

# 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 .....	15/02/2021 17:49 (SGT)
Date of Accident .....	11/02/2021 13:30 (SGT)
Exact Location of Accident .....	Woodlands Ln, Singapore
Additional Location Information .....	TWDS WOODLANDS D 73
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLJ6637D
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	NEVASH
Company Reg No .....	5XXXX742K
Email Address .....	apexih@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-90126376
Alternative Phone No .....	+65-90126376

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Harrier
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 - Claiming third party
Vehicle Category .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	EQ
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPPHQ20-008520
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LOURDES SHAROLYN
NRIC No .....	SXXXX349H
Date Of Birth .....	10/06/1977
Occupation .....	Indoor

Date Of Driving Pass .....	15/10/2007
Driving experience .....	13 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90126376
Alt. Phone Number .....	-
Email Address .....	apexih@yahoo.com.sg
Address .....	111 WOODLANDS VIEW
Address complement .....	#16-21
Postcode .....	737703
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 .....	Collision - Head to Rear
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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 .....	SKT7350H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LEE ZHI CHENG
NRIC No .....	SXXXX950J
Contact Number .....	(Phone) +65-83548522
Address .....	-
Address complement .....	-
Postcode .....	-

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

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... LOURDES SHAROLYN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... NECK & BACK  
Injured person in which vehicle? ..... SLJ6637D  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

# SKETCH PLAN

## IMPORTANT NOTICE

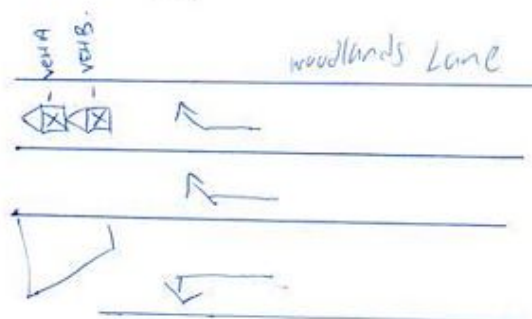
1. Please read carefully the details of the General Insurance Association of Singapore (GIA) and the General Insurance Association of Singapore (GIA).
2. The Report shall be completed by the Policyholder and/or the Authorized Driver.
3. The Report shall be truthful and accurate as possible. Any false reporting may void the policy and void the policy liability.
4. The Report shall be submitted to the Insurance Company and the Insurance Company shall be responsible for the Report.
5. Any false reporting may be referred to the Police for investigation.
6. The Report will be forwarded to the Insurance Company and the Insurance Company shall be responsible for the Report.
7. By the lodgement of the Report to the Insurance Company, you hereby consent to the Insurance Company and the Insurance Company shall be responsible for the Report.
8. Consent under the Personal Data Protection Act (PDPA)
9. I understand, acknowledge, agree and consent that:
  - (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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 purposes 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 include 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 insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms may be 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 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 located 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)

Witness Signature (Must be a third party, Date & Time)

Sketch Plan



VEH A - SLJ6637D  
VEH B - SKT7350H

Describe Circumstances of the Accident:

On 11/02/2021 at 1330hrs, I was driving towards Woudland  
New, I stopped at the traffic light, suddenly I felt a great  
impact and loud bang from the rear of my vehicle, A.

When I alighted, I realised it was vehicle B failed to stop on  
time, causing the collision and damages to the rear of my  
vehicle A. Due to the great impact, I felt pain on my neck  
and back and might consult a later  
doctor.

Declaration

I declare the foregoing particulars are true and correct.

Sym 15/02/21



















