

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	18/11/2018 12:33
Date Of Accident	06/11/2018 18:30
Exact Location Of Accident	OPEN SPACE CARPARK OF TAMPINES ST 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN171U
Insured/Policyholder	
Name Of Registered Owner	AES TRANSPORTATION & TRADING PTE. LTD.
Co Reg No	201619523C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93261880

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	MITSUBISHI
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	DMCHHQ18-000198
Cover Note Number	

Driver

Name of Driver	FOO KOK LEONG PHILP
NRIC No	S7008343D
Date Of Birth	16/03/1970
Occupation	INDOOR
Date Of Driving Pass	18/09/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93261880
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 497G TAMPINES STREET 48 #07-128
Postcode	525497
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EMPLOYEE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

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

I was reversing my vehicle YN171U inside TAMPINES STREET 12 open space carpark my vehicle left side rear collided onto vehicle SH6271C which was parked on my left hand side. 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	SH6271C
Vehicle Make/Model/Colour	HYUNDAI SONATA NF 2.0 CRDI BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ADRIAN HUANG YUN FOH
NRIC/Passport Number	S1647833D
Contact Number	93391118
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

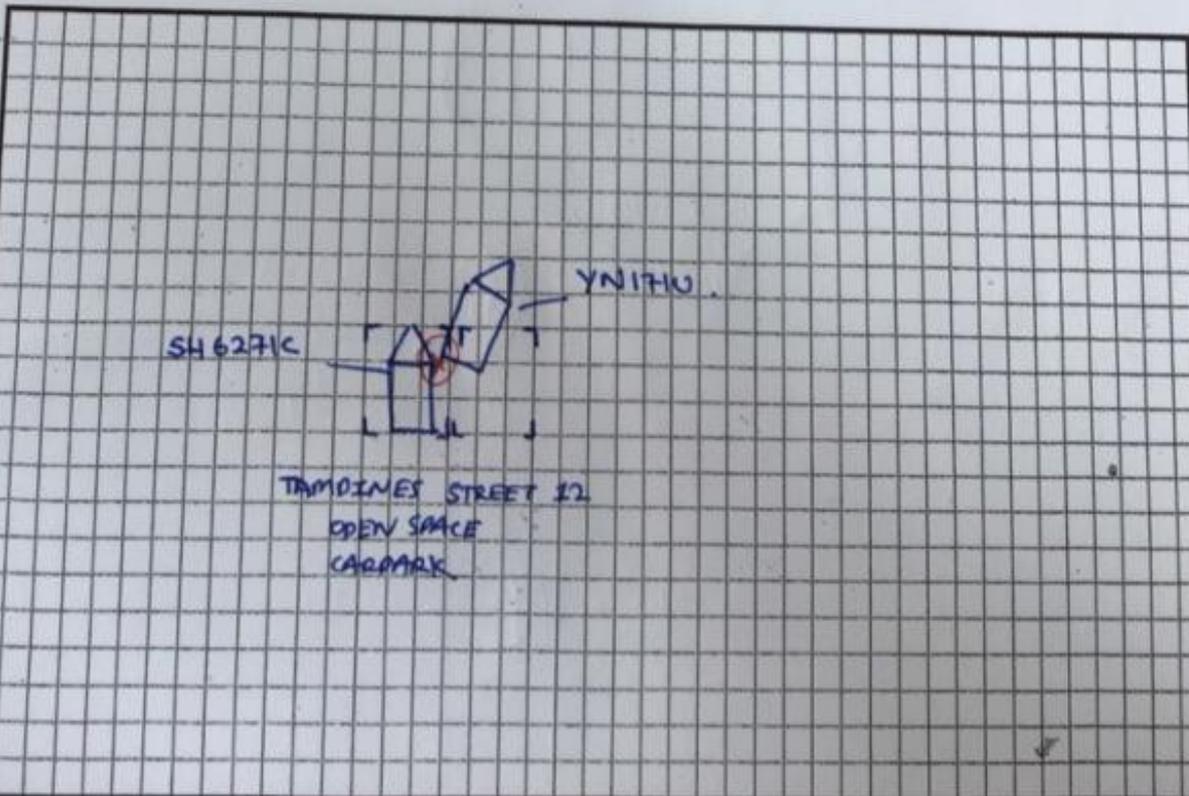
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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
 Mohamed Saifullah S/O Syed Masood
 Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was reversing my vehicle YN171U inside TAMPINES STREET 12 open space carpark my vehicle left side rear collided onto vehicle SH6271C which was parked on my left hand side. No injuries involved.

Taxi Voucher No.:

DECLARATION

We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SAIFULLAH S/O SYED MASOOD

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

18 November 2018 at 11:46 AM

Date/Time:

18 November 2018 at 11:46 AM

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



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Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



License Number: **S7008343D**
Name: **FOO KOK LEONG PHILIP**
Birth Date: **16 Mar 1970**
Issue Date: **18 Sep 2018**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7008343D**



Name: **FOO KOK LEONG PHILIP**

Race: **CHINESE**

Date of Birth: **16-03-1970** Sex: **M**

Country of Birth: **SINGAPORE**



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	18 Sep 2018

NP 428A

Licence No: S7008343D



3307947



NPIC No: S7008343D



Blood Group: - Date of issue: 30-04-2003

Address:
APT BLK 497G TAMPINES STREET 45
#07-128
SINGAPORE 525497