SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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.		
	ACCIDENT STATEMENT	
Date Of Report	15/10/2020 20:03	
Date Of Accident	14/10/2020 10:00	
Exact Location Of Accident	WOODLANDS SPORTS HALL OPEN CARPARK	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKT3207R	
Insured/Policyholder		
Name Of Registered Owner	GOH CHONG KIN	
NRIC No	S2549424E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96413007	
Alternative Phone No	OFFICE-96413007	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	SYLPHY 1.6 SALOON 1598CC	
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	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	DMPPHQ20-003330	
Cover Note Number	NA	
Driver		
Name of Driver	CHIA SOCK HUAN	
NRIC No	S1460307G	
Date Of Birth	30/01/1961	
Occupation	INDOOR	
Date Of Driving Pass	07/09/1984	
Driving Experience	36 YEARS AND 1 MONTH	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-96413007	
Fax Number		

OFFICE-96413007

NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

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

. . _

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Details of Police Action

NO

1

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON THE DATE AND TIME MENTIONED I WAS REVERSING MY VEHICLE WHILE MAKING A THREE POINT TURN, WHEN THE REAR LEFT SIDE MY VEHICLE ACCIDENTALLY TOUCHED THE FRONT RIGHT SIDE OF A PARKED VEHICLE B. AS THERE WAS NO DRIVER IN THE VEHICLE, I LEFT A NOTE ON THE WINDSCREEN OF VEHICLE B, HOPING FOR THE DRIVER TO CALL, WHICH HE DID. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT

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 SMQ9702E

Vehicle Make/Model/Colour KIA / CERATO 1.6(A) EX

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver DARREN ONG

NRIC/Passport Number

Contact Number 96903258

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKT3207R

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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.

Driver's Signature
(If driver is not the policy)

(If driver is not the policyholder) Date & Time:

15 Oct 2020

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

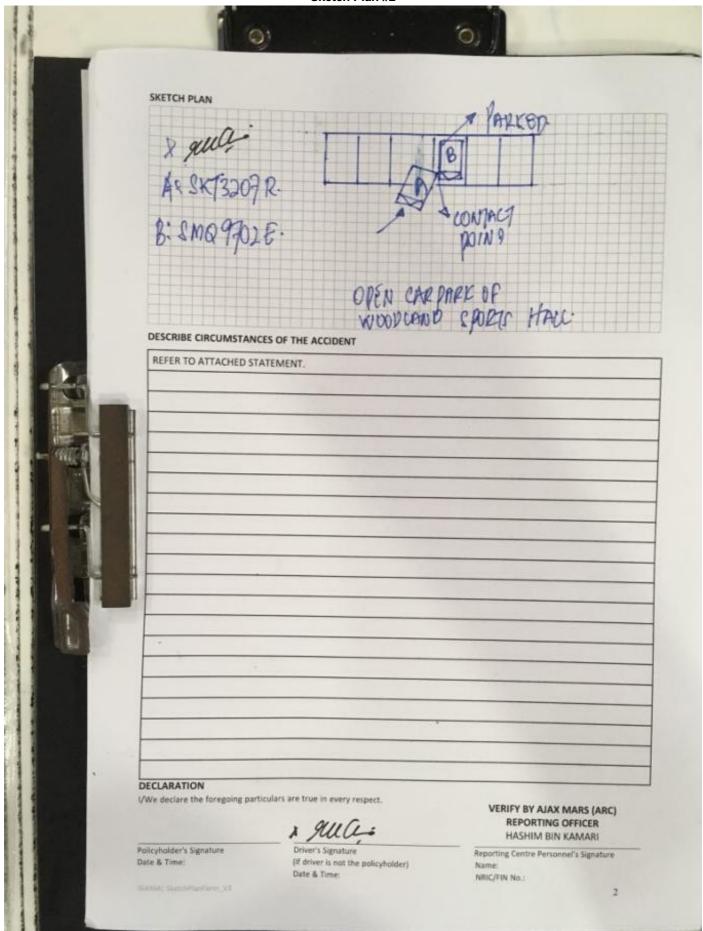
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Policyholder's Signature

Date & Time:



Sketch Plan #3 Pg. 1

ACCIDENT STATEMENT (2000 characters)

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STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT		
Taxi Voucher No.:		
Taxi vouciiei ivo		
DECLARATION		
I/We declare that the above particulars & information provided above are true in every aspect		
VERIFIED BY AJAX MARS REPORTING OFFICER -		
HASHIM BIN KAMARI	011	
	Me -	
MARS Officer		
	Registered Owner or Driver's Signature	
Job Complete Date/Time	Date/Time:	
15 October 2020 at 5:36 PM	15 October 2020 at 5:36 PM	





