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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	01/03/2019 14:28
Date Of Accident	01/03/2019 09:30
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME1770Z
Insured/Policyholder	
Name Of Registered Owner	JONATHAN CHUA WANG CHENG (CAI WANGCHENG)
NRIC No	S8945054C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97560256
Alternative Phone No	OTHERS-97560256
Vehicle Particulars	
Manufacturer	MINI
Model	COOPER 1.6 HATCHBACK 1598CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-006642
Cover Note Number	
Driver	

Name of Driver JONATHAN CHUA WANG CHENG (CAI WANGCHENG)

NRIC No S8945054C

Date Of Birth 12/12/1989

Occupation INDOOR

Date Of Driving Pass 30/09/2008

Driving Experience 10 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97560256

Fax Number

Contact Number OTHERS-97560256

EMail Address NOEMAIL

Address 204 BUKIT BATOK ST 21 #08-14

Postcode

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 CHAIN 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

3

Was any body injured in the Accident?

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

PLEASE REFER TO SKETCH PLAN

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 SKQ3697A

Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN YI QING SERENA

NRIC/Passport Number S9121034G Contact Number 90064463

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBE8868K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TOW TRUCK

COMMERCIAL VEHICLE

CHU PUI PING

F7906483K

86653388

Accident Sketch Plan

SKETCH PLAN

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- The 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.
- 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:
 - 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:

1/3/14

1158AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Per

NRIC/FIN No.

Accident Sketch Plan

KETCH PLAN ALON	14 CLEMENTI BODD TOWARDS COMMONWEALTH AVE
V	
	A I
A) SME 1770Z	
	JAN BE
b) skq 3697A	
C) GBE 8868 K	200
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT
MY CAR WAS	& AT A COMPLETE STOP,
	the wave I want a lond being and felt
	etting in damages to the entire back it my ear.
	the car I realised that 4 12 a
	ion. The last velycle, the tow truck, had
of him.	in time therefore he lit the toyota influent
	1 1 6 0 1
11 0	then with my vehicle the to the force of
impact than	the lorny.
DECLARATION	
We declare the foregoing particula	ers are true in every respect.
Vie	1/02/00/8
Palinchalder's Floreton	Design Signature
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature (If driver is not the policyholder) Name:
1/3/19 11.58am	Date & Time: NRIC/FIN No.:







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

EFFECTIVE DATE.

Class 3 Motor cars with unlader weight =< 3000kg with =< 7 30 5ep 2006 passengers, exclusive of driver; and other motor vehicles with unlader weight =< 2500kg

NP 428A





















