

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	02/01/2019 12:02
Date Of Accident	31/12/2018 10:00
Exact Location Of Accident	34 CARLTON LN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA249X
Insured/Policyholder	
Name Of Registered Owner	WILL-TECH AIRCONDITIONING & REFRIGERATION ENGRG
Co Reg No	53240509M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98598849
Alternative Phone No	OFFICE-98598849

Vehicle Particulars

Manufacturer	OPEL
Model	COMBO VAN AZ
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?	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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ18-000209
Cover Note Number	

Driver

Name of Driver	WONG CHOONG CHOY
NRIC No	S7142647E
Date Of Birth	04/12/1971
Occupation	INDOOR
Date Of Driving Pass	29/05/1993
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98598849
Fax Number	
Contact Number	OFFICE-98598849
Email Address	NOEMAIL

Address	BLK 17 LORONG 7 TOA PAYOH #13-226
Postcode	310017
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ALONG THE STATED VENUE AS I'M ALIGHTING FROM MY VEHICLE, SO I OPEN MY VEHICLE DOOR. I DID NOT NOTICED THAT VEHICLE B WAS TRAVELLING STRAIGHT. AS A RESULT, MY VEHICLE FRONT RIGHT DOOR & VEHICLE B LEFT PORTION INTACT TO EACH OTHER.

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	SLS3133M
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)	1

Accident Sketch Plan

SKETCH PLAN

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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.

2011-2019 2020-2021 2022-2023 2024-2025 2026-2027 2028-2029 2030-2031 2032-2033 2034-2035 2036-2037 2038-2039 2040-2041 2042-2043 2044-2045 2046-2047 2048-2049 2050-2051 2052-2053 2054-2055 2056-2057 2058-2059 2060-2061 2062-2063 2064-2065 2066-2067 2068-2069 2070-2071 2072-2073 2074-2075 2076-2077 2078-2079 2080-2081 2082-2083 2084-2085 2086-2087 2088-2089 2090-2091 2092-2093 2094-2095 2096-2097 2098-2099 2100-2101 2102-2103 2104-2105 2106-2107 2108-2109 2110-2111 2112-2113 2114-2115 2116-2117 2118-2119 2120-2121 2122-2123 2124-2125 2126-2127 2128-2129 2130-2131 2132-2133 2134-2135 2136-2137 2138-2139 2140-2141 2142-2143 2144-2145 2146-2147 2148-2149 2150-2151 2152-2153 2154-2155 2156-2157 2158-2159 2160-2161 2162-2163 2164-2165 2166-2167 2168-2169 2170-2171 2172-2173 2174-2175 2176-2177 2178-2179 2180-2181 2182-2183 2184-2185 2186-2187 2188-2189 2190-2191 2192-2193 2194-2195 2196-2197 2198-2199 2200-2201 2202-2203 2204-2205 2206-2207 2208-2209 2210-2211 2212-2213 2214-2215 2216-2217 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3418-3419 3420-3421 3422-3423 3424-3425 3426-3427 3428-3429 3430-3431 3432-3433 3434-3435 3436-3437 3438-3439 3440-3441 3442-3443 3444-3445 3446-3447 3448-3449 3450-3451 3452-3453 3454-3455 3456-3457 3458-3459 3460-3461 3462-3463 3464-3465 3466-3467 3468-3469 3470-3471 3472-3473 3474-3475 3476-3477 3478-3479 3480-3481 3482-3483 3484-3485 3486-3487 3488-3489 3490-3491 3492-3493 3494-3495 3496-3497 3498-3499 3500-3501 3502-3503 3504-3505 3506-3507 3508-3509 3510-3511 3512-3513 3514-3515 3516-3517 3518-3519 3520-3521 3522-3523 3524-3525 3526-3527 3528-3529 3530-3531 3532-3533 3534-3535 3536-3537 3538-3539 3540-3541 3542-3543 3544-3545 3546-3547 3548-3549 3550-3551 3552-3553 3554-3555 3556-3557 3558-3559 3560-3561 3562-3563 3564-3565 3566-3567 3568-3569 3570-3571 3572-3573 3574-3575 3576-3577 3578-3579 3580-3581 3582-3583 3584-3585 3586-3587 3588-3589 3590-3591 3592-3593 3594-3595 3596-3597 3598-3599 3600-3601 3602-3603 3604-3605 3606-3607 3608-3609 3610-3611 3612-3613 3614-3615 3616-3617 3618-3619 3620-3621 3622-3623 3624-3625 3626-3627 3628-3629 3630-3631 3632-3633 3634-3635 3636-3637 3638-3639 3640-3641 3642-3643 3644-3645 3646-3647 3648-3649 3650-3651 3652-3653 3654-3655 3656-3657 3658-3659 3660-3661 3662-3663 3664-3665 3666-3667 3668-3669 3670-3671 3672-3673 3674-3675 3676-3677 3678-3679 3680-3681 3682-3683 3684-3685 3686-3687 3688-3689 3690-3691 3692-3693 3694-3695 3696-3697 3698-3699 3700-3701 3702-3703 3704-3705 3706-3707 3708-3709 3710-3711 3712-3713 3714-3715 3716-3717 3718-3719 3720-3721 3722-3723 3724-3725 3726-3727 3728-3729 3730-3731 3732-3733 3734-3735 3736-3737 3738-3739 3740-3741 3742-3743 3744-3745 3746-3747 3748-3749 3750-3751 3752-3753 3754-3755 3756-3757 3758-3759 3760-3761 3762-3763 3764-3765 3766-3767 3768-3769 3770-3771 3772-3773 3774-3775 3776-3777 3778-3779 3780-3781 3782-3783 3784-3785 3786-3787 3788-3789 3790-3791 3792-3793 3794-3795 3796-3797 3798-3799 3800-3801 3802-3803 3804-3805 3806-3807 3808-3809 3810-3811 3812-3813 3814-3815 3816-3817 3818-3819 3820-3821 3822-3823 3824-3825 3826-3827 3828-3829 3830-3831 3832-3833 3834-3835 3836-3837 3838-3839 3840-3841 3842-3843 3844-3845 3846-3847 3848-3849 3850-3851 3852-3853 3854-3855 3856-3857 3858-3859 3860-3861 3862-3863 3864-3865 3866-3867 3868-3869 3870-3871 3872-3873 3874-3875 3876-3877 3878-3879 3880-3881 3882-3883 3884-3885 3886-3887 3888-3889 3890-3891 3892-3893 3894-3895 3896-3897 3898-3899 3900-3901 3902-3903 3904-3905 3906-3907 3908-3909 3910-3911 3912-3913 3914-3915 3916-3917 3918-3919 3920-3921 3922-3923 3924-3925 3926-3927 3928-3929 3930-3931 3932-3933 3934-3935 3936-3937 3938-3939 3940-3941 3942-3943 3944-3945 3946-3947 3948-3949 3950-3951 3952-3953 3954-3955 3956-3957 3958-3959 3960-3961 3962-3963 3964-3965 3966-3967 3968-3969 3970-3971 3972-3973 3974-3975 3976-3977 3978-3979 3980-3981 3982-3983 3984-3985 3986-3987 3988-3989 3990-3991 3992-3993 3994-3995 3996-3997 3998-3999 4000-4001 4002-4003 4004-4005 4006-4007 4008-4009 4010-4011 4012-4013 4014-4015 4016-4017 4018-4019 4020-4021 4022-4023 4024-4025 4026-4027 4028-4029 4030-4031 4032-4033 4034-4035 4036-4037 4038-4039 4040-4041 4042-4043 4044-4045 4046-4047 4048-4049 4050-4051 4052-4053 4054-4055 4056-4057 4058-4059 4060-4061 4062-4063 4064-4065 4066-4067 4068-4069 4070-4071 4072-4073 4074-4075 4076-4077 4078-4079 4080-4081 4082-4083 4084-4085 4086-4087 4088-4089 4090-4091 4092-4093 4094-4095 4096-4097 4098-4099 4100-4101 4102-4103 4104-4105 4106-4107 4108-4109 4110-4111 4112-4113 4114-4115 4116-4117 4118-4119 4120-4121 4122-4123 4124-4125 4126-4127 4128-4129 4130-4131 4132-4133 4134-4135 4136-4137 4138-4139 4140-4141 4142-4143 4144-4145 4146-4147 4148-4149 4150-4151 4152-4153 4154-4155 4156-4157 4158-4159 4160-4161 4162-4163 4164-4165 4166-4167 4168-4169 4170-4171 4172-4173 4174-4175 4176-4177 4178-4179 4180-4181 4182-4183 4184-4185 4186-4187 4188-4189 4190-4191 4192-4193 4194-4195 4196-4197 4198-4199 4200-4201 4202-4203 4204-4205 4206-4207 4208-4209 4210-4211 4212-4213 4214-4215 4216-4217 4218-4219 4220-4221 4222-4223 4224-4225 4226-4227 4228-4229 4230-4231 4232-4233 4234-4235 4236-4237 4238-4239 4240-4241 4242-4243 4244-4245 4246-4247 4248-4249 4250-4251 4252-4253 4254-4255 4256-4257 4258-4259 4260-4261 4262-4263 4264-4265 4266-4267 4268-4269 4270-4271 4272-4273 4

Accident Sketch Plan

SKETCH PLAN

A GBA249X
B SL8 3133M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

