

REF:

From _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____


Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Remark: The veh had commenced its repair at the time of inspection.

	
N/S	O/S

Bal. or Market Value:	_____		
IDAC Accident Rpt:	_____	Consistent? :	Yes or No
GIA / PR Seen:	_____	Consistent? :	Yes or No
Est. Repairs:	_____	days	Res.: Yes or No
Lum Sum:	_____	%	3 Val.: Yes or No

Vehicle: IN / OUT

Date: Person Contacted:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Make: Bmw 116D C.C 1496

Colour white A/C: Insured / Std / NI / NA

Sp. Reading 80786 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAIV7204OV725533

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 255/35R18

R: 255/35 R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 08/10/21

'Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP A/A Cheng.
	MV :
	PV :
	Nett:

Date/Time, File Pass to?

☐: Prel. Report

1)

☐: Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / LBJ: 0

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Photos

Others	1
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Add Fee:

1	Site Insp (\$
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☐ Interview (\$

Tech. Invs (3)

Weekend 13

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	08/10/2021 11:18 (SGT)
Date of Accident	07/10/2021 11:18 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD EAST TOWARDS EXPO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK319R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JANSON JANG KHENG FANG
NRIC No	S8133472B
Email Address	JANSON7@GMAIL.COM
Mobile Phone No	(Phone) +65-90626826
Alternative Phone No	+65-90626826

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116d
Variant	-
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 - Claiming third party
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	DMPPHQ21-005590
Cover Note Number	-

DRIVER

Name of Driver	JANSON JANG KHENG FANG
NRIC No	S8133472B

Date Of Birth	03/11/1981
Occupation	Outdoor
Date Of Driving Pass	06/11/2003
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90626826
Alt. Phone Number	+65-90626826
Email Address:	JANSON7@GMAIL.COM
Address	BLK 618D PUNGGOL DRIVE #09-735
Address complement	-
Postcode	824618
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	Side Swipe
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 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?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ483M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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)

-
-
-
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

JANSON JANG KHENG FANG
Male
(Phone) +65-90626826
-
-
-
-
-
SGK319R
Yes
No

SKETCH PLAN

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.
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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. The 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.
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

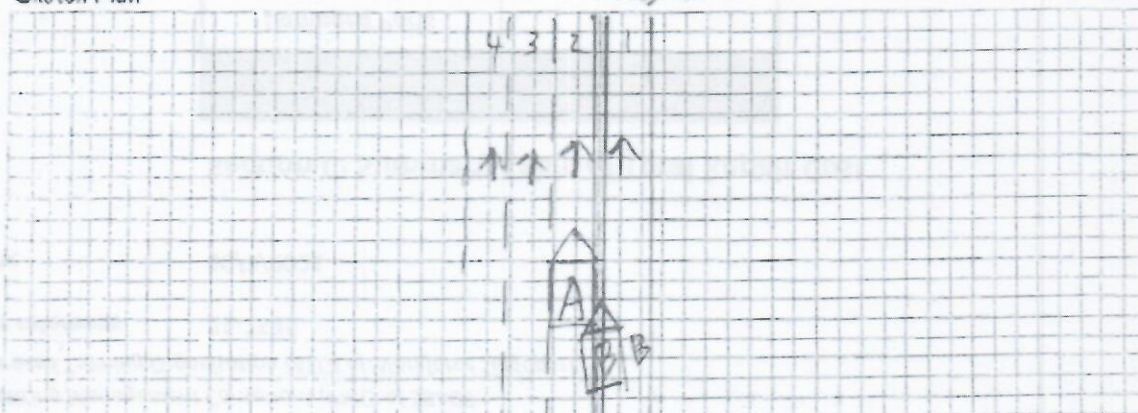
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



LANE 2

A SGK 319R


B GBJ 483M


Describe Circumstances of the Accident


I WAS TRAVELLING ALONG UPPER CHANGI RD EAST TOWARDS
EXPO ON LANE 2, SUDDENLY ON MY RIGHT HAND
VEHICLE OVERTAKE THE DOUBLE WHITE LINES &
HIT TO MY SIDE & ALSO MY BRAKED BICYCLE
DAMAGED.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

 7/10/21 16:51
Driver's Signature (if driver is not the policyholder) / Date
& Time


Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



D/20211007/7070

1 of 2

POLICE REPORT (NP299)

Report No. D/20211007/7070

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 07/10/2021 23:43	Vide Report No.	Station Diary No.
Name Of Informant JANSON JANG KHENG FANG	Address 618D PUNGGOL DRIVE #09-735 SINGAPORE 824618	
ID Type / ID No. NRIC NO / S8133472B	Contact No. Home/Office:	Mobile: 90626826
Nationality SINGAPORE CITIZEN	Email Address JANSON7@GMAIL.COM	
Occupation Sales and marketing manager	Sex Male	Age 39
Institution/School Name	Date of Birth 03/11/1981	Race Chinese
Date/Time Of Incident 07/10/2021 11:15 - 07/10/2021 11:30	Location Of Incident UPPER CHANGI ROAD EAST	

Brief details.

I was traveling along upper changi road east towards expo on lane 2 (SGK319R). Suddenly, on my right hand vehicle (GBJ483M) cross the double white lines and hit on the side of my vehicle. The side of my car was damaged and also the goods that i was carrying.

Subjects Involved			
Victim			
Person Name	JANSON JANG KHENG FANG		
ID Type	NRIC NO	ID No	S8133472B

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant. The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/10/2021 23:43
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20211007/7070

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20211007/7070

Gender	Male	Age	39
Race	Chinese	Language	English
Occupation	Sales and marketing manager	Address	618D PUNGGOL DRIVE #09-735 SINGAPORE 824618
Mobile No	90626826	Is Informant A Victim?	Yes
Person Name JANSON JANG KHENG FANG (Informant)			

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
07/10/2021 23:43

Classification Of Case: