

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	30/08/2021 16:09 (SGT)
Date of Accident	29/08/2021 12:50 (SGT)
Exact Location of Accident	Bukit Merah, Singapore
Additional Location Information	BUKIT MERAH CENTRAL CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL251Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHUNG KUN
NRIC No	SXXXX239H
Email Address	NGCK62@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81801728
Alternative Phone No	(Home) +65-81801728

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
Variant	MAZDA2 AT R
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
Transmission	Auto
CC	1498

INSURANCE COMPANY

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

DRIVER

Name of Driver	NG CHUNG KUN
NRIC No	SXXXX239H

Date Of Birth	28/01/1962
Occupation	Indoor
Date Of Driving Pass	19/04/1990
Driving experience	31 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81801728
Alt. Phone Number	(Home) +65-81801728
Email Address	NGCK62@HOTMAIL.COM
Address	BLK 602 CHOA CHU KANG STREET 62 #08-33
Address complement	-
Postcode	680602
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 - Major/Minor Rd
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 vehicle 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

ON 29/08/2021 AT 12:50PM ALONG BUKIT MERAH CENTRAL CAR PARK. THERE WAS A VAN (GW2418L) THAT WAS LEGALLY PARKED AT THE LEFT SIDE OF MY VEHICLE AT ABOUT 2M AWAY. I SLOWLY DROVE MY VEHICLE OUT OF THE CARPARK LOT AND VEHICLE (B) SUDDENLY REVERSED AT HIGH SPEED AND CAUSED TO HIT MY VEHICLE FRONT PORTION. I PERFORMED AN EMERGENCY BRAKE , HOWEVER VEHICLE (B) IGNORED AND HIT INTO MY VEHICLE FRONT PORTION.

I WISH TO STATE THAT BEFORE VEHICLE (B) HIT MY VEHICLE, THERE WAS A MAN, MR. LIM WHO WITNESSED THE ENTIRE INCIDENT . HE HAD HOUTED AT THE VAN DRIVER TO STOP HIS VEHICLE FROM REVERSING BUT VEHICLE (B) DRIVER CONTINUED TO REVERSED AND SWAYED THE VAN TOWARDS MY VEHICLE AND HIT MY VEHICLE FRONT PORTION. AFTER HITTING INTO MY VEHICLE, VEHICLE (B) CONTINUED TO REVERSED AGAIN AND MR. LIM THEN TAPPED HARDLY ON THE VAN'S BODY. ONLY THEN THE VAN STOPPED

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	GW2418L
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	THARMAAN MURUGAN
Passport No/FIN	GXXXX566R
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

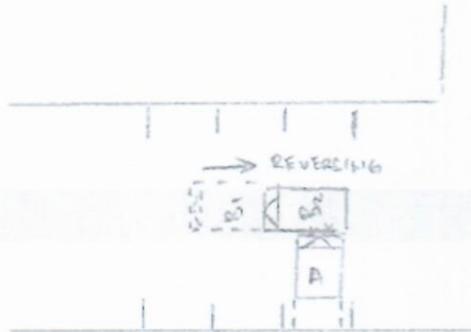
WITNESS 1

Name	MR LIM
Phone	(Phone) +65-97726966
Email	-

SKETCH PLAN

A: SKL251Z

B: GW241BL



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

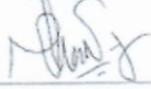
ON 29/08/2021 AT 12:50 PM ALONG (W) MERAH CENTRAL CARPARK THERE WAS A VAN GW241BL LEGALLY STOPPED AT THE LEFT SIDE OF MY VEHICLE AT ABOUT 2M AWAY I SLOWLY DROVE MY VEHICLE OUT OF THE CARPARK LOT AND VEHICLE (B) SUDDENLY REVERSED AT HIGH SPEED AND CAUSED TO HIT MY VEHICLE FROM FRONT PORTION. I PERFORMED AN EMERGENCY BRAKE HOWEVER THE VAN IGNORED AND HIT MY CAR.

I WISH TO STATE THAT BEFORE VEHICLE (B) HIT MY VEHICLE THERE WAS A MAN MR. LIM WHO WITNESSED THE ENTIRE INCIDENT. HE HAD SHOUTED AT THE VAN DRIVER TO STOP HIS VEHICLE. BUT VEHICLE (B) DRIVER CONTINUED TO REVERSE AND SWAYED THE VAN TOWARDS MY VEHICLE AND HIT MY VEHICLE FROM FRONT PORTION. VEHICLE (B) CONTINUED TO REVERSED AGAIN AND MR. LIM THEN TAPPED HARDLY ON THE VAN BODY THEN THE VAN STOPPED

DECLARATION

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


 Policyholder's Signature
 Date & Time: 30/8/21 1145hrs


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 30/8/21 1145hr


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

30/08/21

SKETCH PLAN

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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:

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


Reporting Centre Personal Signature
Name:
NRIC/FIN No.: