SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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	24/09/2019 12:39	
Date Of Accident	23/09/2019 08:40	
Exact Location Of Accident	LORNIE HIGHWAY	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLH7231U	
Insured/Policyholder		
Name Of Registered Owner	TEE HWEE BOON	
NRIC No	S2616497D	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-92996215	
Alternative Phone No	OTHERS-92996215	
Vehicle Particulars		
Manufacturer	MITSUBISHI	
Model	LANCER EX 1.6 AT LED TAIL LAMP	
Exact Purpose for which vehicle was being used at time of accident	PTE USE	
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	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	EQ INSURANCE COMPANY LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMPPHQ18-007769	
Cover Note Number	17/11/2018 - 16/11/2019	
Driver		
Name of Driver	TEE HWEE BOON	
NRIC No	S2616497D	
Date Of Birth	12/02/1961	
Occupation	INDOOR	
Date Of Driving Pass	24/11/1982	
Driving Experience	36 YEARS AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-92996215	
Fax Number		

OTHERS-92996215

NOEMAIL

Address BLK 550 SERANGOON NORTH AVE 3 #11-33

Postcode 550550

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : KIT

GENDER: : FEMALE

Passenger 2 NAME: : YUAN YUAN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

TRAFFIC WAS HEAVY AND ALL VEHICLES WAS ON 'STOP & MOVE' MOTION, WHILE STATIONARY, FELT AN IMPACT AND REALISED MOTOR CAR SCR3624A CAME FROM BEHIND AND HIT ONTO THE BACK OF MY CAR.

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 SCR3624A

Vehicle Make/Model/Colour TOYOTA ALTIS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver THAM MAE LAN JILL

NRIC/Passport Number S1601336F

Contact Number

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

VEHICLE NO .: SLH 723111 **INSURER** DATE & TIME:

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

I understand, acknowledge, agree and consent that:

- 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)
 - (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

NRIC/FIN No

GIARMC SkietchPlanForm, V3

SKETCH PLAN			
Cornie Highway	[A]		A: S(H7231U (w 2 passengers: 1) kit - F 2) Yuan Yuan - F). B: S(R3624A Than Mae Lan Jil S1601336F
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DECLARATION	comprehensive poil	cy. Please check with y	our policy for more information.
I/We declare the foregoing p	particulars are true in ev	very respect.	\wedge
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Policyholder's Signature	Driver's Sign	nature	Reporting Centre Personnel's Signature
Date & Time:	100 A	not the policyholder)	Name: AWK
GIARME SantchPlanForm_V3 () Claim Own Policy) Claim OD/TP at oth	(V) Claim Third Party	() Reporting Only