

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	11/12/2018 12:58
Date Of Accident	10/12/2018 18:20
Exact Location Of Accident	SLE TOWARDS CTE AFTER WOODLANDS AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH2010S
Insured/Policyholder	
Name Of Registered Owner	KOSIN STRUCTURE PTE LTD
Co Reg No	200610244C
Email Address	STLIM5719@ICLOUD.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63665546
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-001668
Cover Note Number	12/03/18 - 11/03/19
Driver	
Name of Driver	LIM SIONG TAT
NRIC No	S7114404F
Date Of Birth	23/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	24/11/1994
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98656187
Fax Number	
Contact Number	
EEmail Address	STLIM5719@ICLOUD.COM

Address	BLK 403 YISHUN AVE 6 #10-1214
Postcode	760403
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 - HEAD TO REAR
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?	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

SLOW TRAFFIC MOVING ALONG SLE ALL VEHICLE MOVING SLOWLY INFRONT VEHICLE SUDDENLY BRAKE BUT SO SUDDEN MY VEHICLE CAN'T STOP INTIME AND HIT ONTO FRONT VEHICLE(YP2962E) AND CAUSE MY VEHICLE DAMAGE.

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	YP2962E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	QIAO GUANFENG
NRIC/Passport Number	G3345440L
Contact Number	91492345
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: GBH 2010-S
INSURER : EQ
DATE & TIME: 10/12/18 6:20PM

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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.



Policyholder's Signature
Date & Time:

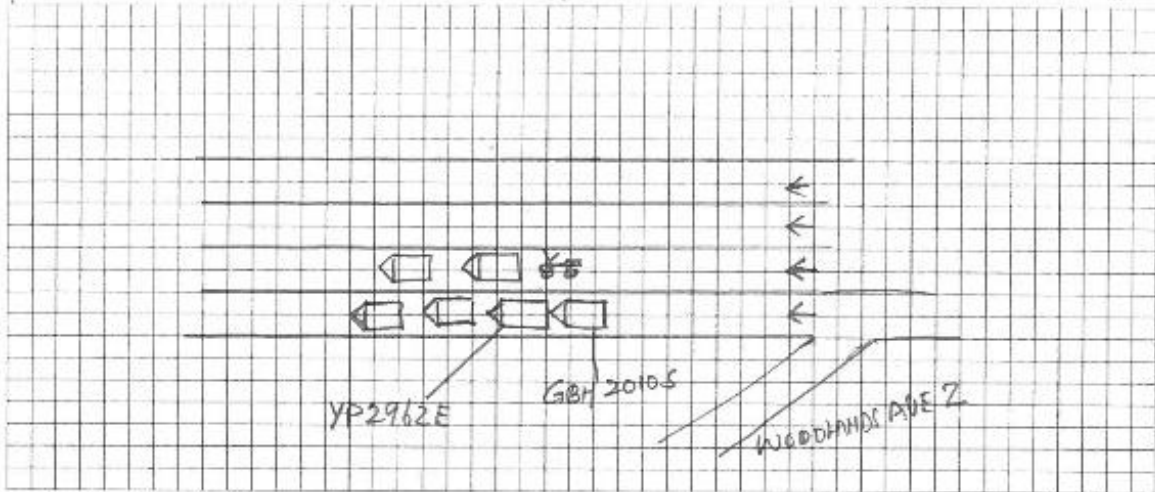
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN

SLE TOWARDS CTE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Slow traffic moving along SLE all vehicle moving slowly in front vehicle suddenly brake but so sudden my vehicle can't stop in time and hit onto front vehicle (YP2962E) and cause my vehicle damage.

Note : Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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



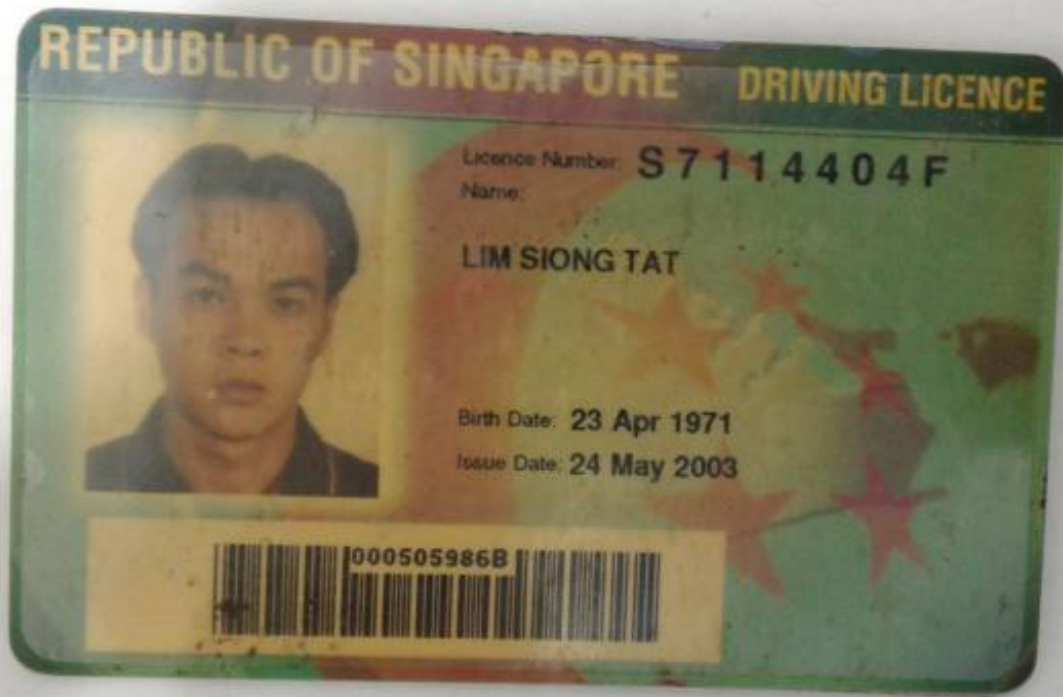
Policyholder's Signature
Date & Time:

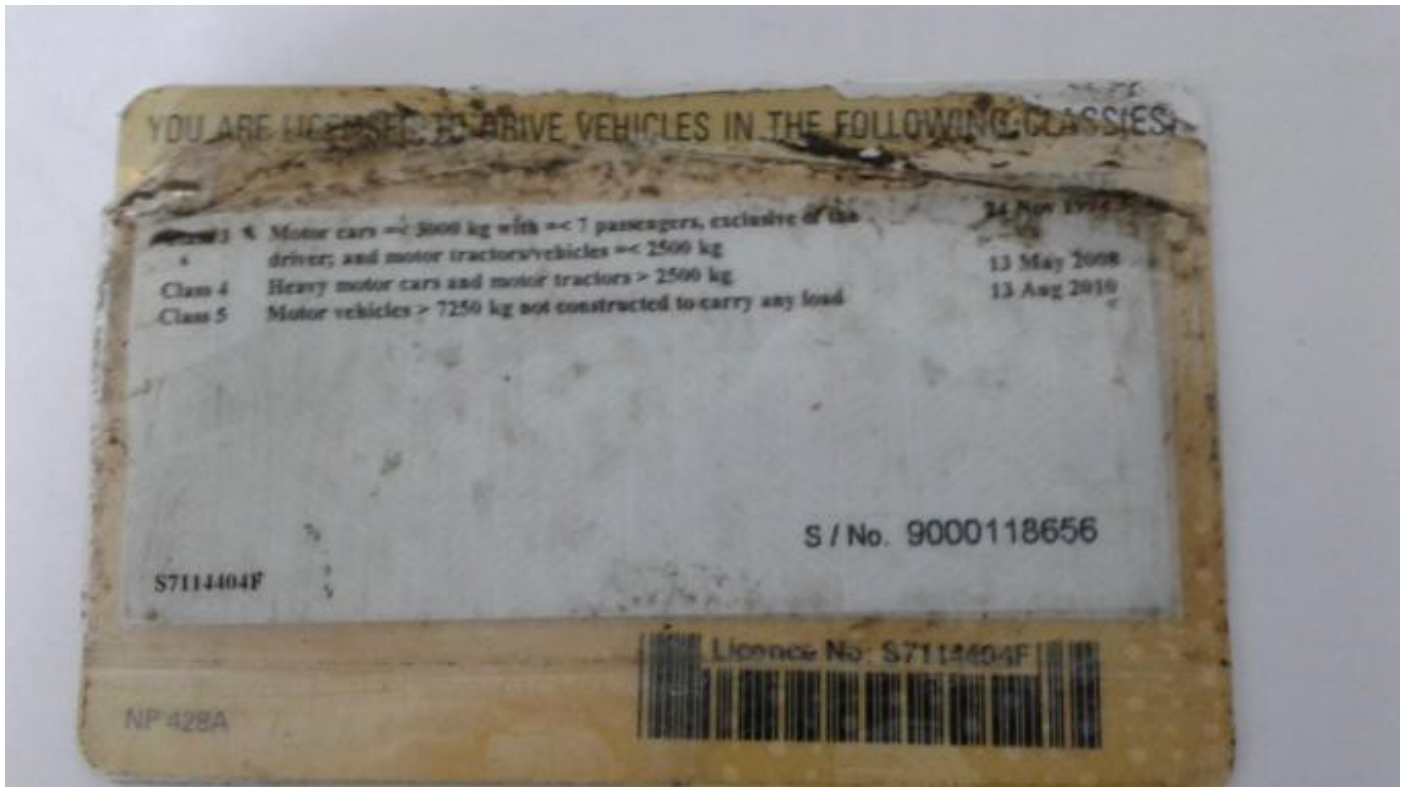
[Signature] 11/12/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 11/12/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party (✓) Reporting Only
() Claim OD/TP at other workshop ()

DL





IC



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (SG) 6724 0010 Fax (SG) 6724 0080
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S68500200 / GST Reg. No.: N6402837235

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:

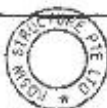
Original Report No: MCHM18159838 Vehicle Registration No: GBH 2005
Name (as shown in NRIC): KOSIN STRUCTURE P/L NRIC/FIN/Passport No: 200610244C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: No. 2 Jln Lam Hunt Singapore: 737868
Contact (Tel): 63665546 Mobile No.:
Email Address: stlim5719@icloud.com
Date of Accident: 10/12/18 Time of Accident: 18-20
Place of Accident: CUE towards CTE after Woodlands Ave 2
Insurance Company: EQ

(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:

We would like to convert to Own Damage claim.

We are aware of the excess applicable under
our policy



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature

Name: Efeida

NRIC/FIN No:

Date: 14/12/18