

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	22/09/2020 15:57
Date Of Accident	15/09/2020 10:25
Exact Location Of Accident	CLUB STREET LAMPOST NUMBER 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP5546U
Insured/Policyholder	
Name Of Registered Owner	TAY AH BEE
NRIC No	S1202222J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97475360
Alternative Phone No	OTHERS-97475360

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (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	DMPPHQ19-006028
Cover Note Number	19/09/2019 TO 18/09/2020

Driver

Name of Driver	LIU ANGEN
NRIC No	S2742039G
Date Of Birth	10/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	02/05/2013
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81611782
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 504D MONTREAL DRIVE #09-08 (S) 754504
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : TAY AH BEE GENDER: : FEMALE

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 with attach. Other vehicle number : SLR4765M

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Accident Sketch Plan Pg. 1

SKETCH PLAN


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. 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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

⇒ fact is correct

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

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

NRIC/FIN No.:

We received letter from insurance company that informed my vehicle SKP5546U had involving in an accident with another vehicle SLR4765M on 15/09/2020 at around 1025hrs at club street lampost number 10.

I did went down to the said location on the date of 15/09/2020. I parked my car at the car park lot and went settle the things. After that, I went back to collect my car and drove off. I did not felt an impact or alert that I had hit onto someone vehicle.



Driving License Pg. 1

Portrait of a man

License Number: **S2742039G**
Name: **LIU ANGEN**
Birth Date: **10 Jun 1966**
Issue Date: **02 May 2013**

Barcode: 002176705E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2742039G**

Portrait of a man

Name: **LIU ANGEN**
刘 安 根
Race: **CHINESE**
Date of birth: **10-06-1966**
Country/Place of birth: **CHINA**
Sex: **M**

Barcode: S2742039G

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

Class 3 - Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE: **02 May 2013**

NOVEMBER, DECEMBER, JANUARY

428A

Barcode: Licence No: S2742039G

9510856

Barcode

NRIC No. **S2742039G**

Portrait of a man

Nationality: **CHINESE**
Date of issue: **19-11-2018**

Address: **APT BLK 504D MONTREAL DRIVE
#09-08
SINGAPORE 754504**



Your Ref : SKP5546U
Our ref : DM20H001366/JT
Date : 18 September 2020

Tay Ah Bee
19 Pasir Ris Terrace
Pasir Ris Beach Park
Singapore 518663

Dear Sir

ALLEGED ACCIDENT ON 15/09/2020 AT 1025HRS INVOLVING SKP5546U & SLR4765M AT CLUB STREET LAMPOST NUMBER 10

We refer to the above matter and wish to inform that we have received potential claim from the third party.

We note that this accident has not been reported to us, probably because you do not intend to claim under your own policy for damage to your vehicle. However, for the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. Please refer to the back/folder accompanying your Certificate of Insurance for the list of our EQ Authorized Workshops conveniently located throughout Singapore to report the accident. Alternatively, you may wish to call our 24-hour accident hotline at 6333 2222 to file the accident report.

Please note that with the effect of 1st Jun 2008, under the Motor Claims Framework (MCF), you are required to report any accident at our EQ Authorized Workshops/Reporting Centres with your accident vehicle (whether damage or not) within 24 hours or by the next working day of the occurrence of the accident. Any non-compliance of this condition will result in a loss of your No Claim Discount upon renewal of your policy and your claim will be prejudiced. The primary purpose of this reporting is to provide your version of the accident and does not automatically render you liable for the accident.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the abovementioned claim.

If you need any clarification, please do not hesitate to contact the undersigned and quoting our above claim reference number and we shall be pleased to assist you.

Yours faithfully

Jaime Tay
Claims Department
DID: 6496 9882 / Fax: 6223 4190 / Email: jaime.tay@eqinsurance.com.sg

Cc Pro-Link Insurance Agency (Email: jennifer.lim@prolink.sg)

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

A Member of Citystate



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

