

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 ability
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 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	30/03/2015 14:21
Date Of Accident	29/03/2015 20:45
Exact Location Of Accident	MALAYSIA NORTH-SOUTH HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ6621Y
Insured/Policyholder	
Name Of Registered Owner	CHIN TECK CHEONG @ CHIN SWEE CHUI
NRIC No	S1188603E
Email Address	CHINTC1956@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96551169
Alternative Phone No	Home-63847322

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-AXIO 1.5 X (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 Third Party

Vehicle Category Private Car

Insurance Company

Name of Insurance Company	EQ Insurance Company Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ14-003118
Cover Note Number	

Driver

Name of Driver	CHIN TECK CHEONG @ CHIN SWEE CHUI
NRIC No	S1188603E
Date Of Birth	27/06/1956
Occupation	Indoor
Date Of Driving Pass	27/11/1979
Driving Experience	35 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-96551169
Fax Number	
Contact Number	Home-63847322
Email Address	CHINTC1956@YAHOO.COM.SG

Address	BLK 132 RIVERVALE STREET #08-806
Postcode	540132
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	Yes
Foreign Vehicle Registration Number	MAT1217 (Private Car)
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	5

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name [Other]	POLIS DIRAJA MALAYSIA
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM2078B
Vehicle Make/Model/Colour	TOYOTA COROLLA AXIO 1.5X (A)
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JNW8978
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	UNKNOWN

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number MAT1217
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number WXU9912
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

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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.

James Lee 30/3/2015
Policyholder's Signature / Date & Time
11:30am

Driver's Signature (if driver is not the policy holder) / Date & Time

20/3/15
Witnessed by Reporting Centre Personnel

Sketch Plan

STW	JNW	STW	MAT	WXM
D018B	8978	6621Y	1217	9912

When I was driving along North-South highway from Muar traveling toward Singapore via Johor Bahru. At the Highway 36 Km toward Johore Bahru, I saw my front vehicle JNW 8978 stop and my vehicle follow to stop. At the back there is another vehicle MAT 1217 hit my vehicle back that result my vehicle to hit against the front vehicle JNW 8978. This accident incur 5 vehicle, which is SJM 2078 B - JNW 8978 - SJJ 6621 Y - MAT 1217 - WXU 9912 in sequence.

Declaration

We declare the foregoing particulars are true in every respect.

James Chell 20/3/2015
 Policyholder's Signature / Date &
 Time 11.40 am

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

20/3/15
 Witnessed by Reporting Centre
 Personnel