

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	20/11/2018 10:57
Date Of Accident	28/05/2018 13:00
Exact Location Of Accident	27 FLORA RD OPEN AIR CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3001L
Insured/Policyholder	
Name Of Registered Owner	OLD CHIN KITCHEN
Co Reg No	53311997M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92365333

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 3.0 MANUAL
Exact Purpose for which vehicle was being used at time of accident	RENTAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-002319
Cover Note Number	-

Driver

Name of Driver	ASNI BIN ABDULLAH
NRIC No	S7710051B
Date Of Birth	12/02/1977
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92365333
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	286 JLN BESAR
Postcode	208949
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO 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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	GBH3794G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (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.

Chin Kitchen
Co. Reg. No. 53311997M

Old Chin Kitchen
Policyholder's Signature
Date & Time: Co. Reg. No. 53311997M

Old Chin Kitchen
Co. Reg. No. 53311997M


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


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

Accident Sketch Plan

SKETCH PLAN

Unable to provide sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report
G / 20181113 / 7038

VEH A: GBH 3001L
VEH B: GBH 379AG

DECLARATION

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

Old Chin Kitchen
Co. Reg. No. 53311997M

Policyholder's Signature
Date & Time:

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

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

10/2018, 5/2019/2020/2021/2022

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20181113/7038

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POLICE REPORT (NP299)

Report No. G/20181113/7038

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 13/11/2018 17:42	Vide Report No.	Station Diary No.
Name Of Informant TEOH WEN QI	Address APT BLK 30 TEBAN GARDENS ROAD #05-205 SINGAPORE 600030	
ID Type / ID No. NRIC NO / S9325134B	Contact No. Home/Office: Mobile: 92365333	
Nationality SINGAPORE CITIZEN	Email Address trevortransport@outlook.com	
Occupation Business development manager	Sex Male	Age 25
Institution/School Name	Date of Birth 21/07/1993	Race Chinese
Date/Time Of Incident 28/05/2018 13:00 - 28/05/2018 13:05	Location Of Incident FLORA ROAD 27	

Brief details.

I make this accident report on behalf of my vehicle owner OLD CHIN KITCHEN (53311997M). Address: 286, JALAN BESAR, HO TAT SONG BUILDING, SINGAPORE 208949. I am their assigned agent.

We make this report for the vehicle GBH3001L, for an alleged accident on 28/05/2018 1300HRS at 27 Flora Road Open Air Carpark involving GBH3001L and GBH3794G. We leased our vehicle to ADRIANNA TRANSPORT & LOGISTIC SERVICES PTE LTD. (UEN NO: 201806934D) registered at 91 Rosewood Drive #01-105 Parc Rosewood Singapore 737793 on the 20/04/2018. The company Adrianna

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/11/2018 17:42
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



SINGAPORE
POLICE FORCE



G/20181113/7038

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181113/7038

has not informed us of the incident and we have already terminated our agreement on 07/07/2018. After we received the letter from the traffic police, we made this report as the other party is unwilling to come down to make the accident report.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/11/2018 17:42
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

