

# 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 Submission .....	14/12/2020 13:52 (SGT)
Date of Accident .....	12/12/2020 17:45 (SGT)
Exact Location of Accident .....	TPE, Singapore
Additional Location Information .....	312KM LAMPOST 178
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBJ8768P
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	JECS SINGAPORE PTE LTD
Company Reg No .....	197802101Z
Email Address .....	thaven@jecs.com.sg
Mobile Phone No .....	(Phone) +65-68615577
Alternative Phone No .....	(Office) +65-68615577

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Toyoace
Variant .....	-
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 - Reporting only
Vehicle Category .....	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company .....	EQ
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMCPHQ20-004298
Cover Note Number .....	-

### DRIVER

Name of Driver .....	THAVEN GOH TAT LEUNG
NRIC No .....	S9445521I
Date Of Birth .....	17/11/1994
Occupation .....	Outdoor

Date Of Driving Pass .....	17/02/2016
Driving experience .....	4 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86864120
Alt. Phone Number .....	-
Email Address .....	thaven@jecs.com.sg
Address .....	BLK 151 JALAN TECK WHYE#08-29
Address complement .....	-
Postcode .....	680151
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ERIC WONG
Gender .....	Male

#### PASSENGER 2

Name .....	ALICIA ONG
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 12/12/2020 @ ABT 1745HRS. IT WAS RAINING. I AM DRIVING ALONG TPE ON THE MIDDLE LANE. WHEN I SAW THE VEHICLE X WHICH IS IN FRONT OF ME JAMMED BRAKE. I THEN JAMMED MY BRAKE & SWERVE MY VEHICLE. AFTER THAT I HEARD A BANG SOUND FROM REAR AND I SAW FROM MY REAR VIEW MIRROR THE VEHICLE B (SJB5939E) STOP AT THE FIRST LANE. I BELIEVE I HAD INVOLVED IN ACCIDENT. I THEN STOP MY VEHICLE AT IN FRONT OF VEHICLE B. WHEN I CAME DOWN FROM MY VEHICLE & I FOUND THAT VEHICLE C KNOCKED ONTO VEHICLE B AT REAR. THE DRIVER OF VEHICLE B TOLD ME THAT MY VEHICLE KNOCKED ONTO HIS VEHICLE WHILE I SWERVE INTO THE LANE. I WISH TO STATE THAT ONLY VEHICLE C HAVE IN CAR CAMERA BUT THE DRIVER DIDN'T SHOW US. NO ONE WAS INJURED. THAT'S ALL.

#### 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 .....	SJB5939E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	MOHAMED JASMANI BIN MOHAMED KAMSAH
NRIC No .....	S6803180Z
Contact Number .....	(Phone) +65-90937349
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-


#### DETAILS OF OTHER VEHICLE PROPERTY 2

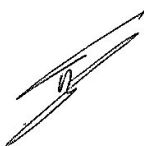
Vehicle Registration Number .....	SLP6468Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	CHAN SING THIEN
NRIC No .....	S8675430D
Contact Number .....	(Phone) +65-82186208
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-


**SKETCH PLAN****IMPORTANT NOTICE**

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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.

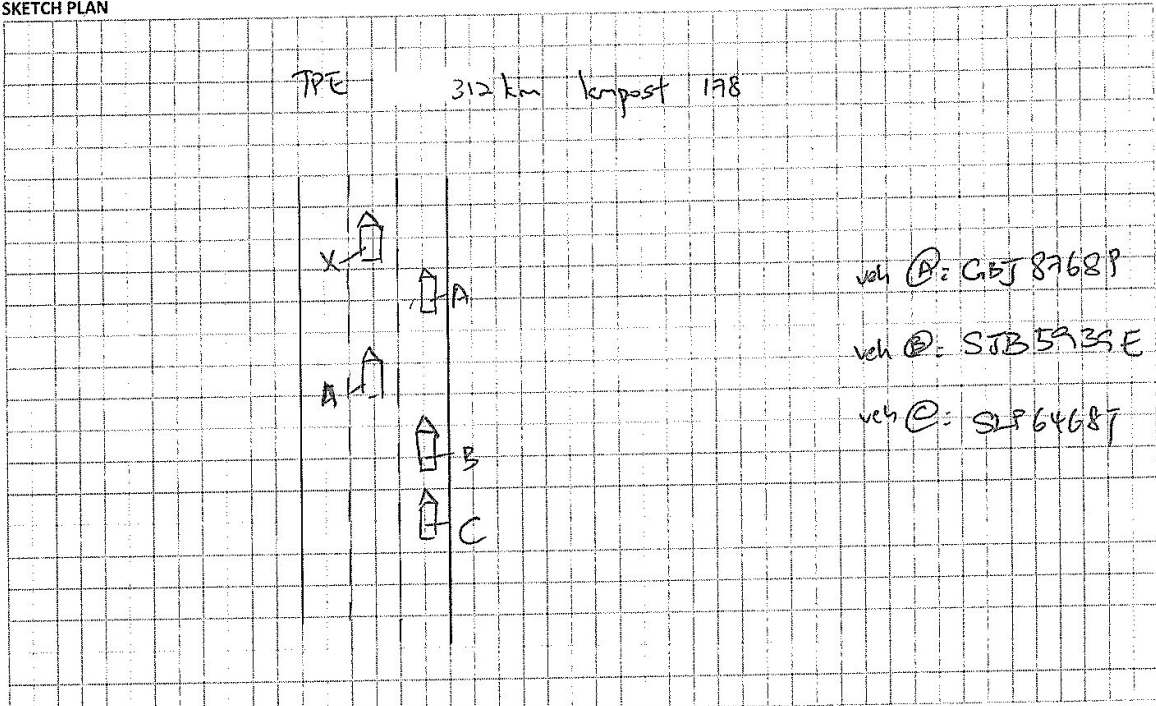
I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

  
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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/12/2020 @ abt 1745hrs It was raining. I am driving along TPE on the middle lane. When I saw the vehicle X which is in front of me jammed brake. I then jammed my brake & swerve my vehicle. After that I heard a bang sound from rear. and I saw from my rear view mirror the vehicle B (SJB 5935E) stop at the first lane. I believe I had involved in accident. I then stop my vehicle at in front of vehicle B. When I came down from my vehicle & I found that vehicle C knocked onto vehicle B at rear. The driver of vehicle B then told me that my vehicle knocked onto his vehicle while I swerve into the lane.

I wish to state that only vehicle C have in car camera but the driver didn't show us. No one was injured. That's all.  
DECLARATION: I/We declare the foregoing particulars are true in every respect.

<input type="checkbox"/> Claim own policy	
<input type="checkbox"/> Claim third party	
<input type="checkbox"/> Claim OD / TP at other workshop	
<input checked="" type="checkbox"/> For record purpose	
Policy No.	DMCPH20-004298
Insurer	ER (C) Veh.No. GBJ 87689

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.:



















































