



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	09/02/2022 13:10 (SGT)
Date of Accident	29/01/2022 16:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	BEFORE LENTOR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE1497L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG CHUN FONG
NRIC No	S2610295B
Email Address	boonsim@singnet.com.sg
Mobile Phone No	(Phone) +65-91130295
Alternative Phone No	+65-91130295

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
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	1600

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-003775
Cover Note Number	-

DRIVER

Name of Driver	BANDY TJOA
NRIC No	S9577897F



Date Of Birth	06/05/1995
Occupation	Indoor
Date Of Driving Pass	29/08/2019
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83288570
Alt. Phone Number	-
Email Address	bandychua@gmail.com
Address	BLK 474 SEGAR ROAD #06-306
Address complement	-
Postcode	670474
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SON-IN-LAW
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 - Head to Rear
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	BOON FAN XUAN
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

PRIOR TO THIS ACCIDENT, MY VEHICLE WAS HIT ON THE REAR. AS SUCH, I SHIFT MY VEHICLE ONTO THE SIDE WHICH ROAD WORK WAS ON GOING. OUT OF THE SUDDEN, VEHICLE B REVERSE AND HIT ONTO MY VEHICLE FRONT PORTION. WE MANAGED TO EXCHANGE DETAILS AND LEFT.

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	YQ9111T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

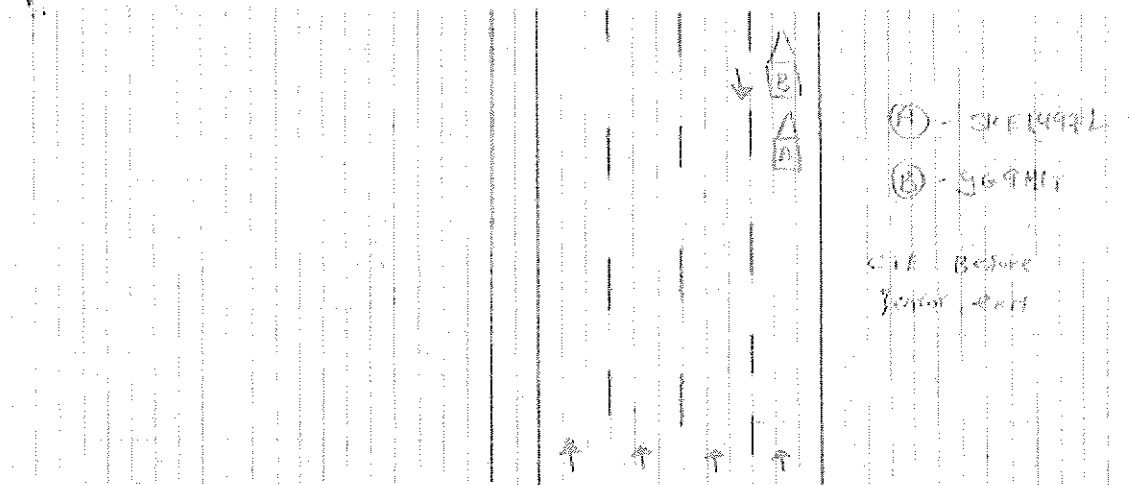
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-96250237
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

- Section 6 - 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 insurers) 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) investigating, handling and/or dealing with my claims including the settlement of the claims and any activities/investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out a claim/dealing with one insurance case involving an accident caused by me;
 - (iv) administering my claims (including the making of correspondence, documents, reports or notices to me, which could involve disclosure of certain personal data about me, involving third parties, of the same as well as of the external cover of independent third parties); and/or
 - (v) complying with applicable law or administrative laws (which involves disclosing and/or my Personal Information for "Purposes").
 - (b) all insurer(s) who have insured your claim(s) involved in this accident and due to an act of lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for the running of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the Insurers or my lawyer/law firm (third party or joint processors or agent) (including their lawyers/law firms), which may include a disclosure to a person or persons who are not directly involved in the accident.
- I hereby declare that I am fully aware of the above and I agree to provide my Personal Information for the purposes stated above.
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20/11/20

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Prior to this accident my vehicle was hit on the rear
 as such I shifted my vehicle into the side which was more and
 on going out of the station, vehicle is parked and hit from my
 vehicle. Since position we manage to exchange details and send

DECLARATION

I/We declare the foregoing particulars are true and correct.


 Driver's Signature
 Date: 6/1/2017


 Driver's Signature
 Date: 6/1/2017

Report of Incident by Witness - Signature
 Date:
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