

In 62243805

MAA19157293 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 05/12/2018 12:58
SUBMITTED BY: Lichensomy s/o Sordindamy

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 if needed.

ACCIDENT STATEMENT

Date Of Report 05/12/2018 12:58
Date Of Accident 04/12/2018 17:15
Exact Location Of Accident UPPER THOMSON ROAD
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD7545D
Insured/Policyholder
Name Of Registered Owner MILLION SUPPLIES PTE LTD
Co Reg No 2013 015240
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-83990850
Alternative Phone No OFFICE-83990850
Vehicle Particulars
Manufacturer NISSAN
Model
Exact Purpose for which vehicle was being used at time of accident
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 DMCPHQ18-001560
Cover Note Number
Driver
Name of Driver LEOW HOCK SENG (LIAO FUSHENG)
NRIC No S8139424E
Date Of Birth 28/11/1981
Occupation OUTDOOR
Date Of Driving Pass 20/08/2010
Driving Experience 8 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-83990850
Fax Number
Contact Number OTHERS-83990850
Email Address NOEMAIL

64969032

Address BLK 405 ANG MO KIO AVENUE 10
#07-679
Postcode 560405
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 RAINING
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? 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) 2
Passenger 1 NAME: : NIL
GENDER: : MALE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons. REVERT
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBC3373P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

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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.



Policyholder Signature
Date & Time:

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

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

5/12/2018

Upper Thomson Road

SKETCH PLAN

Traffic
Light

A - GBD 7545D

B - GBC 3373P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

veh. A was driving along upper thomson. when approaching the traffic light junction, veh B suddenly ~~brake~~ ^{Emergency} Brake after the stop line and cause me no choice but to jam brake. But ~~it stop~~ veh B jam brake too. Sudden I could not brake in time leaving me no choice and knock into veh B.

I got out of the ~~veh~~ my own van and ask why he suddenly jam brake, he say he only balance 12 point ~~what~~ that why he suddenly jam brake, my delivery assistance also heard it. We had made a Police "Notice of reporting" officers also state that it is not necessary to be my fault as that junction has a traffic camera therefore I would like to request for the investigators to view the camera footage. Veh B driver also in a hurry to rush off asking us or telling us to claim insurance. As I keep asking him why he sudden Emergency brake on a rainy day suddenly would cause danger to other road user. then he say he had 12 points and this is a camera at the junction therefore he E-Brake to protect himself to cross the line and ask us to claim insurance.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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

5/12/2018