

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	09/11/2018 12:51
Date Of Accident	08/11/2018 17:15
Exact Location Of Accident	ALONG UPPER BUKIT TIMAH TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBB161J
Insured/Policyholder	
Name Of Registered Owner	YEO CHIN NAM
NRIC No	S0205833B
Email Address	CN8888@HOUSE-OF-TUTORS.COM.SG
Mobile Phone No	(LOCAL) +65-90097787
Alternative Phone No	OFFICE-90097787

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS
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	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	DMPPHQ18-001891
Cover Note Number	

Driver

Name of Driver	YEO CHIN NAM
NRIC No	S0205833B
Date Of Birth	17/02/1953
Occupation	INDOOR
Date Of Driving Pass	18/11/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90097787
Fax Number	
Contact Number	OFFICE-90097787
Email Address	CN8888@HOUSE-OF-TUTORS.COM.SG

Address	HDB JURONG WEST, 523 JURONG WEST STREET 52 #02-235
Postcode	640523
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 - 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)	2
Passenger 1	NAME: : P1 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 (SBB161J) was driving along Upper Bukit Timah road on the second lane, when suddenly I felt a big impact at the back. The front right side of a car (SLU989U) make contact with the rear left side of my car. The impact moved my car for about 150 metres, and followed by the contact at the rear left, the car side scrapped and make contact at the front left passenger door of my car. The impact was so strong that the front left passenger door is jammed and can't be open. Not sure where the car came from. Thank god there's no young innocent life or injuries have taken place.

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	SLU989U
Vehicle Make/Model/Colour	PORSCHE / 911 / WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HAE SAN
NRIC/Passport Number	S9740835A
Contact Number	92351190
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

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4. The issue and acceptance of this form by insurance companies is not an admission of policy liability.
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 Insurance Association of Singapore (IAS) for archiving and that copies of this report will for a fee be made available application to the IAS.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the IAS.
8. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the IAS.
9. Consent under the Personal Data Protection Act (PDPA)
 - (a) I understand, acknowledge, agree and consent that:
 - (i) 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, my 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, 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.

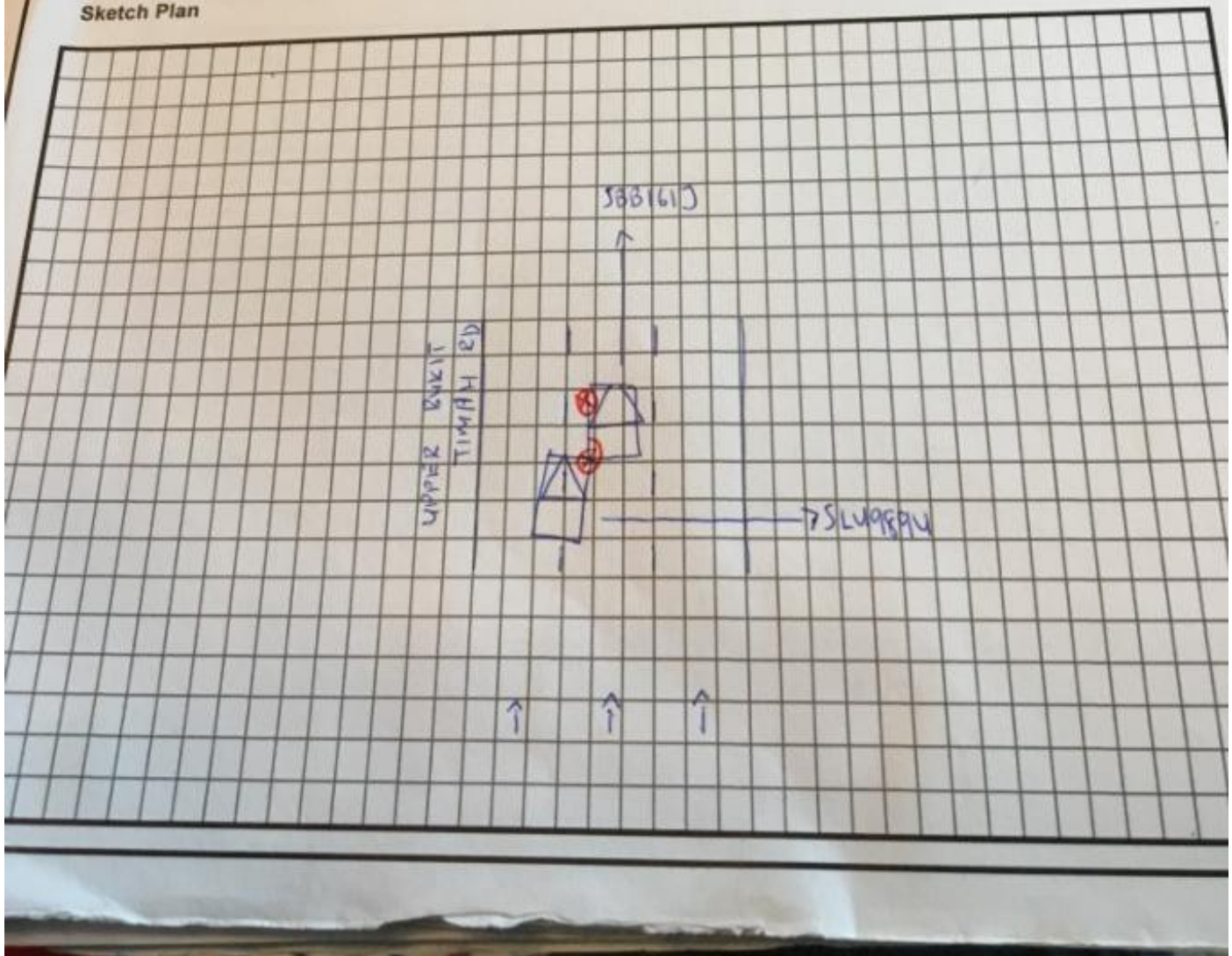
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMMAD SULHANDI BIN
MOHD AFFANDI

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 (SBB161J) was driving along Upper Bukit Timah road on the second lane, when suddenly I felt a big impact at the back. The front right side of a car (SLU989U) make contact with the rear left side of my car. The impact moved my car for about 150 metres, and followed by the contact at the rear left, the car side scrapped and make contact at the front left passenger door of my car. The impact was so strong that the front left passenger door is jammed and can't be open. Not sure where the car came from. Thank god there's no young innocent life or injuries have taken place.

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 -
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

9 November 2018 at 10:32 AM

Date/Time:

9 November 2018 at 10:32 AM

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

Licence Number: **S0205833B**

Name: **YEO CHIN NAM**

Birth Date: **17 Feb 1953**

Issue Date: **30 Sep 2003**



 000675288J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0205833B**



Name: **YEO CHIN NAM**

楊振楠

Race: **CHINESE**

Date of birth: **17-02-1953**

Sex: **M**

Country of birth: **SINGAPORE**





 S0205833B

Driving License

