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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT	
Date Of Report	09/11/2018 21:10	
Date Of Accident	09/11/2018 10:55	
Exact Location Of Accident	PIE TOWARD TUAS BEFORE KPE ENTRANCE	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLE8618Y	
Insured/Policyholder		
Name Of Registered Owner	LIM TIONG CHUAN	
NRIC No	S2771155C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-81813808	
Alternative Phone No	OFFICE-81813808	
Vehicle Particulars		
Manufacturer	PEUGEOT	
Model	107 1.0L	
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	DMPPHQ18-007406	
Cover Note Number		
Driver		

Name of Driver TNG TECK WEI
NRIC No S9130873H
Date Of Birth 29/08/1991
Occupation INDOOR
Date Of Driving Pass 30/08/2010

Driving Experience 8 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81813808

Fax Number

Contact Number

EMail Address FATTYTW@GMAIL.COM

BLK 604 BEDOK RESERVOIR ROAD #03-596 Address

470604 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **FRIEND**

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 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?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

NO

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 driving my car along PIE TOWARDS KPE. They was slow traffic. Suddenly vehicle GBH1613J brake and I cannot stop on time and collided his car rear side position. Damages of my car front side position. No injuries were involved.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: PENDING VIDEO FROM INSURED

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBH1613J**

Vehicle Make/Model/Colour TOYOTA/HIACE VAN

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE **ZONG CHENGXIANG** Name of Driver

G2881670M NRIC/Passport Number 93963148 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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 insurance companies.

 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 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' iswyers/isw 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
- (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

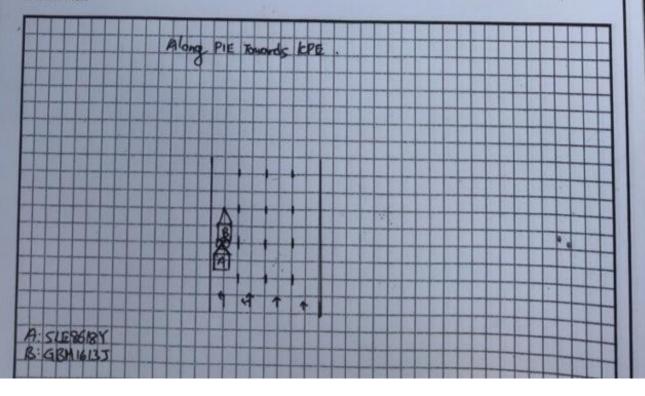
 (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents
- (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS REPORTING OFFICER Johnny

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

Voo Cheon Yee Witnessed by Reporting Centre Personnel

Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)	
	OS KPE. They was slow traffic. Suddenly top on time and collided his car rear side position. No injuries were involved.
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information provide	ded above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - JOHNNY VOO CHEON YEE	
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:

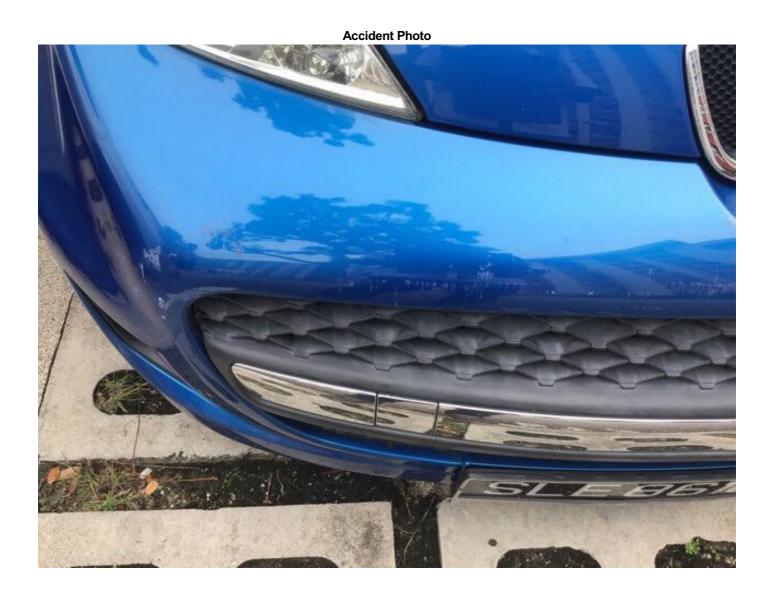
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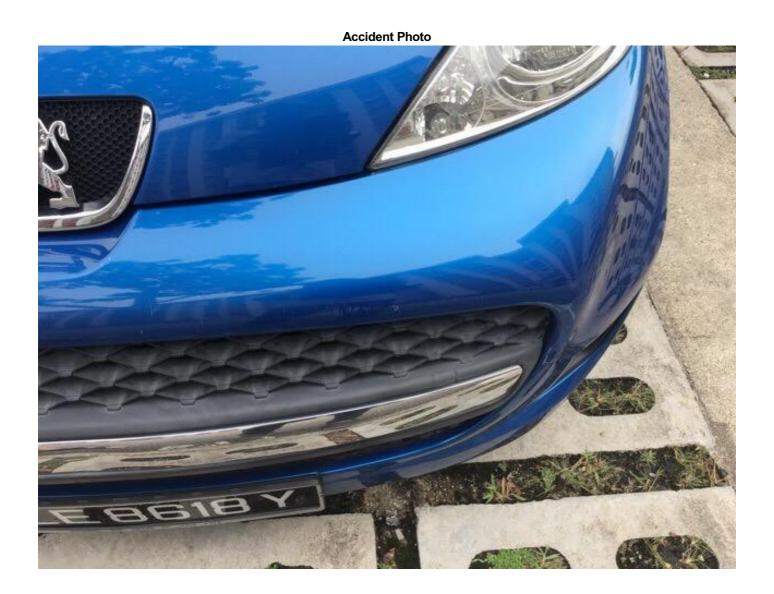


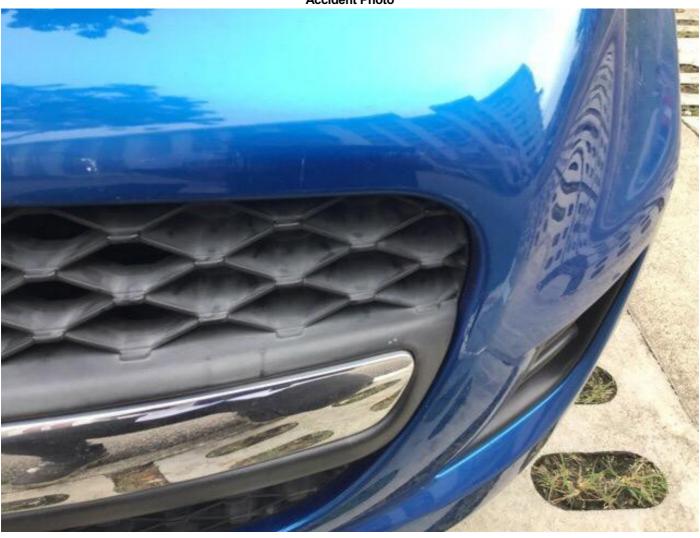




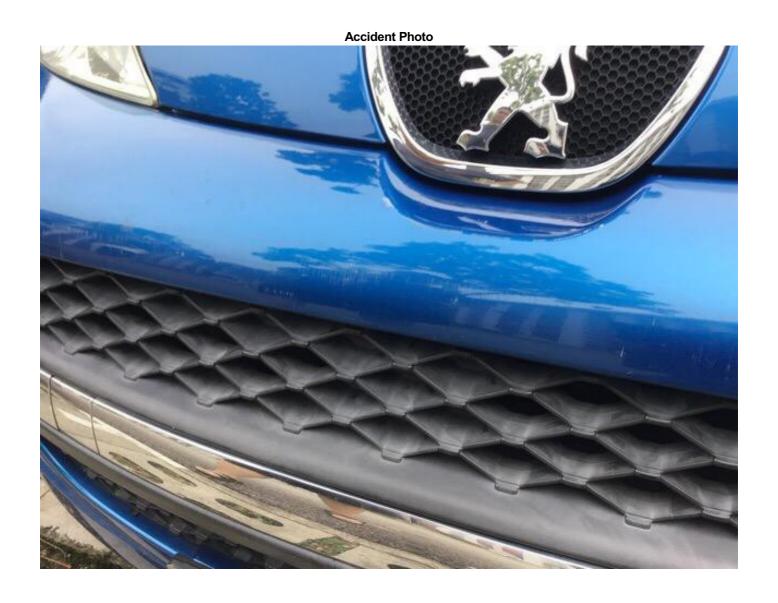


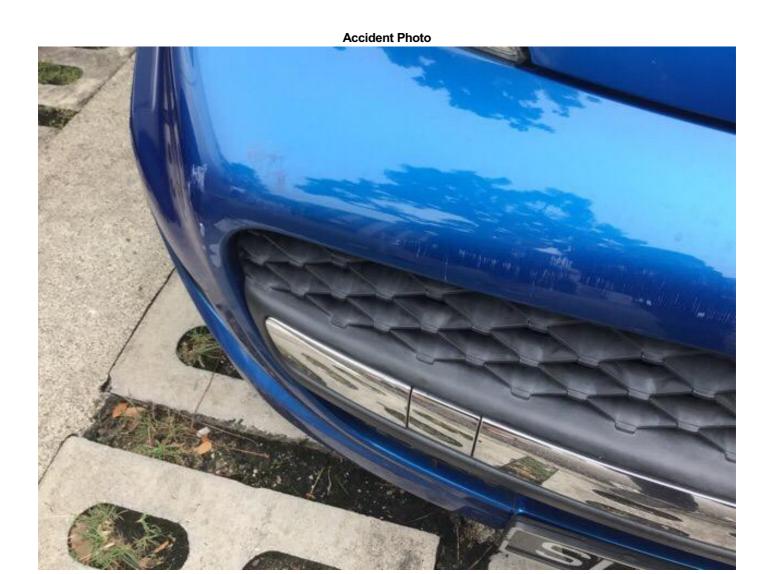


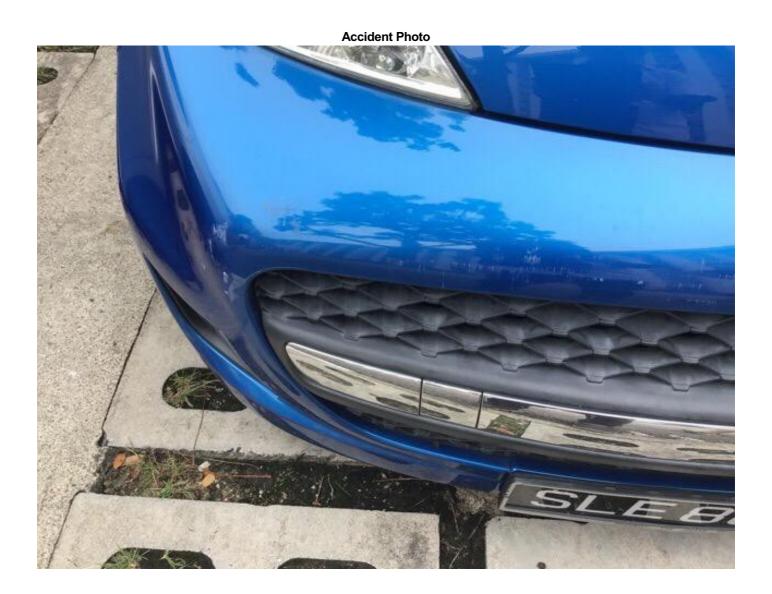












Identification Card



Identification Card

