

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	07/12/2018 15:50
Date Of Accident	07/12/2018 11:00
Exact Location Of Accident	FILTER FROM PIE/CHANGI JCT OF UPPER CHANGI RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDL6678U
Insured/Policyholder	
Name Of Registered Owner	RCS LOGISTICS SINGAPORE PTE LTD
Co Reg No	200000717H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98200329

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS ES300H
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-005844
Cover Note Number	

Driver

Name of Driver	TAN SENG THOR
NRIC No	S0041260J
Date Of Birth	05/03/1953
Occupation	INDOOR
Date Of Driving Pass	08/03/1975
Driving Experience	43 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98200329
Fax Number	
Contact Number	
EEmail Address	ALBERT.TAN@RCS-ASIA.COM

Address	NIL
Postcode	
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	COLLISION - CROSS JUNCTION
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?	YES
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

Upon approaching the traffic junction, I saw the traffic light ahead was green. Hence I slowly moved forward. Suddenly a vehicle appeared from the right from UPPER CHANGI ROAD EAST. As a result both vehicles collided. The other party suffered some bruises on his hand.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING VIDEO FROM INSURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDZ7373T
Vehicle Make/Model/Colour	INFINITI/Q50 2.0T/MAROON
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TZE KE ,JASON
NRIC/Passport Number	S7337357C
Contact Number	96507332
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TAN TZE KE ,JASON
Approximate Age	
Injuries Sustain	SOME BRUISES ON HAND
Injured person in which vehicle?	SDZ7373T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

IMPORTANT NOTICE

SKETCH PLAN

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- 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)**
 - (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.
 - (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
AIZAM BIN ATAN

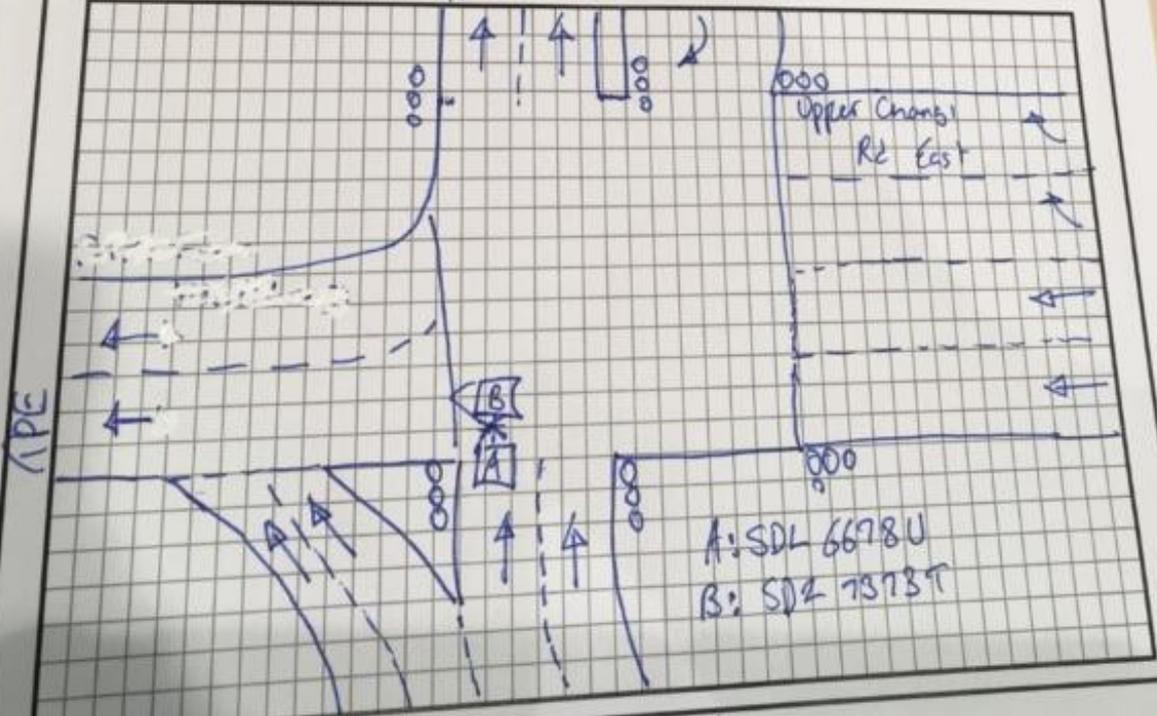
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Upper Changi Rd North



A: SDL 6678U
B: SDZ 7373T

Fetter from PPE/Changi

ACCIDENT STATEMENT (2000 characters)

Upon approaching the traffic junction, I saw the traffic light ahead was green. Hence I slowly moved forward. Suddenly a vehicle appeared from the right from UPPER CHANGI ROAD EAST. As a result both vehicles collided. The other party suffered some bruises on his hand.

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 -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

7 December 2018 at 3:00 PM

Date/Time:

7 December 2018 at 3:00 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



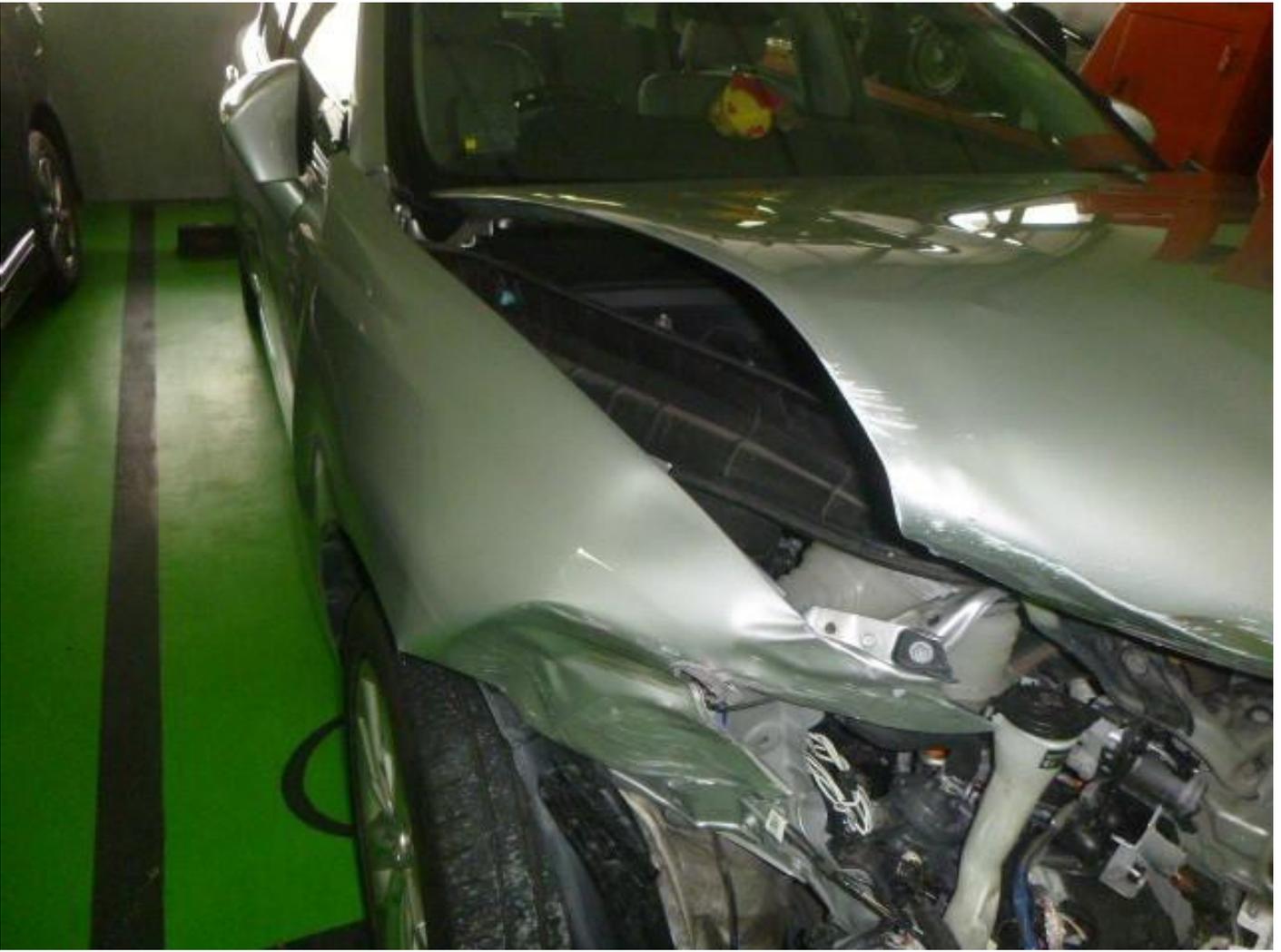
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Identification Card



Identification Card

