# **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 witholding 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.

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   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 07/02/2022 13:09 (SGT) Date of Accident 06/02/2022 16:00 (SGT) Exact Location of Accident Singapore Additional Location Information PIE AFTER EXIT 19 WHITLEY RD & STEVENS RD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Mercedes

Vehicle Registration Number SFG2876T

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **DEBORAH HENDRICKS** NRIC No. S8914717D Email Address hendricks.deb@gmail.com Mobile Phone No (Phone) +65-96776942 Alternative Phone No +65-96776942

#### VEHICLE PARTICULARS

Manufacturer

Model C180 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 Private car Transmission Auto CC 1595

#### **INSURANCE COMPANY**

Name of Insurance Company **ECICS Limited** Type of Coverage Comprehensive Fleet Policy Policy Number MPC21P00249900 Cover Note Number 01/12/2021 - 30/11/2022

### DRIVER

Name of Driver **GOH YONG HAN DONAVAN** NRIC No. S8834535E

Date Of Birth 17/09/1988 Occupation Indoor Date Of Driving Pass 09/01/2007 Driving experience 15 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-90102360 Alt. Phone Number Email Address donagoh@gmail.com Address 28 FERNWOOD TERRACE #17-03 Address complement Postcode 458556 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο 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? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** D

Vehicle Registration Number	SLX8932P
Vehicle Manufacturer	_
Vehicle Model	
	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	_
Contact Number	_
Address	_
Address complement	_

Postcode	<del>-</del>
nsurance Company Name	
Nature Of Damage	
Details of property damaged in accident	<u>-</u>
No. Of Passenger (Including Driver)	<u>-</u>

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SMY2774B
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	-

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SKX5956C
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)	-

### **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	UNKNOWN
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)	-

### **DETAILS OF OTHER VEHICLE PROPERTY 5**

Vehicle Registration Number	UNKNOWN
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 6

UNKNOWN - - -
Private car
-
-
-
-
-
-
-
-
-

### DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number	UNKNOWN
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

### IMPORTANT NOTICE

- SF928767 (ECICS) DO A 06/02/22@ 1600
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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.
- 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 law yers/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;
- (ii) 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' law yers/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 law yers/law .firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Witheressed by Reporting Centre Personnel ONLY of AMK

Withigle A: Seg 2 SHUT Vehicle A: Seg 2 SHUT Vehicle B: SMX 5 A5 BC Vehicle B: SM

PIE after Exit 19 Whilley Road and stevens Road

vehicle H - verknown

_	on the stated date & time, I, vehicle A (SFG>B76T) was travelling straight	
0,4	the stated location on the extreme right lane. As the front vehicle e-brake and	
to	a Step. I immediately apply my brake too and came to a stop. Out of sudd	len
I	felt a huge impact from the rear portion of my vehicle rausing me to sun	e
forv	ward and collided onto vehicle D (SKXS956c). I alighted and realised vehi	les
SL	x 8932P) collided onto the rear portion of my vehicle and I was involved	-
n	a Chain collision consisting of B vehicle.	
	I will be repairing my vehicle at . C.S. ONG Auto Pte Ltd	
_		
		_
		_
		_
		_

### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel (AMK)











