

## 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	13/01/2020 17:04
Date Of Accident	13/01/2020 11:55
Exact Location Of Accident	LAVENDER STREET TOWARDS KALLANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM36K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIEW MIN HIN
NRIC No	S0100036E
Email Address	MLIEW0753@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90995243
Alternative Phone No	OTHERS-90995243

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200-2.0 AVG (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-007137
Cover Note Number	

### Driver

Name of Driver	LIEW MIN HIN
NRIC No	S0100036E
Date Of Birth	15/09/1949
Occupation	INDOOR
Date Of Driving Pass	21/06/1968
Driving Experience	51 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90995243
Fax Number	
Contact Number	OTHERS-90995243
E Mail Address	MLIEW0753@HOTMAIL.COM

Address	500M MARINE PARADE ROAD #07-53
Postcode	1544
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?	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)	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 THE ATTACH STATEMENT RECORDED BY KAREN - 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ2624S
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)	



## Sketch Plan #2

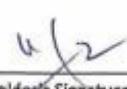
### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. 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:

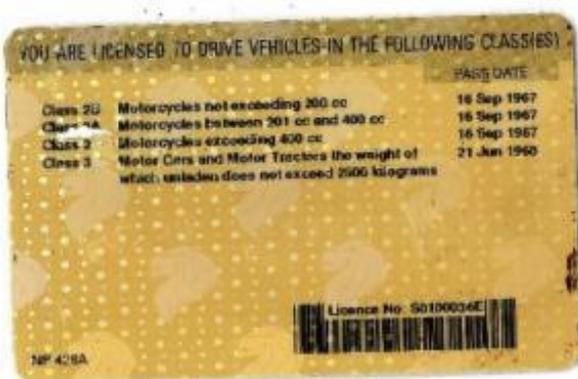
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - (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.:

Driving License & NRIC



Common Statement

**ACCIDENT STATEMENT (Part I)**

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 13-1-2020		Time 11:57am		2 Exact location of accident Lavender street towards Kallang rd.		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
						Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	

**Registration No. (VEHICLE A)** SJM 36K

6 Insured / policyholder (see Insurance cert.)  
Name: Liew Min Hin  
Address: 5000 M Marine Parade Road #07-53 Singapore 1540  
NRIC / Passport no.: S0100036E  
Tel no. (from 9am till 5pm):  
HP: 9099 5243

7 Vehicle  
Make, type: Mercedes Benz 113200A

8 Insurance company: AXA  C  TPFT  TPO  
Does the policy cover damage to vehicle A?  
No  Yes   
Policy No.: GA07902911

9 Driver  Same as Owner  
Name:  
NRIC / Passport no.:  
Class of licence: 3  
HP:  
Gender: Male  Female

- A
- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
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- 11
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- 13
- 14
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- 18
- 19
- 20
- 21
- 22

**12 CIRCUMSTANCES**  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

- Chain Collision
- Collided into bicyclist
- Collided into Motorcyclist
- Collided into Parked Vehicle
- Collided into Pedestrian
- Collided into Property
- Collision - Change/Cross Lane
- Collision - Cross Junction
- Collision - Head on Collision
- Collision - Head to Rear
- Collision - Major/Minor Rd
- Collision - Opening door of Vehicle
- Collision - Roundabout
- Collision - U-Turn
- Drink Driving / Drug Influence
- Fire, Explosion or Lightning
- Flood
- Hit and Run / Vendallors / Damaged whilst Parked
- Hit by Fallen Tree / Other Objects
- No Collision
- Side Swipe
- Theft

← State TOTAL number of boxes marked with a cross →

**Registration No. (VEHICLE B)** SLJ 2624S *With owner*

6 Insured / policyholder (see Insurance cert.)  
Name:  
Address:  
NRIC / Passport no.:  
Tel no. (from 9am till 5pm):  
HP:

7 Vehicle  
Make, type:

8 Insurance company:  C  TPFT  TPO  
Does the policy cover damage to vehicle B?  
No  Yes   
Policy No. (if available):

9 Driver (See driving licence) (if different from insured B above)  
Name:  
NRIC / Passport no.:  
Class of licence:  
HP:  
Gender: Male  Female

- B
- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
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- 21
- 22

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively please make reference to one of the sketches on page 4:

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

B

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

**Individual Statement**

<b>INDIVIDUAL STATEMENT (Part II)</b>		Own Workshop Email / Fax (if any) _____			
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)					
<b>Insured</b>  Of which vehicle are you the owner? <input checked="" type="checkbox"/> A  <input type="checkbox"/> B	1 Occupation (if more than one, state all) _____		Email: <u>alison0753@hotmail.com</u>		
	2 Vehicle registration no. _____	C.C. _____	If commercial vehicle, state permissible carrying capacity _____		
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If no, State Relationship of Driver with owner _____	state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____	
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____				
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, state where it is at present _____ Tel no. _____		
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)					
<b>Driver or person in charge of vehicle at the time of accident (including insured)</b>	7 Date of birth _____	Occupation _____	Date of license pass _____	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>
	<u>15-9-1949</u>	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	<u>2-6-1968</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
		Date	Offence	Penalty	
<b>Injured persons</b>	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Damage to property &amp; vehicles (other than vehicles A and B)</b>	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)	
<b>Police action</b>	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	If yes, please state which Police station _____				
13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
If yes, against whom? _____					
<b>Accident details</b>	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____				
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____				
	16 Speed of vehicles A _____ km/hr B _____ km/hr				
	17 What warnings were given by driver or other party? _____				
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____				
20 If your vehicle is commercial, state weight of load carried at time of accident _____					
21 State how accident happened, width of roads, speed limits, etc (Refer to attached) _____					
22 State number of Passengers (including Driver) <u>2</u> <span style="float: right;">Max 1 - Female</span>					
<b>Declaration</b>	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature _____				Date _____
	Driver's signature (if driver is not the policyholder) _____				Date _____

Accident Photo



Accident Photo



Accident Photo



Accident Photo





8021076

A 007 817 10 20



Mercedes-Benz

MY2017

TYP: 212

PZ: 7

1,0%

Made in Germany



DAIMLER AG

WDD2130422A257938

2245 kg

1- 1050 kg

2- 1225 kg

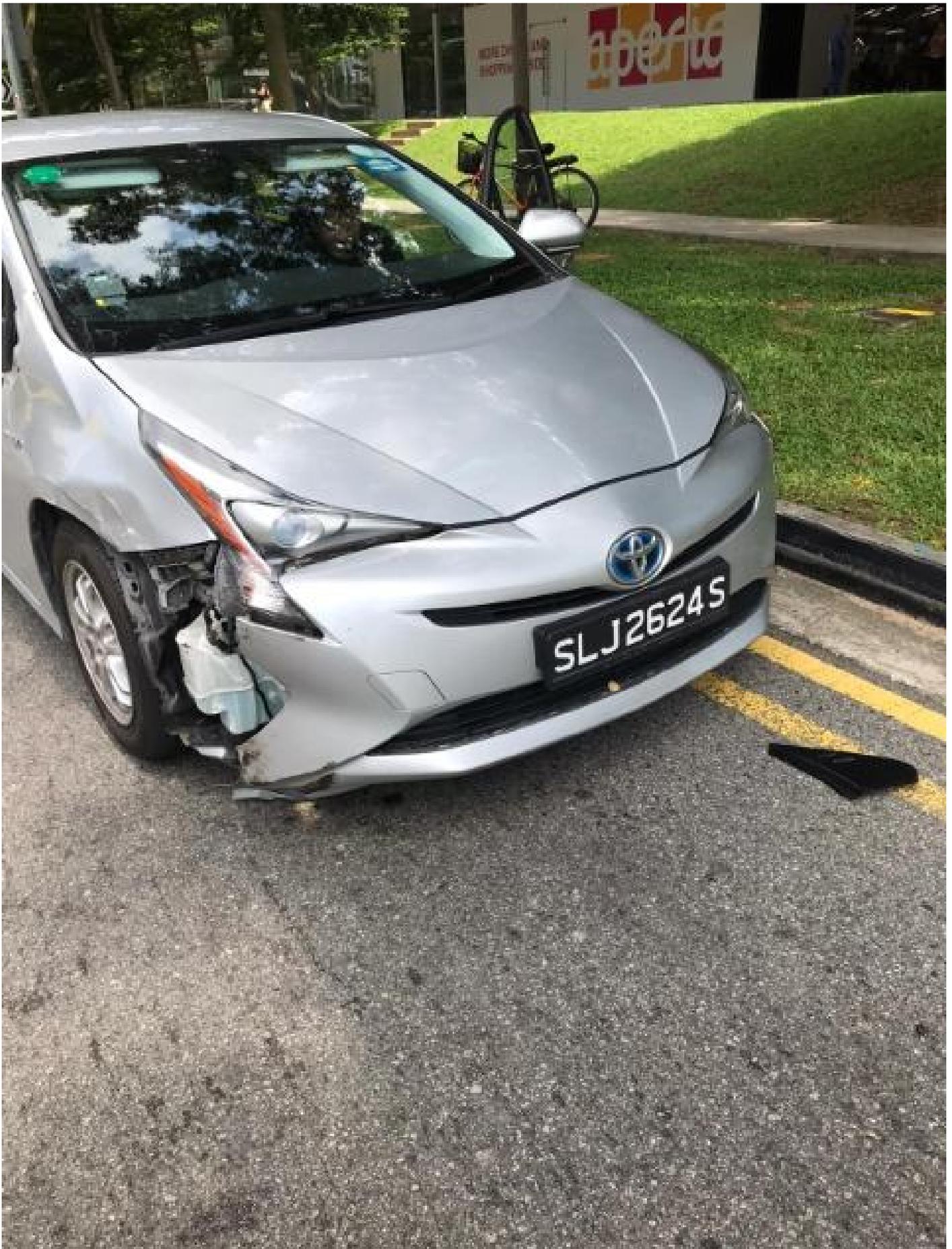
Accident Photo



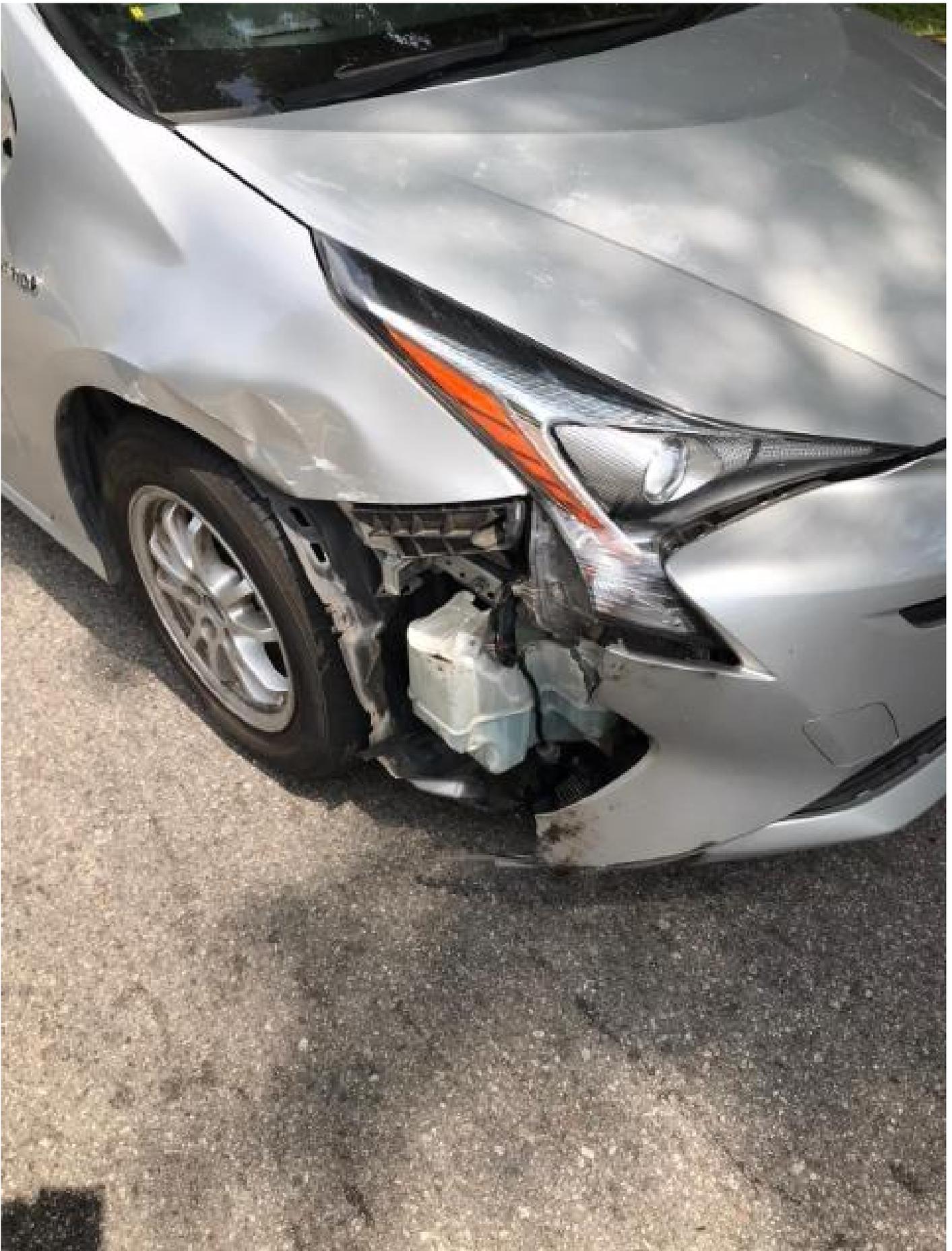
SCENE PHOTO



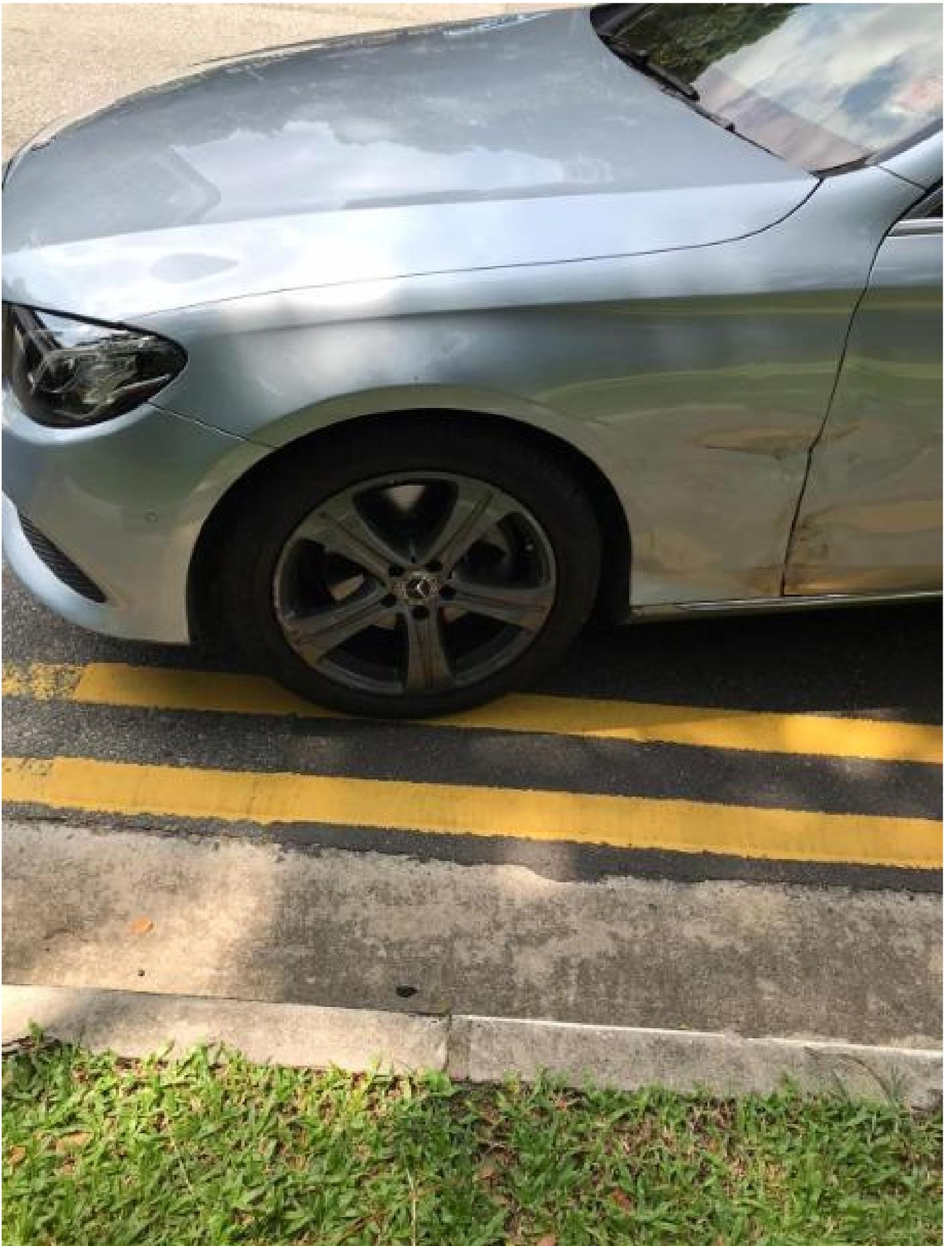
SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: 5665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA220005778 Vehicle Registration No: SJM 36 K
Name(as shown in NRIC) : Liew Min Hin NRIC/FIN/Passport No : S 0100036E
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : 5000 M Marine Parade Road #107-53 Singapore( 1544 )
Contact (Tel) : 9099 5243 Mobile No. :
Email Address : mliew0753@hotmail.com
Date of Accident : 13-1-2020 Time of Accident : 11:57am
Place of Accident : Lavender street towards Kallang rd.
Insurance Company: EQ Insurance company Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Change insurance company and policy number.
Attach video accident.

(F) [Signature]
Policyholder / Driver's Signature
Date:

14-1-2020

[Signature]
Reporting Centre Personnel's Signature
Name: Karen
NRIC/FIN No.:
Date:

14-1-2020