

# 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 .....	21/12/2020 16:21 (SGT)
Date of Accident .....	19/12/2020 13:30 (SGT)
Exact Location of Accident .....	Hougang, Singapore
Additional Location Information .....	HEARTLAND MALL CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGD8429R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	DAMIAN GOH YONG KWANG (WU YONGGUANG)
NRIC No .....	SXXXX523B
Email Address .....	chrobler@gmail.com
Mobile Phone No .....	(Phone) +65-96776667
Alternative Phone No .....	+65-96776667

### VEHICLE PARTICULARS

Manufacturer .....	LandRover
Model .....	Discovery
Variant .....	-
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 - Reporting only
Vehicle Category .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	EQ
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPPHQ20-000521
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SIBIL DENIECE HENG CHOR KENG(WANG CHUQING)
NRIC No .....	SXXXX779B
Date Of Birth .....	11/01/1977
Occupation .....	Indoor

Date Of Driving Pass .....	06/03/1995
Driving experience .....	25 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91057449
Alt. Phone Number .....	-
Email Address .....	chrobler@gmail.com
Address .....	BLK 173 LOR 1 TOA PAYOH
Address complement .....	#02-1294
Postcode .....	310173
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Collided into Parked Vehicle
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SON
Gender .....	Male

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	SMN959G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	JAMES
Contact Number .....	(Phone) +65-96752252

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

# **SKETCH PLAN**

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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

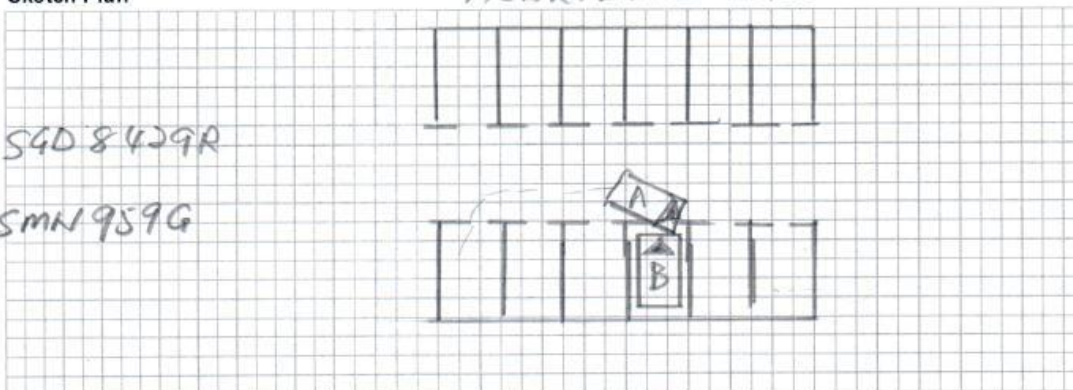
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## **Sketch Plan**

A- 54D 8429R  
B- SMN 959G



**Describe Circumstances of the Accident**

ABOUT 1.30 PM

I WAS AT A PUBLIC CARPARK @ HEARTLAND MALL, TRYING TO PARK MY CAR, AS THE CARPARK WAS VERY CONGESTED, I HAD TO MANUEVER MY CAR BACKWARDS, TO REVERSE INTO THE EMPTY LOT WHICH A MERCEDES DROVE OUT OF THIS LOT, BEING A BIGGER MODEL MERCEDES I HAD TO MOVE FORWARD QUITE A DISTANCE FOR THIS CAR TO DRIVE OUT OF THIS LOT FOR ME TO PARK. AS I STARTED REVERSING, THERE WERE MANY CARS IN THE WAY OF MY REVERSE ROUTE SO I HAD TO MOVE FORWARD FOR THEM TO CLEAR OFF BEFORE REVERSING AGAIN INTO THE LOT. AS I REVERSE, I ~~THAN~~ STEERED ~~RIGHT~~ LEFT FOR MY CAR REAR TO HAVE CLEARANCE TO BE ABLE TO ANGLE INTO THE LOT, WHILE DOING THAT THE RIGHT FRONT OF MY CAR SCRATCHED A BLACK PORSCHE. I STEERED RIGHT TO CONTINUE REVERSING TO PARK MY CAR. AFTER PARKING I WROTE A NOTE AND LEFT IT ON HIS WINDSCREEN FOR HIM TO CONTACT ME. HE CONTACTED ME AT 2.46 PM THAT AFTERNOON

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel















