

## 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 ability.
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 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	05/01/2018 12:19
Date Of Accident	31/12/2017 12:40
Exact Location Of Accident	BLK 34 WHAMPOA WEST CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW3487E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INTERLIFT SALES PTE LTD
Co Reg No	198306090C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62845535

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE-2.2 D (M)
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?	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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ17-000736
Cover Note Number	

### Driver

Name of Driver	TAN YANG WHEE ANTHONY
NRIC No	S0007384I
Date Of Birth	05/09/1951
Occupation	INDOOR
Date Of Driving Pass	25/02/2004
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98161622
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	12F KOVAN ROAD
Postcode	548051
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	3
Passenger 1	NAME: : CHIA NYA CHIK GENDER: : FEMALE
Passenger 2	NAME: : CHIA GEOK LIANG GENDER: : MALE

#### 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

AS PER INDIVIDUAL STATEMENT

#### 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	SLC8702Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NELSON
NRIC/Passport Number	
Contact Number	81985692
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### 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:

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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

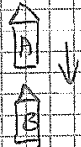
I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

GIANVIC SketchPlanForm\_V5

# Sketch Plan Pg. 2

## SKETCH PLAN

Blk 34 Whampoa West Carpark



Vehicle ①: GW3487E

Vehicle ②: SLC 8702Y

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to individual statement

## DECLARATION

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

☐ Claim own policy  
☐ Claim third party  
☐ Claim OD / TP at other works hop  
☒ For record purpose

Policy No. DM CPHQ 17-000736  
 Insurer EQ (F) Veh.No. GW3487E

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.:

**Re: Vehicle Accident Between GW3487E & SLC8702Y**

On 31<sup>st</sup> Dec'2017 12:40pm I Anthony Tan S0007384/I had stop my vehicle beside near the PUB station of Blk 34 Whampoa west car park for my wife and brother in law to alight with their belonging. The weather was hazy.

Then I decided to drive my vehicle to find a park car lot to park my vehicle.

Before I started my vehicle there was no vehicle behind me.

Therefore I put to reverse gear and look behind and was clear.

And I start to reverse my vehicle suddenly a knock sound and this vehicle SLC8702Y was behind my vehicle.

And he claim that I had knock onto his vehicle.

While looking at his vehicle there was slight crack on the front bumper.

And from the photo his vehicle already had several scratches and dent on it before.

Further inspect onto the damage bumper it seen was not related to the knock from my vehicle. (Refer to attach photo A, B, C)

As for my vehicle GW3487E there wasn't any damage behind.

In this accident both party no one was injured

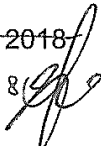
I'm making this insurance report as procedure.

Anthony Tan Yang Whee driver of vehicle GW3487E

I/C S0007384I

Tel: 98161622

Date: ~~5<sup>th</sup> December 2018~~

05/01/2018 

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

