

## 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	05/10/2018 14:05
Date Of Accident	03/10/2018 12:15
Exact Location Of Accident	JUNC OF TAGORE LANE AND TAGORE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3378T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG FUT MENG
NRIC No	S7471316E
Email Address	DWSG167@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91781973
Alternative Phone No	OFFICE-91781973

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250 SEDAN (R18)
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	DMPPHQ18-004537
Cover Note Number	

### Driver

Name of Driver	WONG FUT MENG
NRIC No	S7471316E
Date Of Birth	09/03/1974
Occupation	INDOOR
Date Of Driving Pass	24/07/1996
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91781973
Fax Number	
Contact Number	OFFICE-91781973
EEmail Address	DWSG167@YAHOO.COM.SG

Address	NIL
Postcode	
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 - MAJOR/MINOR RD
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: : LAI OI MUI GENDER: : FEMALE
Passenger 2	NAME: : TAN LI FONG 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 at the junction of TAGORE LANE turning right into TAGORE ROAD, I stop to give way on coming traffic on my right, when cleared on my right I proceed to turn right & as when I turn to check onto my left side, my front left side of SLA3378T hit onto rear right side of car SLK7780K. 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	SLK7780K
Vehicle Make/Model/Colour	HONDA/ODYSSEY 2.4L AT SR/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KENT TING
NRIC/Passport Number	
Contact Number	97897662
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

**SKETCH PLAN**

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- B. 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.
  - (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.

*Willard*  
2011

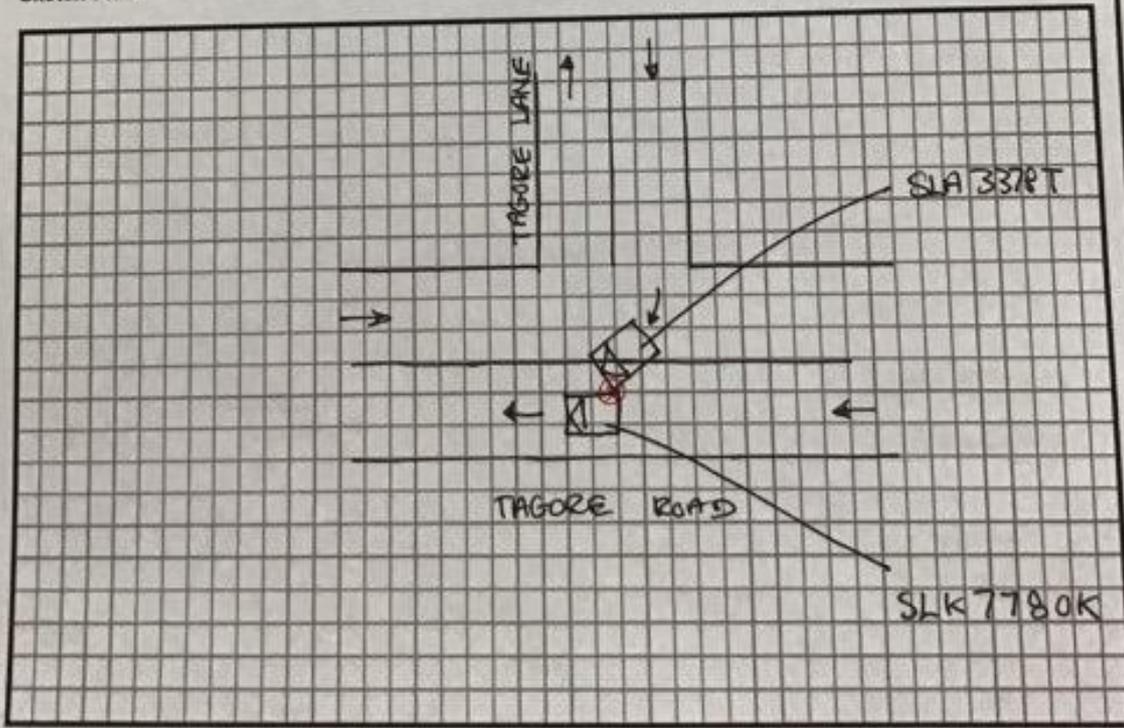
Policyholder's Signature / Date & Time

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

**VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHD FADZLY BIN ISMAIL**

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Common Statement

**ACCIDENT STATEMENT (2000 characters)**

I was at the junction of TAGORE LANE turning right into TAGORE ROAD, I stop to give way on coming traffic on my right, when cleared on my right I proceed to turn right & as when I turn to check onto my left side, my front left side of SLA3378T hit onto rear right side of car SLK7780K. 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 -  
MOHD FADZLY BIN ISMAIL

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

5 October 2018 at 10:25 AM

Date/Time:

5 October 2018 at 10:25 AM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License

