

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	04/10/2018 13:31
Date Of Accident	26/09/2018 20:15
Exact Location Of Accident	ALONG LORNIE ROAD TOWARDS THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5545G
Insured/Policyholder	
Name Of Registered Owner	S C M PRODUCTION PTE LTD
Co Reg No	200708995N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91226771

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-001368
Cover Note Number	

Driver

Name of Driver	CHONG GIN CHUAN
NRIC No	S6937371B
Date Of Birth	28/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	15/05/1990
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91226771
Fax Number	
Contact Number	
Email Address	WONGSOONLOONG@GMAIL.COM

Address	BLK 483 CHOA CHU KANG AVENUE 5 #04-170
Postcode	680483
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	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	
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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : JOYCE LIM 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

I WAS DRIVING ALONG LORNIE RD TOWARDS THOMSON RD. SUDDENLY VEHICLE B FROM MY RIGHT LANE COLLIDED ONTO RIGHT SIDE OF MY VEHICLE. NO INJURIES INVOLVED.

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	UNKNOWN
Vehicle Make/Model/Colour	UNKNOWN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.



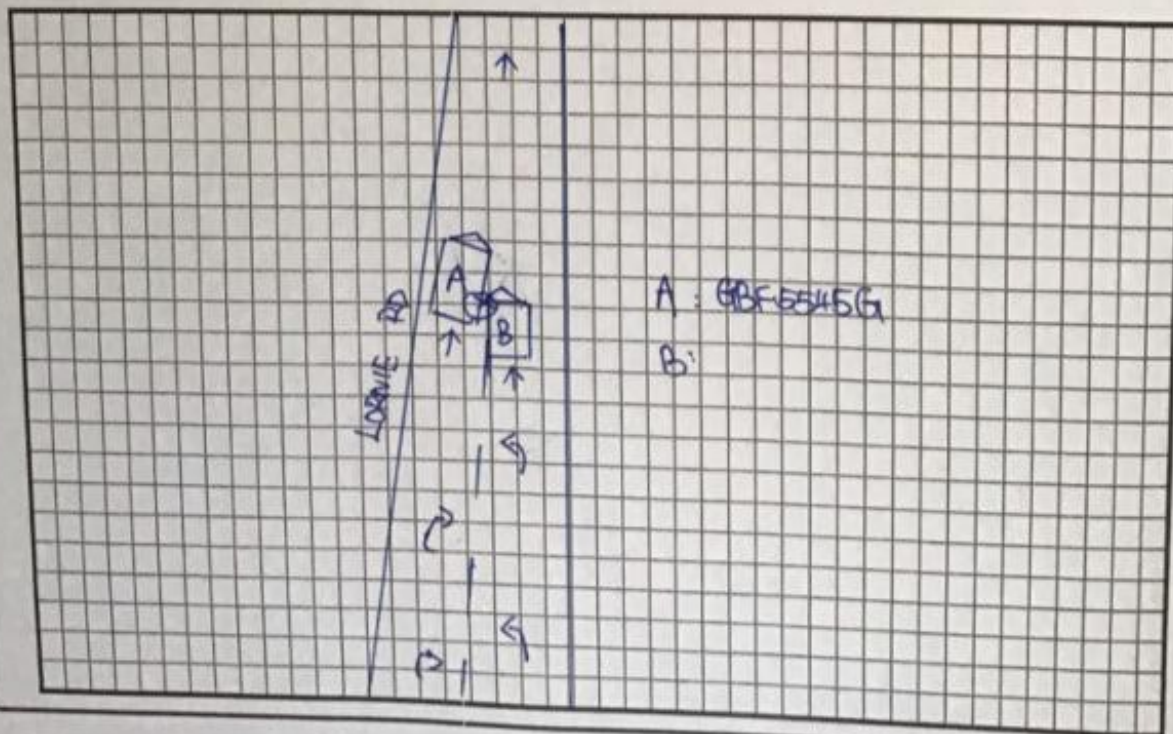
VERIFIED BY AJAX MARS
REPORTING OFFICER
Jun Keat

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
 Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG LORNIE RD TOWARDS THOMSON RD. SUDDENLY VEHICLE B FROM MY RIGHT LANE COLLIDED ONTO RIGHT SIDE OF MY VEHICLE. NO INJURIES INVOLVED.

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 -
WONG JUN KEAT



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

4 October 2018 at 12:44 PM

Date/Time:

4 October 2018 at 12:44 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6937371B



Name
CHONG GIN CHUAN
张仁川

Race
CHINESE

Date of birth
28-10-1969

Sex
M

Country/Place of birth
SINGAPORE

S6937371B

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S6937371B**

Name
CHONG GIN CHUAN

Birth Date: **28 Oct 1969**

Issue Date: **10 Jul 2015**

002449673H



SG 50

Identification Card

5485533



NRIC No. S6937371B



Date of issue
17-08-2015

Address
APT BLK 483 CHOA CHU KANG AVENUE 5
#04-170
SINGAPORE 680483

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	EFFECTIVE DATE
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	15 May 1990

NP 428A

Licence No: S6937371B

