

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	05/01/2019 07:18
Date Of Accident	04/01/2019 09:30
Exact Location Of Accident	ALONG QUEEN STREET NEAR OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU3439E
Insured/Policyholder	
Name Of Registered Owner	BAN LEE HENG KWAY TEOW & MEE MANUFACTURERS
Co Reg No	21415600A
Email Address	ZHENGWEI891013@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84058933
Alternative Phone No	OFFICE-84058933

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DIESEL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	DMCPHQ18-000933
Cover Note Number	N.A.

Driver

Name of Driver	LIM CHONG SUIE
NRIC No	S2626649A
Date Of Birth	09/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	23/10/1989
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84058933
Fax Number	
Contact Number	OFFICE-84058933
Email Address	ZHENGWEI891013@GMAIL.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	NO COLLISION
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

I was driving my van along Manila Street turning to Queen Street. Suddenly comfort Delgro taxi SH9647H stop in front of me and say I hit his car but at the time I never felt some impact sound on my van. No damages of my van. No injuries were involved.

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	SH9647H
Vehicle Make/Model/Colour	HYUNDAI/AE IONIQ HEV
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

Johnny

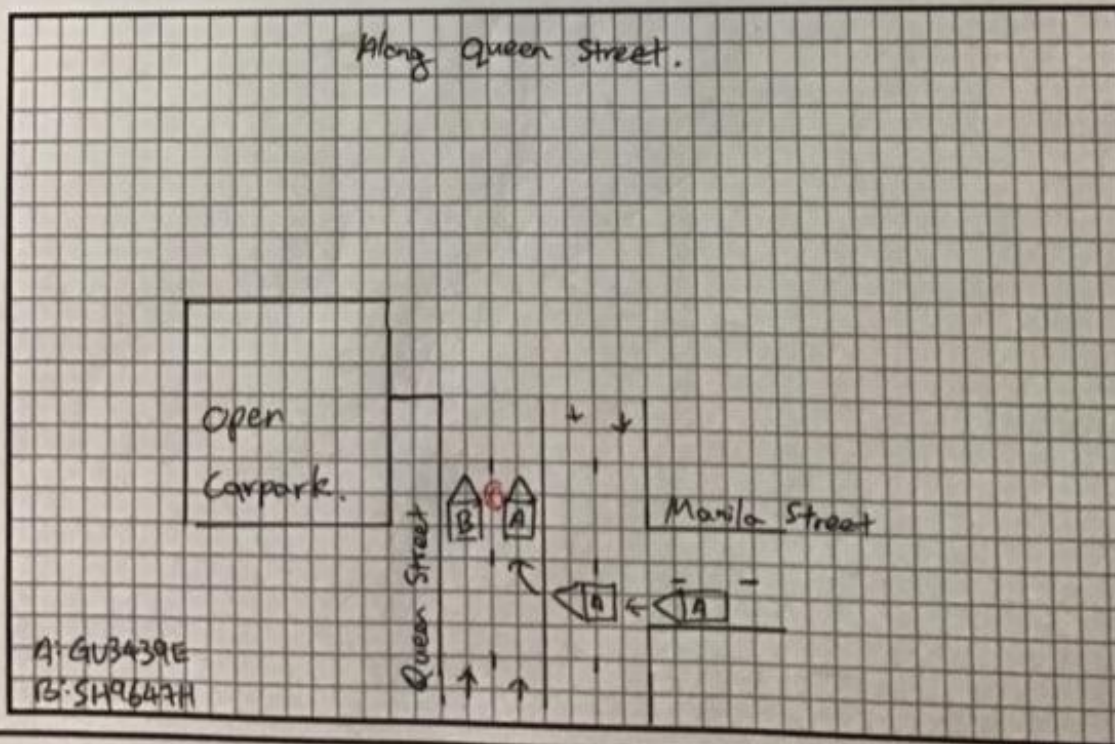
Voo Cheon Yee

Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

I was driving my van along Manila Street turning to queen street. Suddenly comfort Delgro taxi SH9647H stop in front of me and say I hit his car but at the time I never felt some impact sound on my van. No damages of my van. No injuries were involved.

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 -
JOHNNY VOO CHEON YEE

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

4 January 2019 at 4:39 PM

Date/Time:

4 January 2019 at 4:39 PM

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles <= 200 CC	23 Oct 1989
Class 2A Motorcycles between 201 CC and 400 CC	06 Nov 1997
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	23 Oct 1989
Class 4 Heavy motor cars and motor tractors > 2500 kg	28 Jul 2008

S / No. 9000101511

S2626649A

Licence No: S2626649A

NP 428A