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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/10/2019 16:59
Date Of Accident	02/10/2019 11:30
Exact Location Of Accident	TAMPINES AVE 10
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE5927T
Insured/Policyholder	
Name Of Registered Owner	YONG SON INTERIOR DECORATION CENTRE
Co Reg No	36859400M
Email Address	YONGSONINTERIOR@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-90069039
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 D-3.0 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ19-000223
Cover Note Number	
Driver	

Name of Driver CHAN BENG CHEONG

NRIC No S1649039C
Date Of Birth 20/03/1964
Occupation OUTDOOR
Date Of Driving Pass 13/04/1984

Driving Experience 35 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90069039

Fax Number

Contact Number

EMail Address YONGSONINTERIOR@YAHOO.COM.SG

401 KEW CRESCENT Address

Postcode 466278

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 SIDE SWIPE 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?

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

GENDER:

NAME: : BOTAK

: MALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO THE ATTACHED REPORT.

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

SHC1290L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

CHAN THIAN KWEE Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment 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.
- 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 :
 - 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

男 藤 室 內 体 俬 数 计 YONG SON INTERIOR DECORATION CTR.

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

GIARMIC SketchPlanForm_V3

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN		1
Vehicle A:GBES927T		
B-SHC1290L		
	I A	
	8	
On 2/10/2019 at about 11:30am, w	shills toward how	alar
Tampines Ave 10 on the middle		
move to 3rd lane, suddenly, vehice	e B (SHC1290L)
came from the left size and hit side of my vehicle A (GBE5927	into the rear le	PH
		-
DECLARATION (We declare the Interesting particulars are true in every respect)	OR WAREN	
Policyholder's Signature Date & Time: (If driver is not the policyholder)	Reporting Centre Personnel's Signame:	pnature
Policyholder's Signature DHiver's Signature		pnature
Policyholder's Signature Date & Time: Date & Time: Date & Jime: Date & Jime:	Name:	(2-0)

Driving License























