

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	27/12/2019 14:03
Date Of Accident	27/12/2019 09:25
Exact Location Of Accident	AYE (TUAS) AFTER JALAN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW2345M
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Insured/Policyholder

Name Of Registered Owner	KHOO BUCK KOW, JEFFERY (QIU MUGAO, JEFFERY)
NRIC No	SXXXX895D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90212149
Alternative Phone No	OFFICE-90212149

Vehicle Particulars

Manufacturer	BMW
Model	116I AT 5DR M SPORT ABS HID DSC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	DMPPHQ-000667
Cover Note Number	

Driver

Name of Driver	KHOO BUCK KOW, JEFFERY (QIU MUGAO, JEFFERY)
NRIC No	SXXXX895D
Date Of Birth	01/02/1979
Occupation	OUTDOOR
Date Of Driving Pass	09/10/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90212149
Fax Number	
Contact Number	OFFICE-90212149
Email Address	NOEMAIL

Address	BLK 67 CIRCUIT ROAD #07-249
Postcode	370067
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	2
Was any body injured in the Accident?	YES
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)	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 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	SLT6893C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KHOO BUCK KOW, JEFFERY (QIU MUGAO, JEFFERY)
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SGW2345M

YES

NO

Accident Sketch Plan


SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the date and time of the accident and speed to the police premises.
2. This form must be completed by the Policyholder and for the Authorized Driver.
3. Information provided must be as prompt and accurate as possible. Any willful misrepresentation or withholding of material facts may void insurance companies to revoke its policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for proving and that copies of the report will for a fee be made available upon application by insured parties.
7. By the lodgment of this report to the insurers, you hereby consent to the printing of this report in the Centre and its inclusion in the report being made available abroad.
8. Consent under the Personal Data Protection Act (PDPA)
 - i. 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/mailed packages) and/or
 - (v) complying with applicable law, regulatory bodies, including handling and/or dealing with my claims for liability (i.e. "litigation").
 - (b) all insurer(s) who have insured vehicle(s) involved in the accident (the Insurers') may/are permitted to collect, use, disclose and/or process my Personal Information for the purpose(s) stated in (a) above;
 - (c) my Personal Information may be disclosed by any of the Insurers' to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (d) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (e) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (f) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (g) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (h) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (i) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (j) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (k) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (l) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (m) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (n) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (o) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (p) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (q) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (r) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (s) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (t) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (u) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (v) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (w) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (x) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (y) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;
 - (z) the Insurers' may/are permitted to disclose my Personal Information to a third party (including any regulatory body or government agency/authority) for the purpose(s) stated in (a) above;


 Name of Policyholder
 Date & Time


 Name of Driver
 Date & Time


 Name of Insurer
 Date & Time

Accident Sketch Plan

SKETCH PLAN

(A) - SGW2345M
(B) - SLT6893C

AYE (Tuas) Jurong Hill flyover

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 27/12/2019 @ about 0925HRS at along AYE (Tuas) Pier Rd / Jurong Island after Jin Boon Lay / Jurong Exit. I was travelling ^{on} the extreme right lane on the above mentioned road on Jurong Hill flyover. When my front vehicle slowed down and stop due to heavy traffic, hence I followed suit. Suddenly, I heard a loud bang and felt a great impact from the rear of my Vehicle (A). When I alighted, I realised it was Vehicle (B) which hit into the rear portion of my Vehicle (A) causing damages to my Vehicle.


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

DECLARATION

I hereby declare that the above information is true and correct.


Police Officer's Signature
Date & Time


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


Reporting Centre Person's Signature
Name
NRIC/Title No.