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 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.

ACCIDENT STATEMENT	
Date Of Report	14/03/2019 18:26
Date Of Accident	13/03/2019 13:00
Exact Location Of Accident	ALONG WOODLANDS INDUSTRIAL PARK E6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GX9936G
Insured/Policyholder	
Name Of Registered Owner	TONITA MARKETING PTE LTD
Co Reg No	201701893H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98470381
Alternative Phone No	OFFICE-98470381
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	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	DMCPHQ18-007273
Cover Note Number	
Driver	
Name of Driver	NG YONG KWANG
NRIC No	S1637006A
Date Of Birth	30/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	02/09/1982
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98470381
Fax Number	
Contact Number	OTHERS-98470381
EMail Address	NOEMAIL

Address	BLK 617 HOUGANG AVENUE 8 #03-362
Postcode	530617
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 - CROSS JUNCTION
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

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	SLP9972J
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANDRE SO WENG KEI
NRIC/Passport Number	
Contact Number	91719210
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN
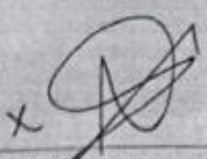
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8. Consent under the Personal Data Protection Act (PDPA)

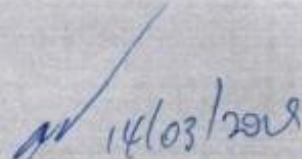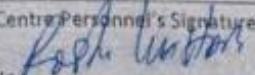   I understand, acknowledge, agree and consent that:

   (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.

   (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.
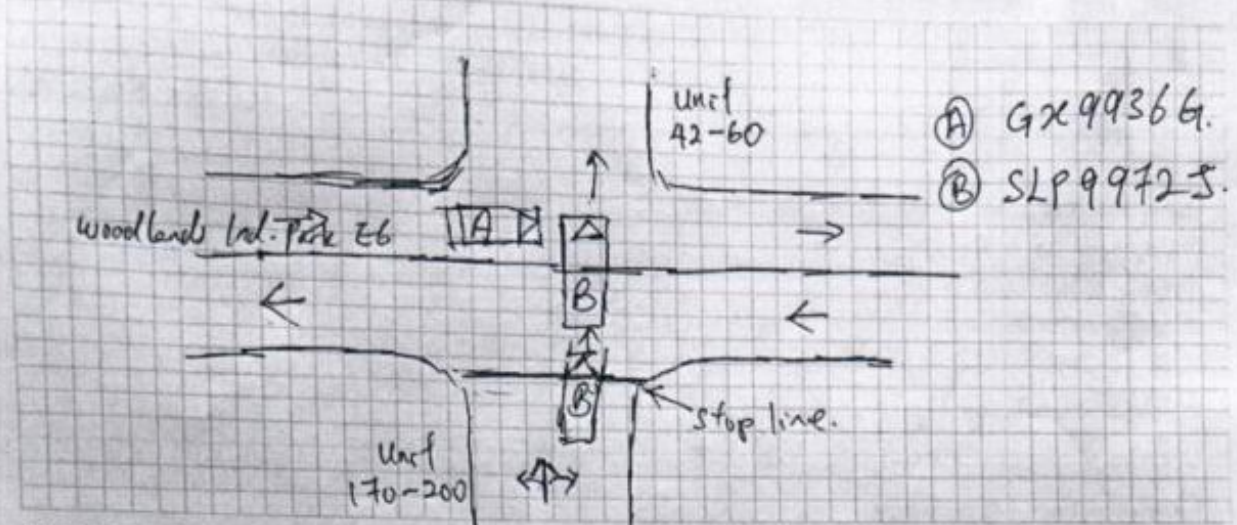

Policyholder's Signature
Date & Time:

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

14/03/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No

SKETCH PLAN

Woodlands Ind. Park E6

Unit 42-60

Unit 170-200

stop line.

Ⓐ GX9936G.
Ⓑ SLP9972J.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was driving straight at the said road. When approaching the said junction, veh B speed across the said road athat cause this accident.

DECLARATION

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

UEN: 2017 01893H

Policyholder
Date & Time:

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

14/03/2019

Reporting Centre Personnel's signature
Name: Rafli Wotton
NRIC/FIN No.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1637006A

Name

NG YONG KWANG

黄 永 光

Race

CHINESE

Date of Birth   Sex

30-08-1964   M

Country of Birth

SINGAPORE

2203580

NRIC No. S1637006A

Blood Group   Date of issue

A+   15-07-1994

Address

APT BLK 617 HOUGANG AVENUE 8
#03-362
SINGAPORE 1953

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S 1 6 3 7 0 0 6 A

Name:

NG YONG KWANG

Birth Date: 30 Aug 1964

Issue Date: 12 Aug 2003

000737146A

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

PASS DATE

Class 3   Motor Cars and Motor Tractors the weight of   02 Sep 1982
            which unladen does not exceed 2500 kilograms

Licence No: S1637006A

NP 428A

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo