

# 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 ..... 26/10/2021 16:11 (SGT)  
Date of Accident ..... 26/10/2021 08:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE (BEFORE ANG MO KIO AVE 1 EXIT)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE3672R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KETOEATO SG  
Company Reg No ..... 53415362C  
Email Address ..... ketoeatosg@gmail.com  
Mobile Phone No ..... (Phone) +65-94247032  
Alternative Phone No ..... +65-86135896

### VEHICLE PARTICULARS

Manufacturer ..... Fiat  
Model ..... Doblo  
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? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCPHQ21-000804  
Cover Note Number ..... 02/03/2021 - 01/03/2022

### DRIVER

Name of Driver ..... KOH PENG TAT  
NRIC No ..... S1201532A

Date Of Birth .....	22/03/1956
Occupation .....	Outdoor
Date Of Driving Pass .....	05/10/1992
Driving experience .....	29 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-86135896
Alt. Phone Number .....	-
Email Address .....	patkohpt@gmail.com
Address .....	BLK 535 SERANGOON NORTH AVE 4 #04-173
Address complement .....	-
Postcode .....	550535
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ANG LEE LEE
Gender .....	Female

#### PASSENGER 2

Name .....	MICHELLE KOH
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

#### REFER TO STATEMENT

#### 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 .....	FBQ4897P
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	MOHAMMED KASIM BIN SAKIM
NRIC No .....	S6806103B
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN**

1. VEHICLE NO.: G8E3672R  
 2. INSURER CO.: EQI  
 3. ACCIDENT DATE & TIME: 26/10/21 @ 0830

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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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

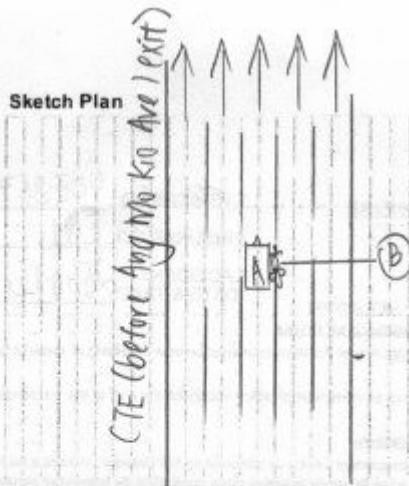
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Bong Jia (AMK) 26/10/21

**Sketch Plan**

PLEASE TURN OVER



A: GBE 3672R  
(w/ 2 passengers:  
1) ANG LEE LEE (F)  
2) MICHELLE KOH (F)

B: FB04897P  
Mohammed Kasim Bin  
Sakim (alone)  
S6806103B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: GBE 3672R (E01)

Date & Time: 26/10/2021 @ 0830 (clear day)

I was driving on the 3rd lane along CTE (before Ang Mo Kio Ave 1 exit). Out of a sudden, I realised motor bike FB04897P on my right was very near to my van. I quickly tap on the horn to alert him but couldn't in time. Motor bike FB04897P had collided onto the front RH door of my vehicle. Rider of FB04897P fell due to the impact, I quickly stop my vehicle (with hazard light on) and went down to assist rider. Another rider ~~stop~~ stop and assist to bring his bike to the road shoulder, rider of FB04897P confirmed that he's alright and he don't need ambulance services, thus I ~~cancel~~ cancel the ambulance service. After exchanging ~~information~~ information, we drove off the scene and rider of FB04897P has also informed me to file the claim against his bike insurance, NTUC Income. That's all.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.



Policyholder's Signature  
Date & Time:

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

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

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop



















