

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	28/02/2019 16:22
Date Of Accident	28/02/2019 14:20
Exact Location Of Accident	AYE EXIT TO ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC953E
Insured/Policyholder	
Name Of Registered Owner	LAU POH CHIAU LANCE
NRIC No	S7502432J
Email Address	JACKBOLT2002@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96232532
Alternative Phone No	OTHERS-96232532

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-004366
Cover Note Number	

Driver

Name of Driver	LAU POH CHIAU LANCE
NRIC No	S7502432J
Date Of Birth	27/01/1975
Occupation	INDOOR
Date Of Driving Pass	16/06/1999
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96232532
Fax Number	
Contact Number	OTHERS-96232532
E-Mail Address	JACKBOLT2002@YAHOO.COM

Address	NA
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	COLLISION - HEAD TO REAR
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?	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

I was travelling along slip road of aye towards city exit of Alexandra Road it was a 2 lane slip road and my vehicle SMC953E was positioned in the left side suddenly vehicle SHC5584M stopped ahead of me and I was not able to stop my vehicle SMC953E on time and collided onto vehicle SHC5584M rear. No injuries 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	SHC5584M
Vehicle Make/Model/Colour	RENAULT /LATITUDE 2.0L DCI AUTO D/AB 4DR/RED
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN SOON HUAT
NRIC/Passport Number	S1529562G
Contact Number	97542911
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

IMPORTANT NOTICE

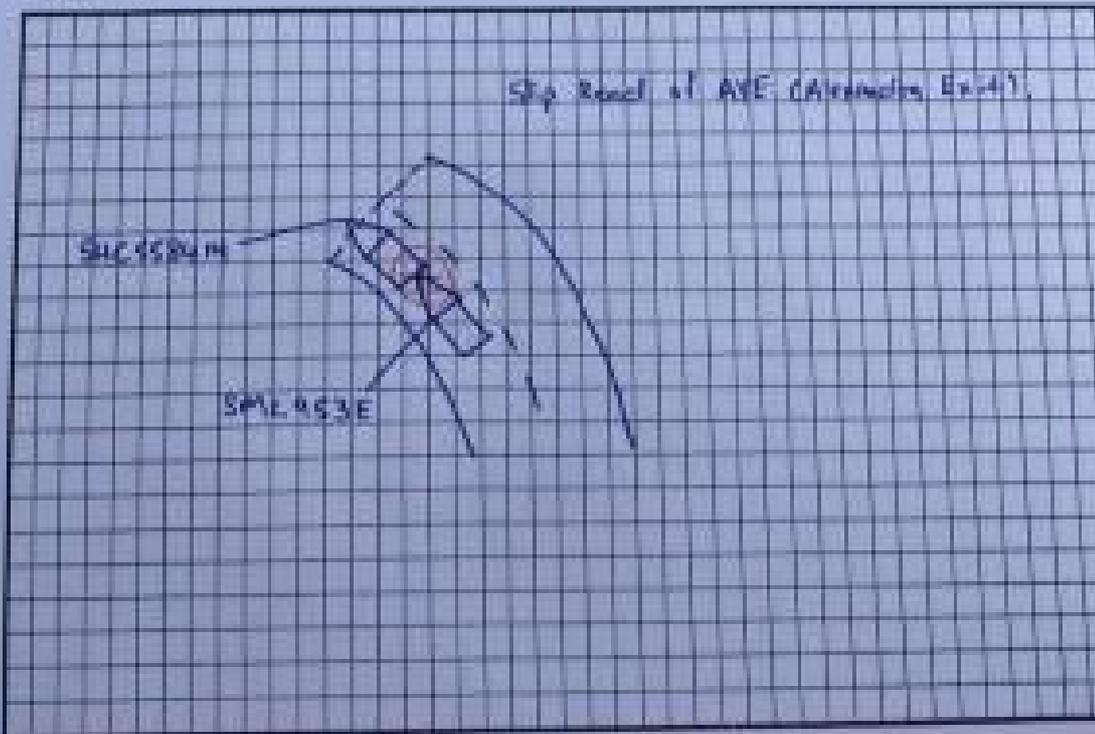
1. Please read extremely the details of the accident to assist in the claims process.
2. This Form must be completed by the Policyholder AND/OR the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or submitting of material facts may give Insurers grounds to repudiate policy liability.
4. The issue and avoidance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any claims requiring may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIC Claims Management Centre established by the General Insurance Association of Singapore (GIAS) for assisting and their copies of this report will be made available upon request by interested parties.
7. By the completion of this report to the Insurers, you hereby consent to the availing of this report at the police and to copies of the report being made available aforesaid.
8. Consent Under the Personal Data Protection Act (PDPA)
 - (i) I understand, acknowledge, agree and consent that as my insurer, my solicitor and the General Insurance Association of Singapore (GIAS) may be permitted to collect, use, disclose and/or process my 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 an Insurer, who have insured interests involved in this accident (or Insurers) who have insured interests involved in this accident that be collectively referred to as the "Insurers", the Insurers' lawyer/firm, the Insurers' Authority of Singapore and any relevant government agency/authority (such as the police), to the purposes of:
 - (a) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (b) investigating the accident and/or my claims;
 - (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (d) administering my claims (including the making of correspondence, statements, invoices, records or notices to the, which could involve disclosure of certain personal data about the following about delivery of the same as set out on the external cover of environmental packages) and/or;
 - (e) complying with applicable law in administering, processing, handling and/or dealing with my claims collectively the "Purposes".
 - (ii) all Insurers who have insured interests involved in this accident and the Insurers' lawyer/firm, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (iii) the Personal Information may also be processed by any of the Insurers under GIC to their third party service providers or agents (including their lawyer/firm) which may be also outside of Singapore, for one or more of the above Purposes.

**VERIFIED BY ALIYAH MARI
REPORTING OFFICER**
 Mohamed Sulaiman b/O Syed
 Masood
 Witnessed by Reporting Centre
 Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was travelling along slip road of aye towards city exit of Alexandra Road it was a 2 lane slip road and my vehicle SMC953E was positioned in the left side suddenly vehicle SHC5584M stopped ahead of me and I was not able to stop my vehicle SMC953E on time and collided onto vehicle SHC5584M rear. No injuries 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 -
MOHAMED SAIFULLAH S/O SYED MASOOD



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

28 February 2019 at 3:10 PM

Date/Time:

28 February 2019 at 3:10 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7502432J



Name
LAU POH CHIAU LANCE
(LIU BUCHAO LANCE)
刘步超

Race
CHINESE

Date of birth 27-01-1975 Sex M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7502402J



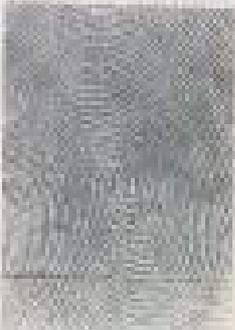
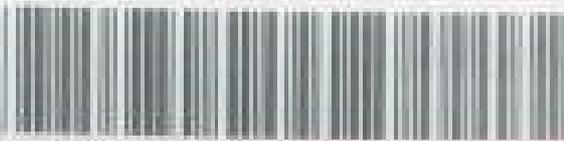
Name
LAU POH CHIAU LANCE
(LIU BUCHAO LANCE)

Birth Date: 27 Jan 1975
Issue Date: 29 Oct 2003



Identification Card

38111177



NRIC No: S7502432J

Time of issue
15-12-2005

APT BLK 196A BOON LAY DRIVE #13-131
SINGAPORE 641188

NRIC No: S7502432J Date: 25/08/2014

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	12 Feb 1979
Class 2A Motorcycles between 201 cc and 400 cc	21 Mar 2000
Class 2 Motorcycles exceeding 400 cc	18 Apr 2001
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Jun 1999

NP 426A

Licence No: S7502432J

