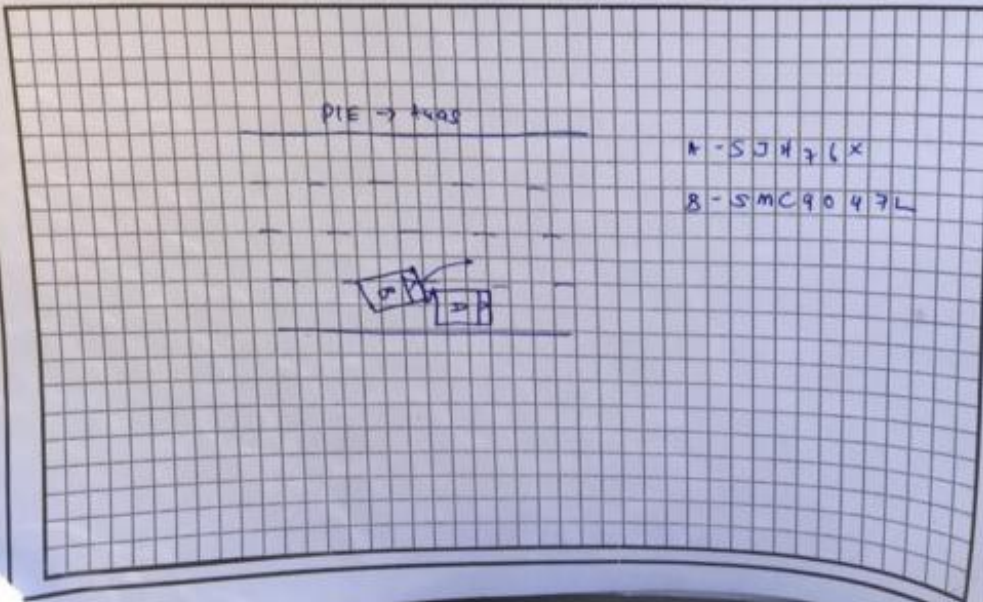
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMAD HELMY BIN
ALEHAM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

Was driving along the said location, on the first lane of four lane road. I noticed vehicle ahead slowing down. I applied my brake to stopped, upon stopping I felt an impact from my rear. Vehicle b right front came into contact onto my rear left. No injuries.

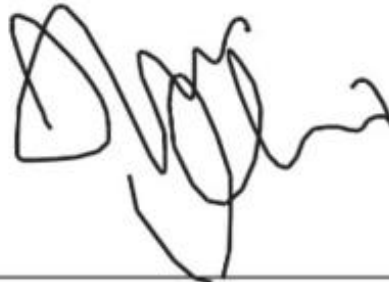
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMAD HELMY BIN ALEHAM

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9929546E



 Name
ALVIN KHO RUI JIE
许 瑞 杰
Race
CHINESE
Date of birth
15-05-1999 Sex
M
Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S9929546E
Name
ALVIN KHO RUI JIE
Valid Date: 16 Sep 2009
Issue Date: 17 Jan 2018



0027647754

Driving License

M-9VCD14
8-887736-045350

5405413



50020546E



Date of issue
10-12-2014

Address
APT BLK 728 JURONG WEST AVENUE 5
#05-248
SINGAPORE 640728

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver, and other motor vehicles with unladen weight \leq 2000kg	17 Jan 2018

MP 420A

License No 50020546E

