

# 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 ..... 15/10/2021 13:28 (SGT)  
Date of Accident ..... 14/10/2021 14:30 (SGT)  
Exact Location of Accident ..... 187B Bedok North Street 4, Singapore 462187  
Additional Location Information ..... 187 mscp of Bedok north street 4 (level 3A)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SFZ200G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... RED WHITE MOBILE PRIVATE LIMITED  
Company Reg No ..... 201313578K  
Email Address ..... Redwhitemobile@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-67354811  
Alternative Phone No ..... (Office) +65-67354811

### VEHICLE PARTICULARS

Manufacturer ..... Porsche  
Model ..... Macan  
Variant ..... S 3.0 SUV  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2997

### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPPHQ21-001459  
Cover Note Number ..... NA

### DRIVER

Name of Driver ..... ONG LAY SU JESSIE  
NRIC No ..... S7925671D

Date Of Birth .....	28/08/1979
Occupation .....	Indoor
Date Of Driving Pass .....	07/06/2001
Driving experience .....	20 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91054411
Alt. Phone Number .....	-
Email Address .....	Jessie_mar_2000@yahoo.com.sg
Address .....	187B Bedok north street 4
Address complement .....	#03-46
Postcode .....	462187
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Owner
Does Driver Own Other Vehicles? .....	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver .....	SMQ9418B
Insurance Company of Other Vehicle Owned by Driver .....	NTUC Income Insurance Co-operative Ltd

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collided into Parked Vehicle
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Lee ka lok
Gender .....	Female

#### 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

I was reverse parking my vehicle At mscp of Blk 187 Bedok north street 4 (level 3A) as I reversed my vehicle rear left area bumped into third party stationary parked front right. No injuries involved.  
I left a note on third party windscreen and left .on that same day around evening I received a call from third party workshop and I am trying to private settlement with them.

#### 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 .....	SJJ8182J
Vehicle Manufacturer .....	Audi
Vehicle Model .....	A4

Vehicle Variant .....	-
Vehicle Colour .....	Black
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****IMPORTANT NOTICE**

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7. By the lodgment 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.
- (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.

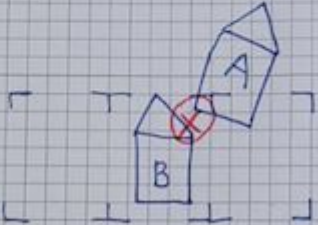
  
 Policyholder's Signature  
 Date & Time:  
**15 Oct 2021**

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


**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
 MOHAMED SAIFULLAH S/O SYED MASOOD  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Ver. 30042021

**ACCIDENT DIAGRAM**



Vehicle A: SFZ 200G  
Vehicle B: SJJ 8182J

Policyholder's Signature:   
Date & Time:

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

**VERIFIED BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
MOHAMED SAIFULLAH S/O SYED MASOOD

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



## SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reverse parking my vehicle At mscp of Blk 187 Bedok north street 4 (level 3A) as I reversed my vehicle rear left area bumped into third party stationary parked front right. No injuries involved.  
I left a note on third party windscreen and left .on that same day around evening I received a call from third party workshop and I am trying to private settlement with them.

## DECLARATION

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

Policyholder's Signature

Date & Time:

15 Oct 2021

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

## VERIFY BY AJAX MARS (ARC)

## REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







































