

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 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.

ACCIDENT STATEMENT

Date Of Report	11/10/2018 18:02
Date Of Accident	28/09/2018 15:30
Exact Location Of Accident	BEDOK SOUTH AVE 1 TOWARDS BEDOK CENTRAL JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN3380S
Insured/Policyholder	
Name Of Registered Owner	QUEK GIM SIEW
NRIC No	S1125260E
Email Address	SINJAC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83335675
Alternative Phone No	OFFICE-83335675

Vehicle Particulars

Manufacturer	CHEVROLET
Model	ORLANDO
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-002537
Cover Note Number	

Driver

Name of Driver	QUEK GIM SIEW
NRIC No	S1125260E
Date Of Birth	22/05/1955
Occupation	INDOOR
Date Of Driving Pass	16/07/1976
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83335675
Fax Number	
Contact Number	OFFICE-83335675
Email Address	SINJAC@GMAIL.COM

Address	HDB TAMPINES, 137 SIMEI STREET 1
Postcode	520137
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : GOH SOO IM ESTHER GENDER: : FEMALE
Passenger 2	NAME: : QUEK CHOON HENG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGI N.P.C.
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE RPEORT NO: T/20181013/2110(LODGED AT CHANGI N.P.C) ON 28/09/2018 AT ABOUT 1600HRS I WAS DRIVING ALONG BEDOK SOUTH AVE 1 TOWARDS UPPER CHANGI RD.SUBSEQUENTLY AT THE TRAFFIC LIGHT JUNCTION I STOPPED MY VEHICLE UNTIL I WAS STATIONARY. I CHECKED THE LEFT LANE TO MAKE SURE THAT IT WAS CLEAR BEFORE TURNING LEFT.SUBSEQUENTLY, I HEARD SOME BRAKING NOISE FROM THE REAR BUT THERE WAS NO IMPACT BETWEEN BOTH PARTIES THE TAXI DRIVER THEN DROVE OFF. ON 04/10/2018 I WAS CONTACTED BY MY INSURANCE COMPANY THAT MY CAR WAS INVOLVED WITH AN ACCIDENT. I IMMEDIATELY TOOK PHOTOS OF MY CAR WHICH SHOW NO DAMAGE.ON 11/10/2018 THE INSURANCE SURVEYOR AJAX MARS PTE LTD REPRESENTING EQ INSURANCE CAME TO TAKE A LOOK AT MY VEHICLE AS WELL AND HE TOOK PHOTOGRAPHS OF MY CAR.

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 Witness 1

Name	QUEK CHOON HENG
Phone Number	
Email Address	

Details of Witness 2

Name GOH SOO IM
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC2423P
Vehicle Make/Model/Colour HYUNDAI / SONATA
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

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 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.

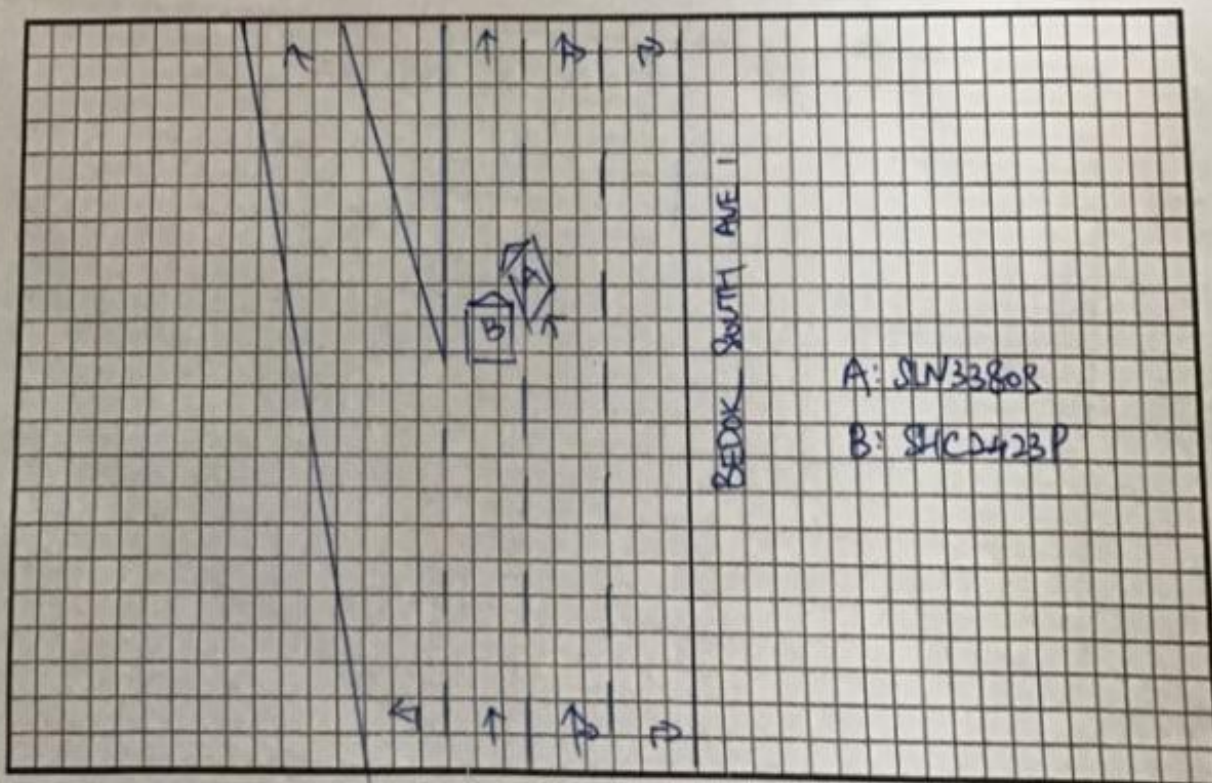
VERIFIED BY AJAX MARS
REPORTING OFFICER
Jun Keat

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 BEDOK SOUTH AVE 1 TOWARDS NEW UPPER CHANGI RD. I WAS STATIONARY IN FRONT THE JUNCTION FOR WAITING TRAFFIC LIGHT , I CHECKED MY LEFT LANE AND CHANGE INTO MY LEFT LANE. SUDDENLY VEHICLE B DRIVING AT LEFT LANE MAKE A JAM BRAKE NEAR TO ME. THERE WAS NO COLLISION N NO DAMAGE TO MY CAR WHATSOEVER. NO INJURIES SUSTAINED TO ANY PARTIES.

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

11 October 2018 at 1:25 PM

Date/Time:

11 October 2018 at 1:25 PM

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181013/2110

Police Station Of Origin:
Changi N.P.C.
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3
Report No: T/20181013/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 15:38	Vide Report No.:	Station Diary No.: 36
--	------------------	--------------------------

Informant's Particulars

Name of Informant: QUEK GIM SIEW			Address: APT BLK 137 SIMEI STREET 1 #05-100 SINGAPORE 520137		
ID Type / ID No.: NRIC NO / S1125260E			Contact No.: Home/Office: Mobile: 83335675		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 22/05/1955	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Retiree		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	28/09/2018 16:00	T-Junction
Location: Along Road 1 BEDOK SOUTH AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2423P	Car					0
SLN3380S	Car	CHEVROLET	ORLANDO 1.4AT TURBO	Silver		2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN3380S	EQ INSURANCE COMPANY LTD.	DMPPHQ18-002537	28/04/2018	27/04/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181013/2110

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 3

Report No. T/20181013/2110

CONTINUATION OF REPORT

Brief Details.

On 28/09/2018 at about 1600hrs I was driving along Bedok South Ave 1 towards New Upper Changi Rd. Subsequently at the traffic light junction I stopped my vehicle until I was stationary. I checked the left lane to make sure that it was clear before turning left. Subsequently, I heard some braking noise from the rear but there was no impact between both parties the taxi driver then drove off. On 04/10/2018 I was contacted by my insurance company that my car was involved with an accident. I immediately took photos of my car which shows no damage. On 11/10/2018 the insurance surveyor from AJAX MARS PTE LTD Representing EQ insurance came to take a look at my vehicle as well and he took photographs of my car.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181013/2110

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5672999

3 of 3
Report No. T/20181013/2110

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 RANDY RONALD MINJOOT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/10/2018 15:38

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

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 **DRIVING LICENCE**




License Number: **S1125260E**
Name: **QUEK GIM SIEW**

Birth Date: **22 May 1955**
Issue Date: **23 Feb 2004**



001132765D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1125260E**



Name
QUEK GIM SIEW

Race
CHINESE

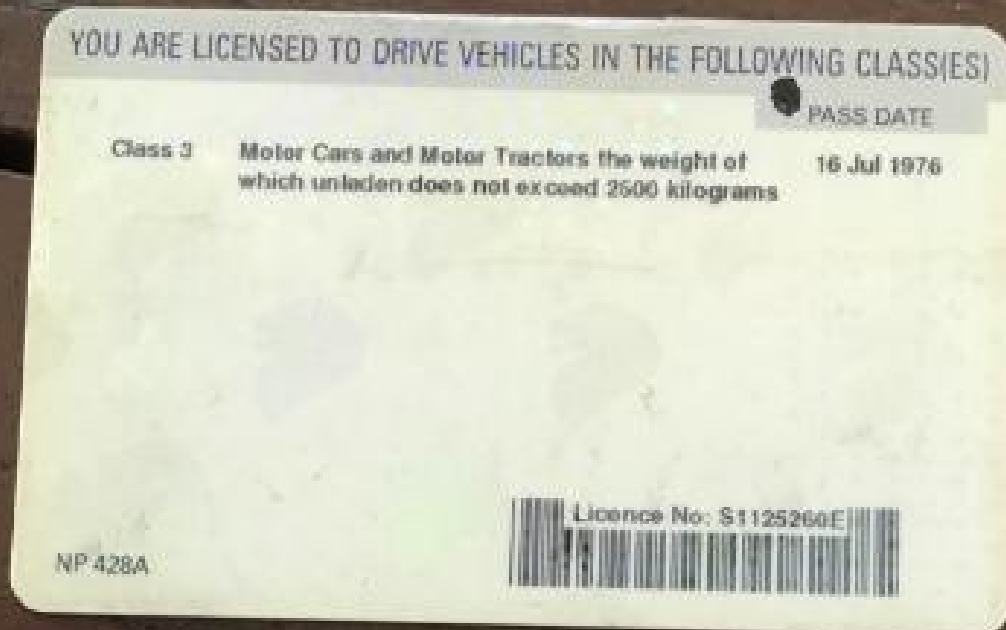
Date of birth
22-05-1955

Country/Place of birth
SINGAPORE

Sex
M



Driving License



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / 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 : MBHH18132287 Vehicle Registration No: SLN3380S
Name(as shown in NRIC) : QUEK GIM SIEW NRIC/FIN/Passport No : S1125260E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 83335675
Email Address : SINJAC@GMAIL.COM
Date of Accident : 28/09/2018 Time of Accident : 1530HRS
Place of Accident : BEDOK SOUTH AVE 1 TOWARDS BEDOK CENTRAL JUNCTION
Insurance Company: EQ INSURANCE COMPANY LTD

(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:

ATTACHED POLICE REPORT

Policyholder / Driver's Signature
Date:

Joanne Tham
Reporting Centre Personnel's Signature
Name: Joanne Tham
NRIC/FIN No.:
Date: 15 OCTOBER 2018