

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	20/08/2020 10:49
Date Of Accident	19/08/2020 11:40
Exact Location Of Accident	GEYLANG METHODIST SECONDARY SCHOOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9456D
Insured/Policyholder	
Name Of Registered Owner	TTK SERVICES PTE LTD
Co Reg No	201011351R
Email Address	MELISSA@TTK-SERVICES.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96277520

Vehicle Particulars

Manufacturer	ISUZU
Model	LORRY + CANOPY
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	GOODS VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ19-004727
Cover Note Number	

Driver

Name of Driver	TONG FAI WONG
NRIC No	S2568100B
Date Of Birth	14/04/1958
Occupation	OUTDOOR
Date Of Driving Pass	04/08/1989
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96277520
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 21 BALAM ROAD #08-182
Postcode	370021
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	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : WONG CHAN FEI 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

REFER TO ATTACHMENT

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	SKV7029B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S1462430I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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.

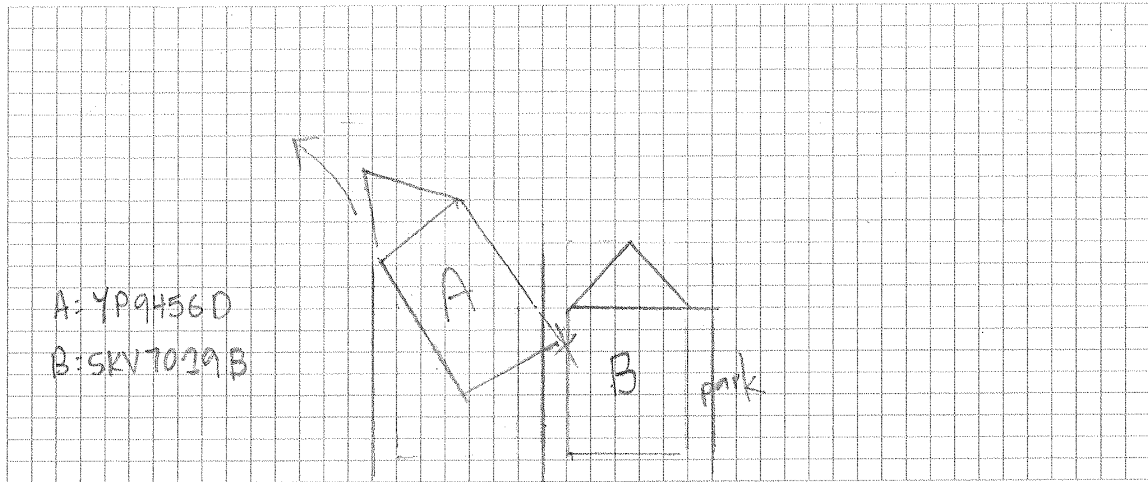


Policyholder's Signature
Date & Time:

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

COMFORTDELGRO ENGINEERING PTE LTD
320 UBI ROAD 3
SINGAPORE 408649
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/08/2020 @ 1141 hrs as I was coming out from the parking area,
I accidentally hit the ~~lamp~~ car lamp (vehicle B).

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

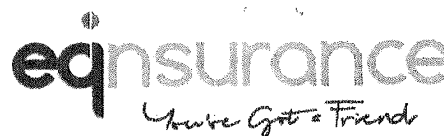
Driver's Signature
(If driver is not the policyholder)
Date & Time:

COMFORTDELGRO ENGINEERING PTE LTD
320 UBI ROAD 3
SINGAPORE 408649

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

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no. 1978-00490-N



COMMERCIAL VEHICLE PRIVATE (SCH I) SCHEDULE

Page 1 of 7

Agency	A000374	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I)	Policy Number	DMCPHQ19-004727
Account	A000374	Issued on	13/09/2019 in Singapore	Replacing Policy no.	DMCPHQ18-006586
Client	0040015	Acceptance Date	13/09/2019		

Period of Insurance from 25/09/2019 to 24/09/2020 , both dates inclusive

Insured's Name TTK SERVICES PTE LTD
Address BLK/HOUSE NO. 703 #06-106
JURONG WEST STREET 71
SINGAPORE 640703

Business/Occupn Others
Financial interest Maybank

Premium	Basic Annual Premium	SGD2,051.89	Premium Due	SGD2,051.89
	Total Annual Premium	SGD2,051.89	Premium GST	SGD143.63
			Total Due	SGD2,195.52

Risk No. 001	COMMERCIAL VEHICLE PRIVATE (SCH I)				
1. Registration	YP9456D	Make/Model	ISUZU	Body Type	Lorry + Canopy
Type of Cover	Comprehensive	No. of seats	2	Yr of Manuf/Regn	2018/2018
Engine No.	4JJ13R2066	Capacity cc's	0	NCB%	10.00
Chassis No.	JAANPR85HJ7100183	Tonnage	2.50	Certificate Ref.	LCVP1
Sum Insured: Market Value at the time of loss			SGD0.00		
Section 1			SGD750.00		
YEID-All Claims	Additional		SGD3,000.00		

COMMERCIAL VEHICLE COMPREHENSIVE (Classic Plan) Ver.8

For information on Motor Claims Framework (MCF), please visit GIA websites
(www.gia.org.sg/pdfs/Industry/Motor/MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the
Certificate of Insurance. You will have to pay the Excess for every claim made
against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have
to refund us the amount of the Excess.

This Excess is in addition to any other excess applicable under this Policy.

Continued on page 2



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2568100B




Name
TONG FAI WONG
湯 懷 旺


Race
CHINESE

Date of birth
14-04-1958

Sex
M

Country/Place of birth
MALAYSIA



Identification Card

9409927



NRIC No. **S2568100B**



Nationality

MALAYSIAN

Date of issue

25-07-2016

Address

**APT BLK 21 BALAM ROAD
#08-182
SINGAPORE 370021**



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 2568100 B**
Name: **TONG FAI WONG**

Birth Date: **14 Apr 1958**
Issue Date: **19 Aug 2017**

002715533K



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	04 Aug 1989
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	04 Aug 1989

NP 428A



Licence No: S2568100B