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 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.	, , , , , , , , , , , , , , , , , , , ,
	ACCIDENT STATEMENT
Date Of Report	23/10/2018 17:53
Date Of Accident	17/09/2017 18:10
Exact Location Of Accident	ALONG HAIG ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD8659C
Insured/Policyholder	
Name Of Registered Owner	VC MARKETING
Co Reg No	53154985B
Email Address	COOLSTUFF6287@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92267033
Alternative Phone No	OFFICE-92267033
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	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	DMPCHQ18-004540
Cover Note Number	
Driver	
Name of Driver	NG JIAK CHOR
NRIC No	S6910399E
Date Of Birth	07/03/1969
Occupation	OUTDOOR

Date Of Driving Pass 22/05/2006

Driving Experience 11 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92267033

Fax Number

Contact Number OTHERS-92267033

EMail Address COOLSTUFF6287@GMAIL.COM Address BLK3 HAIG ROAD

#04-541

Postcode 430003

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 UNKNOWN
Road Surface UNKNOWN

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
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

1

NO

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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 SJX5809G

Vehicle Make/Model/Colour

Details Of Properties

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)

Accident Sketch Plan

SKETCH PLAN

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- 7. By the ladgment 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)
 - (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.

110/18

Policyholder's Signature Date & Time

Driver's Signature (If driver is not the policyholder)

Date & Time:

Accident Sketch Plan

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DECLARA		ulars are true in every	respect		/1/.0



EAST ASIA LAW CORPORATION

Solicitors & Advocates

133 New Bridge Road #10-02 Chinatown Point Singapore 059413 Tel: 65 6323 2565 Fax: 65 6323 2373 Kasturibai Manickam Jocinda Wong Jia Heng

E-mail: law@ealc.com.sg Website: www.ealc.com.sg

ACRA Reg. No. 200309625D (Service of Court documents by way of fax is not accepted)
GST Reg. No. 200309625D

Our ref

: 2017.5267.EA.MK.ya

5 October 2018

Ng Jiak Chor (Driver) Blk 3 Haig Road #04-541 Singapore 430003 Your ref: GBD8659C

By certificate of Posting

VC Marketing(Owner) 1 Queenway #01-25 Queenway Shopping Ctr/ Tower

Singapore 149053 Your ref : GBD8659C

By certificate of Posting

China Taiping Insurance (Singapore) Pte. Ltd. No.3 Anson Road, #16-00 Springleaf Tower Singapore 079909 Your ref: SNM18d04614C02

PDX #8178

Dear Sir/Madam,

ACCIDENT INVOLVING SJX5809G & GBD8659C ON 17 SEPTEMBER 2017 ALONG ALONG HAIG ROAD AT ABOUT 1810 HOURS

We refer to the above matter and to M/s China Taiping Insurance (Singapore) Pte. Ltd's email dated 26 September 2018, a copy of which is enclosed.

Please look into this matter and revert within the next 7 days hereof.

Yours faithfully.

Kastumba Manickam East Asia Law Corporation

Enc.































