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	20/08/2019 16:44
Date Of Accident	20/08/2019 12:20
Exact Location Of Accident	UPPER SERANGOON ROAD INFRONT OF NEX BUS STOP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH7645H
Insured/Policyholder	
Name Of Registered Owner	SHIRLEY CHOO WYE FONG

NRIC No \$7325462J

Email Address WFCHOO_73@HOTMAIL.COM

Mobile Phone No (LOCAL) +65-96884066
Alternative Phone No OTHERS-94887615

Vehicle Particulars

Manufacturer VOLKSWAGEN
Model JETTA-1.4 TSI (A)

Exact Purpose for which vehicle was being used at

time of accident

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 DMPPHQ18-005669

Cover Note Number

Driver

Name of Driver OW KHIAM BENG

 NRIC No
 \$7615231D

 Date Of Birth
 21/05/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 04/12/2006

Driving Experience 12 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94887615

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 128 GEYLANG EAST AVENUE 1 #07-125

SINGAPORE

Postcode 380128

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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

ambulance?

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?

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

YES

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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 SHD148S

Vehicle Make/Model/Colour

Details Of Properties

Details Of Froperties

Vehicle Category TAXI

Name of DriverTEO LAY SENGNRIC/Passport NumberS0132266DContact Number90198338

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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' lawvers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (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, handfing 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
- 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.
- 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 a

Date & Time:

Reporting Centre Personnel's Signature enen

Name:

NRIC/FIN No.:

Sketch Plan #2

KETCH PLAN		
12 /		Vehicle
traffic		A-SJH7645H
MAN.	1 1	B-SHD148 S
(nbba	
pristip	Severying	
-	18 1 roud	
	(M)	Legend
	1	<u>Legenu</u> ∧
		Vehicle Motorcycle
ESCRIBE CIRCUMSTANCES O	THE ACCIDENT	
Vehicle B more	AF After the bus maked and	of the bus stop.
Yelhalk B SV	defanily stopped and I could	not stop my vehicle
ILMAK P SV	default stated and a court	lial sist him settlers
in thre. M	y vehick but into the year of	vehicle B. There
111 11417	a such till tillo the star st	Tolling 1: 110
ECLARATION		
We declare the foregoing particu	we a fourteen (14) days clause whereby the claim against own pol	cy must be made within the stipulated timeframe
olicyholder's Signature ate & Time:	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

OWNER NRIC





DRIVER NRIC & LICENSE

























