

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	04/10/2018 13:53
Date Of Accident	01/10/2018 08:30
Exact Location Of Accident	JUNCTION OF UPPER EAST COAST RD/BAYSHORE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA5427R
Insured/Policyholder	
Name Of Registered Owner	KNIGHT CUSTOMS
Co Reg No	53277642M
Email Address	BRENT@ANGUS.CO.NZ
Mobile Phone No	(LOCAL) +65-98324467
Alternative Phone No	OFFICE-98247339

Vehicle Particulars

Manufacturer	RENAULT
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ18-001163
Cover Note Number	

Driver

Name of Driver	THWAITES MATHEW TRISTAN
Passport No/FIN	G3385065X
Date Of Birth	07/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	25/04/1997
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98247339
Fax Number	
Contact Number	OTHERS-98247339
Email Address	MATTHWAITES@GMAIL.COM

Address	39 JALAN REMIS
Postcode	468107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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.	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

PLS REFER TO THE ATTACHED 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	SLU4739Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM JING YANG (LIN JINGYANG)
NRIC/Passport Number	S9011943E
Contact Number	97966258
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

X 
Policyholder's Signature
Date & Time:

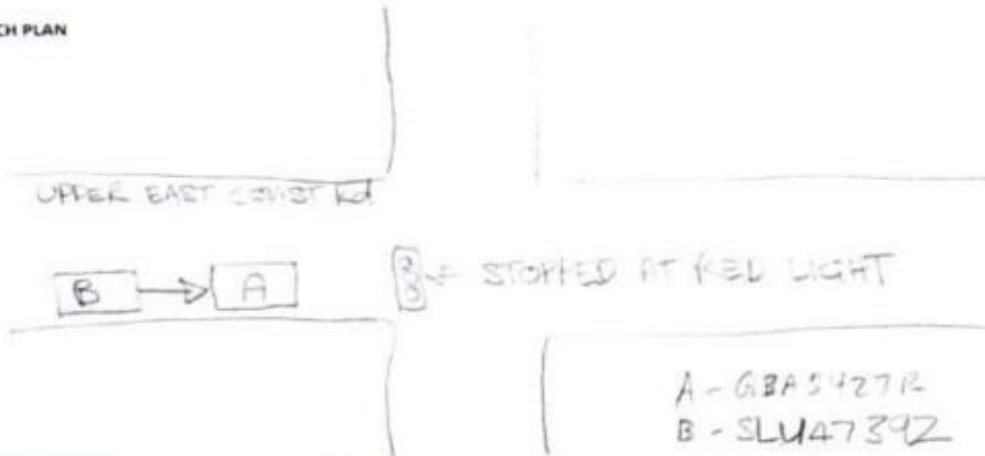

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 6/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I WAS DRIVING VEHICLE "A" & WAS STOPPED AT a red light on upper east Corvet Road. When vehicle "B" crashed into the back end of my stopped vehicle "A". There is damage to the Two (2) back doors panels, inside trim and closing brackets & Bumper.


After the crash happened I got out of my Vehicle & walked to the back of the van, where I spoke to the driver of vehicle B. I asked him "what happen?" he said "I wasn't looking, I'm sorry". I then asked if he was ok. He replied "yes".


we I took Photos of the damage to the van (vehicle "A") & his Car front (Vehicle "B"). I took a photo of his licence & NRIC Card. Then I asked that he had insurance, he nodded his head & said the Car belongs to his mother. we then both left the crash site.

DECLARATION

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

x 
Policyholder's Signature
Date & Time:


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

 6/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.:

LETTER

Knight Customs
4G Bedok Avenue
Singapore 469903
Phone:- +65 98324467
Email:- brent@angus.co.nz



23/10/2018

To whom it may concern,

Please be advised that Mat Thwaites is hereby authorized to drive the Vehicle - Renault
Traffic registration GBA5427R

Mat is also authorized to make the insurance claim associated with this vehicle

Mat's Details are as follows

Mathew Tristan Thwaites

Passport LL198487

FIN G3385065X

Sincerely,

A handwritten signature in black ink, appearing to read 'Brent Angus', written over the printed name.

Brent Angus

Owner

Knight Customs

Business Reg No 53277642-M

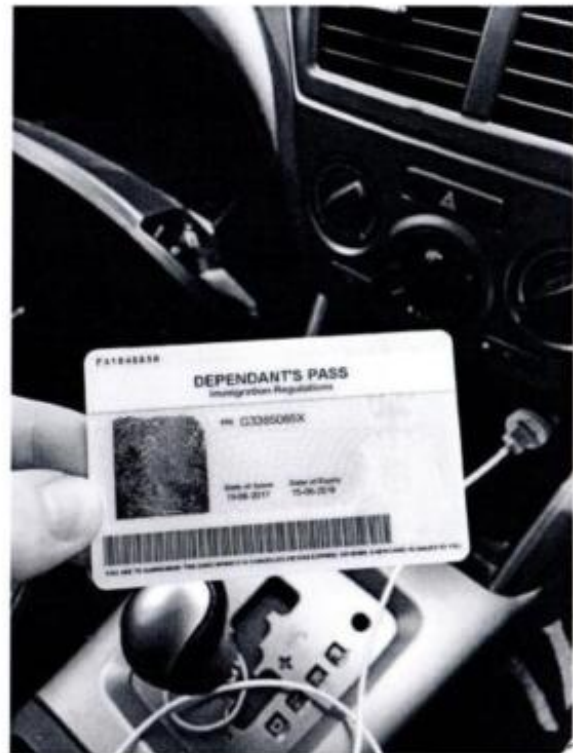


ID



Driver

ID



Driver

ID

Driver

Driver Licence
New South Wales, Australia

Mathew Tristan THWAITES

Card Number
2 038 196 828

UNIT 3
110 SYDNEY RD
MANLY NSW 2095

Licence No
12781869


Licence Class
C



Date of Birth
07 FEB 1981

Expiry Date
15 AUG 2021

55 368 018 Licence Fee \$178.00



While licence is valid, you may drive vehicles of the classes below subject to conditions listed

Class ☐ Vehicle seating up to 12 adults to 4.5 tonnes GVM. Tractor, implement

Cards ☐

Attach official change of address label here
Change of address must be advised within 14 days
online at www.myRTA.com or by calling 13 22 13

Issued by Roads and Maritime Services, Locked Bag 928 North Sydney NSW 2059

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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: S66550020G / 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 : MA118128822 Vehicle Registration No : GBA5427R
Name (as shown in NRIC) : MATHEW TRISTAN THIVANES NRIC/FIN/Passport No : G3385065X
(*Vehicle Driver) Vehicle Owner (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98347339
Email Address : _____
Date of Accident : 21/10/2018 Time of Accident : 02:30
Place of Accident : JUNCTION OF UPPER KENT COAST RD / BAYSHORE ROAD
Insurance Company : ECI Insurance

(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:

- ① ACCIDENT CIRCUMSTANCES
- ② UPON LEAVING OF INTERLOCK DEVIAR

[Signature]
Policyholder / Driver's Signature
Date: 24/10/18

[Signature]
Reporting Centre Personnel's Signature
Name: Kesh WARRA
NRIC/FIN No.: 24/10/2018
Date: 24/10/2018