

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 24/06/2021 13:56 (SGT)
Date of Accident 23/06/2021 12:30 (SGT)
Exact Location of Accident 38 Stevens Rd, Singapore 257845
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGW4825G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ILI LIYANA BINTE ABU BAKAR
NRIC No S8736959E
Email Address ILILIYANA@HOTMAIL.COM
Mobile Phone No (Phone) +65-91167907
Alternative Phone No (Home) +65-91167907

VEHICLE PARTICULARS

Manufacturer Honda
Model Airwave
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPPHQ21-004490
Cover Note Number -

DRIVER

Name of Driver ILI LIYANA BINTE ABU BAKAR
NRIC No S8736959E

Date Of Birth	19/11/1987
Occupation	Indoor
Date Of Driving Pass	09/07/2007
Driving experience	13 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91167907
Alt. Phone Number	(Home) +65-91167907
Email Address	ILILIYANA@HOTMAIL.COM
Address	BLK 105 PASIR RIS GROVE #08-12
Address complement	-
Postcode	518197
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

ACCIDENT HAPPENED ON 23/06/2021 AT 12:30PM ALONG STEVENS ROAD. I WAS DRIVING STRAIGHT WHEN VEHICLE (B) SUDDENLY JAMMED BRAKE AND I COULDN'T STOP ON TIME CAUSED MY VEHICLE TO COLLIDE AT VEHICLE (V) REAR PORTION

ATTACHMENT(S)

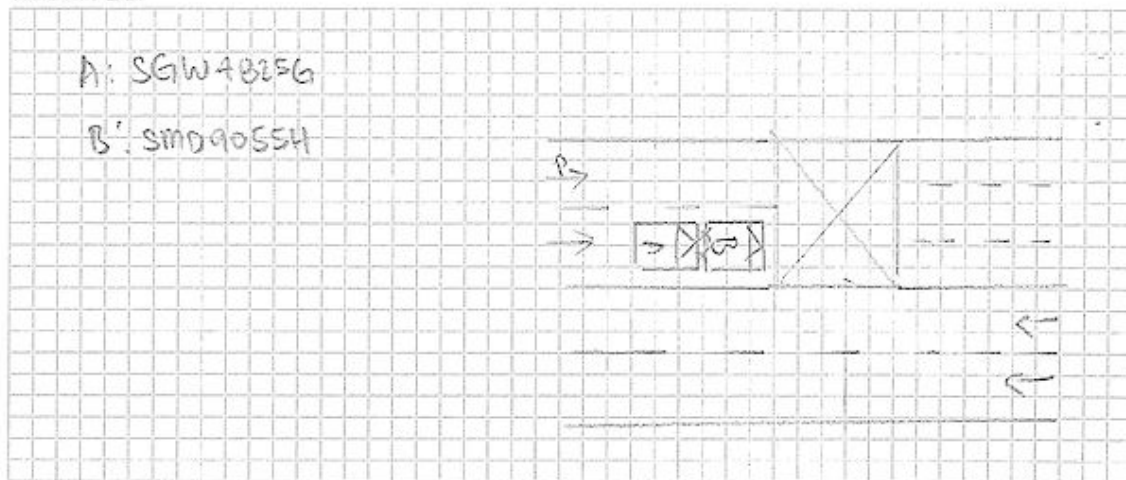
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD9055H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE ACCIDENT HAPPENED ON 23/06/2021 AT 12:30PM ALONG STEVENS ROAD. I WAS DRIVING STRAIGHT WHEN VEHICLE (B) JAMMED BRAKE AND I COULDN'T STOP ON TIME CAUSED MY VEHICLE TO COLLIDE BY VEHICLE (A) REAR PORTION.

DECLARATION


I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time: 24/6/2021

GRAILAC SketchPlanForm_V3



Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/6/2021 11:30am

Reporting Centre Personnel's Signature

Name:


NRIC/FIN No.:

SKETCH PLANIMPORTANT NOTICE


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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.


 Policyholder's Signature
 Date & Time: 24/6/2021
 11:30pm

GIA/RSBC SketchPlanForm_V3


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 24/6/2021
 11:30pm


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:









