

## 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	25/10/2018 18:06
Date Of Accident	25/10/2018 08:25
Exact Location Of Accident	TPE/ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR1369S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN GUAN TIONG
NRIC No	S8606288G
Email Address	ESCTASTY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90607741
Alternative Phone No	OTHERS-90607741

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DMCTHQ18-000024
Cover Note Number	N.A

### Driver

Name of Driver	WOO HUI YEN,ADELINE
NRIC No	S8713228E
Date Of Birth	21/05/1987
Occupation	INDOOR
Date Of Driving Pass	09/04/2009
Driving Experience	9 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90607741
Fax Number	
Contact Number	
EEmail Address	ESCTASTY@HOTMAIL.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	YES
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

I was travelling along TPE/ECP when vehicle in front of me stop(stationary), I managed to stop in time & keep a safe distance but suddenly I just felt a strong impact on the rear of my SJR1369S. Vehicle GBC243B collided onto rear of my car SJR1369S, causes my car to move forward & hit onto the front car SKA7191A. Total 04 vehicles involved in chain collision. Refer as in video footage. That's all. (I suffered back pain, neck & abrasion on my leg/hand)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC243B
Vehicle Make/Model/Colour	NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO
Details Of Properties	N.A
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FARUK OMAR
NRIC/Passport Number	G2026501P
Contact Number	85873640
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKA7191A
Vehicle Make/Model/Colour	MAZDA / 2 1.5 AT V
Details Of Properties	N.A
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 3


Vehicle Registration Number	SLG2592R
Vehicle Make/Model/Colour	MAZDA / 3 4-DOOR SEDAN 1.5L SP.6EAT
Details Of Properties	N.A
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1


#### DETAILS OF INJURED PERSON 1

Name	WOO HUI YEN,ADELINE
Approximate Age	
Injuries Sustain	BACK PAIN,NECK & ABRASION ON MY LEG/HAND
Injured person in which vehicle?	SJR1369S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

1. Please report correctly the details of the accident to speed up the claims process.
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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.

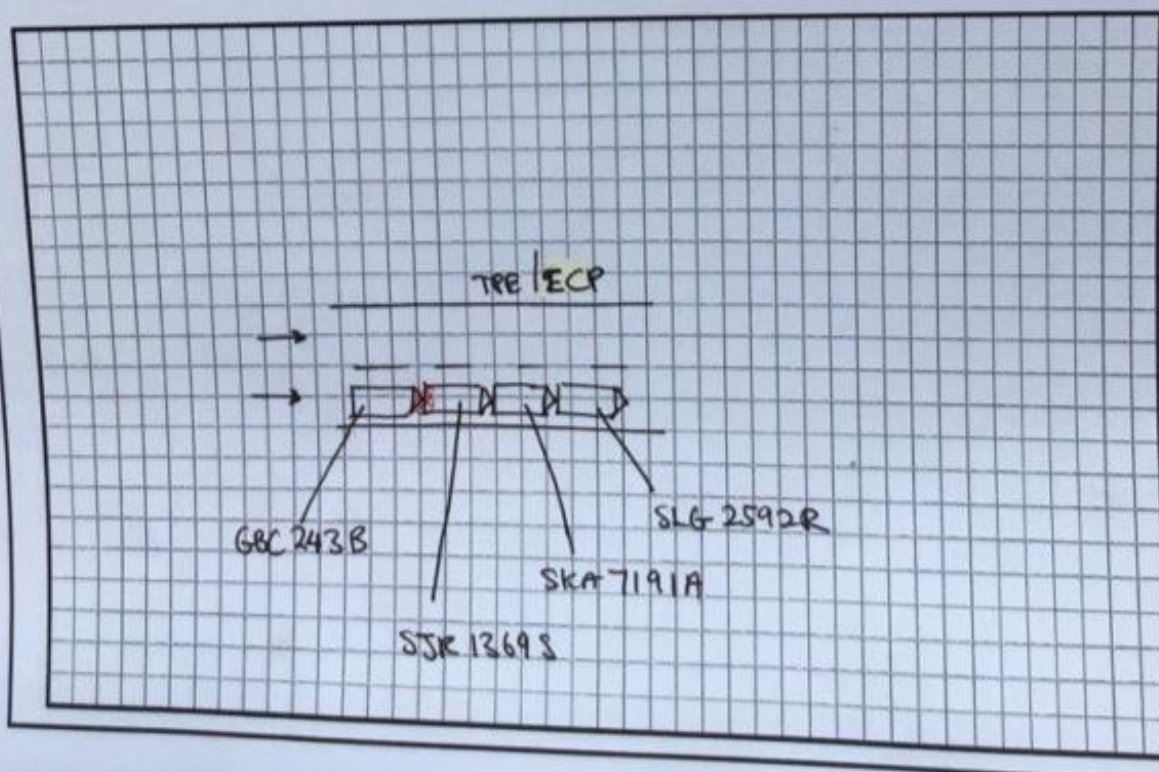
  
Policyholder's Signature / Date & Time

  
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



**ACCIDENT STATEMENT (2000 characters)**

I was travelling along TPE/ECP when vehicle in front of me stop(stationary), I managed to stop in time & keep a safe distance but suddenly I just felt a strong impact on the rear of my SJR1369S. Vehicle GBC243B collided onto rear of my car SJR1369S, causes my car to move forward & hit onto the front car SKA7191A. Total 04 vehicles involved in chain collision. Refer as in video footage. That's all.

(I suffered back pain,neck & abrasion on my leg/hand)

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

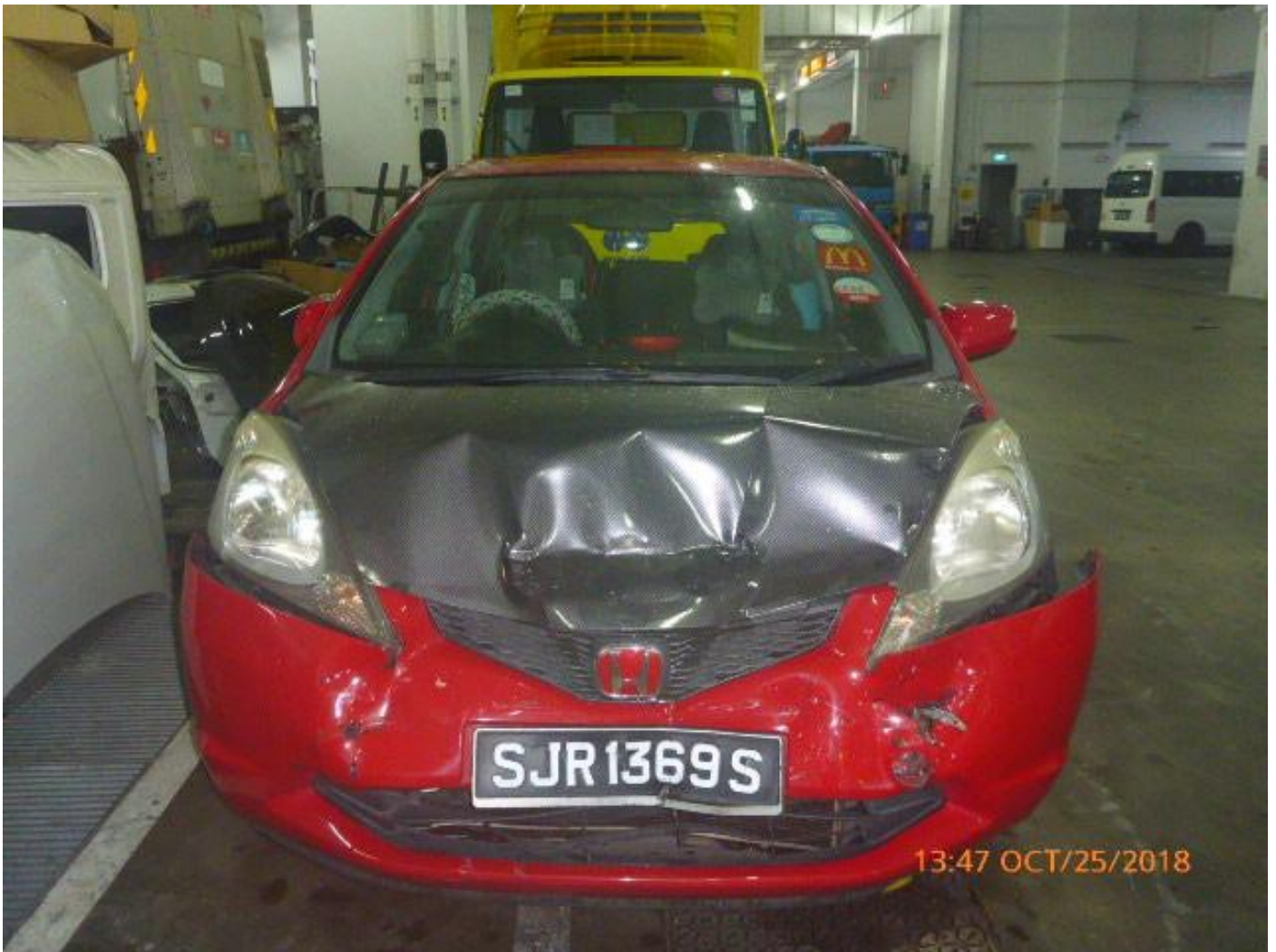
Job Complete Date/Time

25 October 2018 at 1:38 PM

Date/Time:

25 October 2018 at 1:38 PM

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8606288G

Name: TAN GUAN TIONG

Birth Date: 17 Feb 1986

Issue Date: 18 Jan 2006

001254381D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8606288G

Name: TAN GUAN TIONG

陈冠中

Race: CHINESE

Date of birth: 17-02-1986

Sex: M

Country/Place of birth: SINGAPORE

00-006288G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8713228E

Name: WOO HUI YEN, ADELINE (HU XIYAN)

胡喜燕

Race: CHINESE

Date of birth: 21-05-1987

Sex: F

Country/Place of birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8713228E

Name: WOO HUI YEN, ADELINE (HU XIYAN)

Birth Date: 21 May 1987

Issue Date: 09 Apr 2009

001736339D

## Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

Class	Vehicle Class	Valid Date
Class 1B	Motorcycles <= 150 CC	15 Jan 2006
Class 2A	Motorcycles between 161 CC and 400 CC	11 Jan 2007
Class 3	Motor cars <= 3500 kg <= 150 <= 7 passengers, exclusive of the driver, and motor motorcycles <= 2000 kg	11 Jan 2012

S / No. 9000156022

NP 429A

License No: S8606288G

3562656

35606288G

17-02-2016

APT BLK 333A YISHUN STREET 31  
#12-197  
SINGAPORE 761333

5755716

58713228E

14-06-2017

APT BLK 333A YISHUN STREET 31  
#12-197  
SINGAPORE 761333

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

Class	Vehicle Class	Valid Date
Class 3A	Motor cars without clutch pedals (Auto) <= 3500kg with <= 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals <= 2000kg	09 Apr 2006

NP 429A

License No: S8713228E



**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 : MBHH18138949 Vehicle Registration No: SJR1369S  
Name(as shown in NRIC) : WOO HUI YEN, ADELINE NRIC/FIN/Passport No : S8713228E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 90607741  
Email Address : esctasty@hotmail.com  
Date of Accident : 25/10/2018 Time of Accident : 08:26 HRS  
Place of Accident : TPE/ECP  
Insurance Company: EQ INSURANCE COMPANY LIMITED

**(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 VIDEO FOOTAGE.

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Elizabeth  
NRIC/FIN No.:  
Date: 26/10/2018