Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 12/11/2018 11:37

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	DMCVSN152549170
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	
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

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

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. 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 upon application by interested parties.
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.

VC MARKETING
Co. Reg. No. 53154985B
22/10/18

Policyholder's Signature
Date & Time:

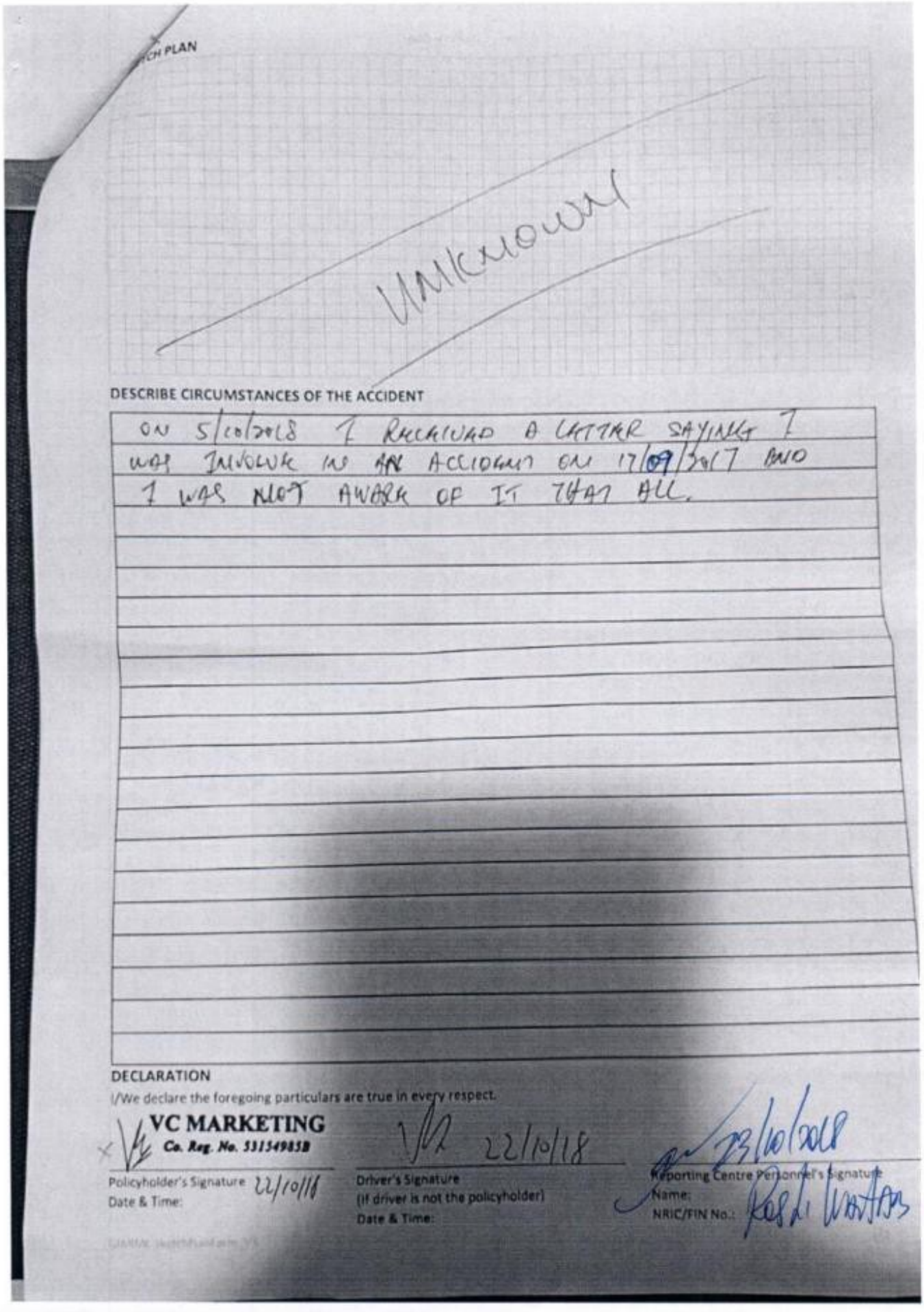
22/10/18

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

23/10/2018

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

Accident Sketch Plan



CH PLAN

UNKNOWN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 5/10/2018 I RECEIVED A LETTER SAYING I WAS INVOLVE IN AN ACCIDENT ON 17/09/2017 AND I WAS NOT AWARE OF IT THAT ALL.

DECLARATION

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

VC MARKETING
Co. Reg. No. 53154985B

Policyholder's Signature
Date & Time: 22/10/18

22/10/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

23/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

LETTER

EAST ASIA LAW CORPORATION

Advocates & Solicitors

133 New Bridge Road #10-02
Chinatown Point Singapore 059413
Tel: 65 6323 2565 Fax: 65 6323 2373
E-mail: law@ealc.com.sg
Website: www.ealc.com.sg

Kasturibai Manickam
Jocinda Wong Jia Heng

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

By certificate of Posting

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

PDX #8178

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

Dear Sir/Madam,

CLAIMANT: TEE KIAN YONG
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.

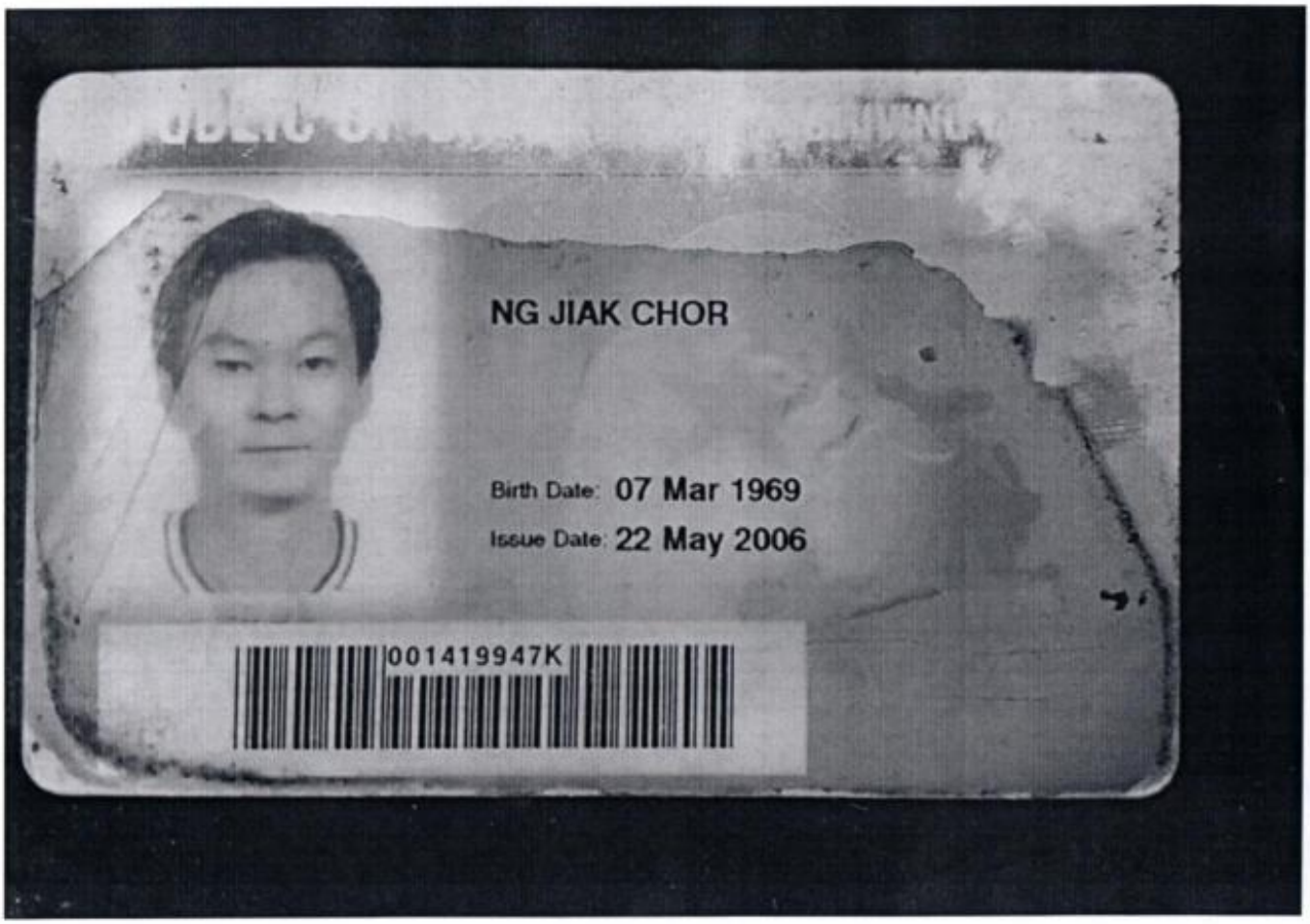
Please look into this matter and revert within the next 7 days hereof.

Yours faithfully,

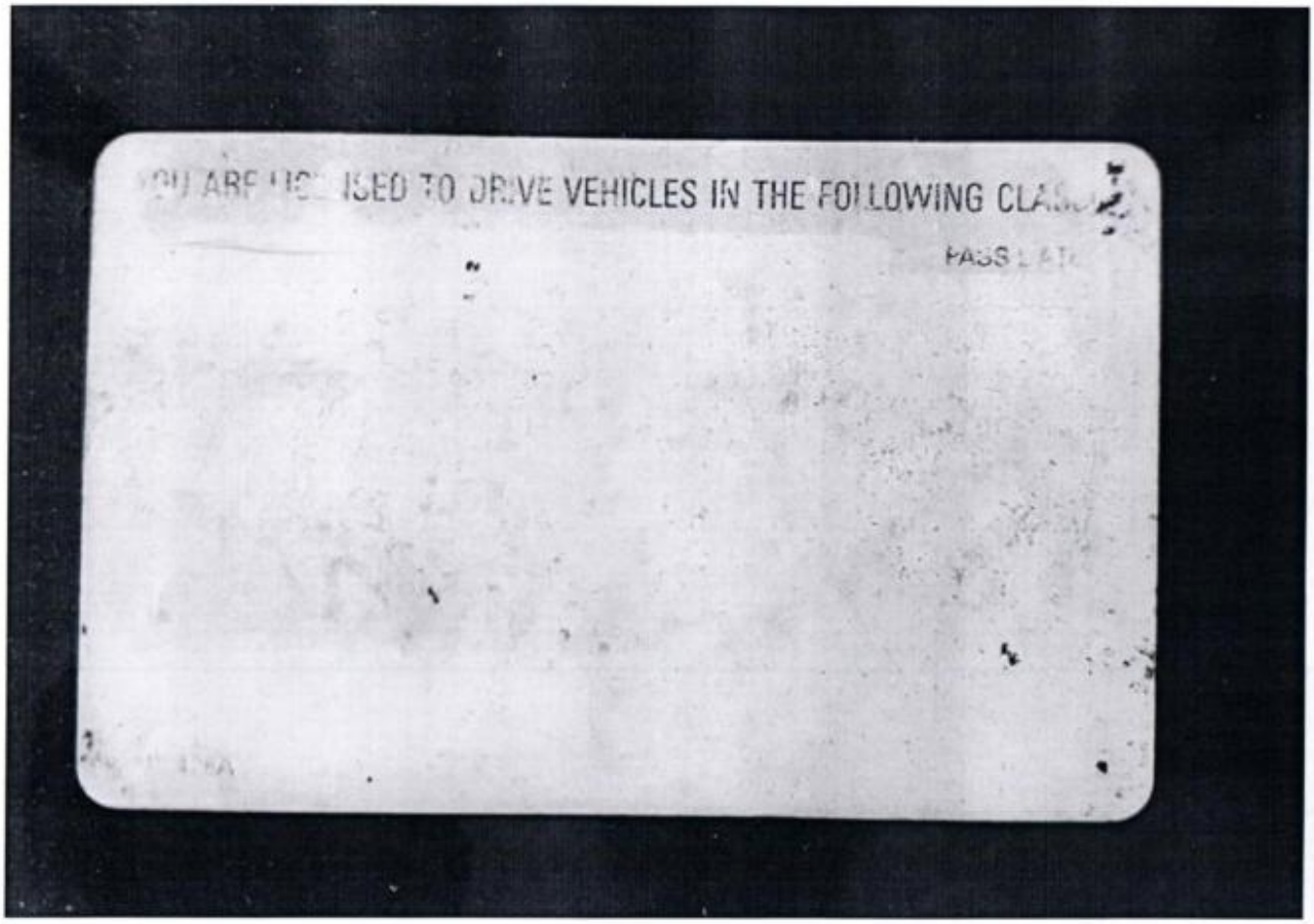
Kasturibai Manickam
East Asia Law Corporation

Enc.

ID


NG JIAK CHOR
Birth Date: 07 Mar 1969
Issue Date: 22 May 2006
001419947K

ID



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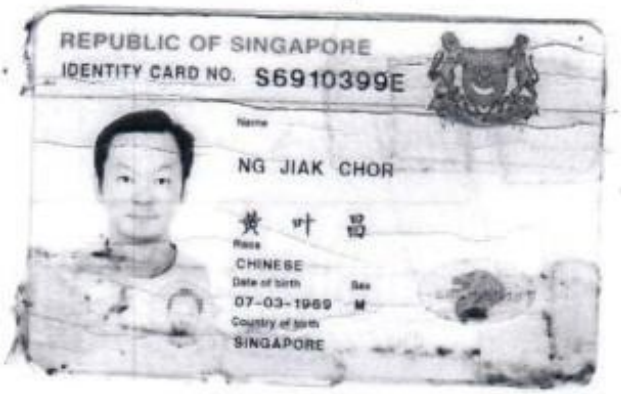

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6910399E
Name
NG JIAK CHOR
黄叶昌
Race
CHINESE
Date of birth
07-03-1969
Sex
M
Country of birth
SINGAPORE


NRIC No. S6910399E
07-11-2008
SINGAPORE 430003
Date: 15/09/2011

Accident Photo

Accident Photo

Accident Photo

Accident Photo

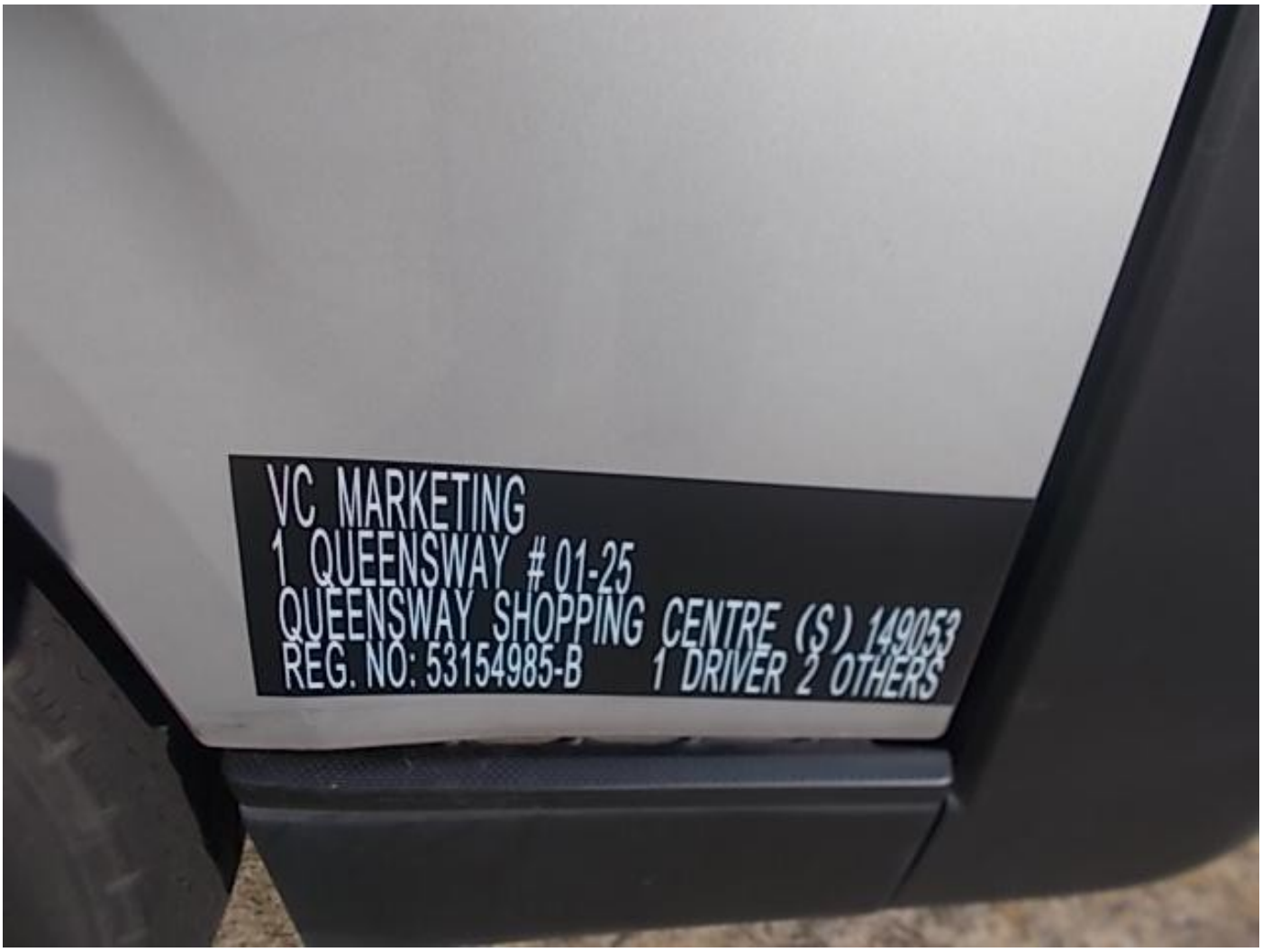
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAIR137844 Vehicle Registration No: GBD 8659C

Name(as shown in NRIC) : NG JIAK CHOR NRIC/FIN/Passport No : S6915399E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 17/09/2018 Time of Accident : 18:10

Place of Accident : Alexandra Hard Road

Insurance Company : EQ Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policy Number To DMCPHQ18-004540

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rosli Hamdan
NRIC/FIN No.:
Date: 01/4/2018

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNH1181378447-001 Vehicle Registration No: GBD 8659C

Name(as shown in NRIC) : NG JIAK CHOR NRIC/FIN/Passport No : S6910399E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 92267033

Email Address :

Date of Accident : 17/09/2017 Time of Accident : 18:10

Place of Accident : BUKIT BATOK ROAD

Insurance Company : EQ INSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER DMCVSN1525491702

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 12/10/2017