

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	04/07/2019 16:39
Date Of Accident	13/05/2019 16:40
Exact Location Of Accident	BLK 75 WHAMPOA DRIVE CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8923A
Insured/Policyholder	
Name Of Registered Owner	ONEBEST PTE LTD
Co Reg No	201012349G
Email Address	SAM@ONEBEST.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96835184

Vehicle Particulars

Manufacturer	HYUNDAI
Model	H1 STAREX VAN 2.5 CRDI
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-004800
Cover Note Number	27/07/18 - 26/07/19

Driver

Name of Driver	ONG BOON SAN
NRIC No	S6925514J
Date Of Birth	12/08/1969
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1998
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96835184
Fax Number	
Contact Number	
Email Address	SAM@ONEBEST.COM.SG

Address	18 INGGU ROAD
Postcode	757362
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 - MAJOR/MINOR RD
Weather Conditions	DRIZZLING
Road Surface	WET

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

REFER TO ATTACH.

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	SHA7735S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MALAY MALE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: GBB 8923A

INSURER : EQ

DATE & TIME: 13/5/19 @ 16:40

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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:

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

Reporting Centre Personnel's Signature
Name: (Ys)
NRIC/FIN No.: 04/7/19

Sketch Plan #2

SKETCH PLAN

Bike 75
 Whampoa
 Drive
 Car Park

A= GBBB923A
 B= SHA773SS
 Malay Male

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement attached.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.:

04/7/19

(45)

©/ARMC SketchPlanForm_V3

☐ Claim Own Policy ☐ Claim Third Party ☒ Reporting Only
☐ Claim OD/TP at other workshop

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On 13th of May 2019, at about 4:40pm, I drove my vehicle GBB8923A to deliver an item to a customer at Blk 75 Whampoa Drive. I parked my vehicle head-in so that I could easily retrieve the delivery item from the rear of the van. It was drizzling at the time of the incident.

After handing over the item to my customer, I got back to my vehicle and started the engine. At this time, there was another van parked on my left. As a result, I had no visibility of SHA7735S. I put on reverse gear and moved very slowly. I expected any oncoming vehicle would have noticed the reversing light and I was going very slowly. While reversing, I heard a "thud" sound and realised that a vehicle had just brushed against my rear bumper. At this point, I drove my vehicle back to the parking lot and got down to talk to the driver of SHA7735S and at the same time, took some pictures of the damage to his vehicle. There was no visible damage on my vehicle. As this is the first time that I got into an accident, I thought that I was at fault since I was reversing and that I would have no case. But after consulting with friends who are familiar with such matters, I was told that under such circumstances, I may have a case.

I hope the above explains the incident and if you have further questions, please feel free to contact me at 96835184. Thank you.



04/07/19



IC & DL

REPUBLIC OF SINGAPORE		
IDENTITY CARD NO. S6925514J		
	Name	
	ONG BOON SAN	
	王 文 山	
	Race	
	CHINESE	
	Date of birth	
	12-08-1969	
	Country/Place of birth	
	SINGAPORE	
	Sex	
	M	
		S6925514J

A sample Singapore Driving Licence. The top of the card reads "REPUBLIC OF SINGAPORE" and "DRIVING LICENCE". On the left is a black and white portrait of a man with glasses, wearing a white shirt and a dark tie. To the right of the portrait, the text reads: "Licence Number S6925514J", "Name ONG BOON SAN", "Birth Date 12 Aug 1969", and "Issue Date 08 Mar 2003". At the bottom, there is a white rectangular box containing a barcode and the number "000274489F". The background of the card features a faint map of Singapore and a large, stylized five-pointed star.

5643931



NRIC No **S6925514J**



Date of issue
01-09-2016

Address


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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Oct 1985

NP 428A

License No: S6925514



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

