



## 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	13/04/2022 17:29 (SGT)
Date of Accident	13/04/2022 10:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YIO CHU KANG RD TWDS ANG MO KIO ST 65
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF9190A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN BOON HOCK
NRIC No	
Email Address	
Mobile Phone No	
Alternative Phone No	

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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	1998

#### INSURANCE COMPANY

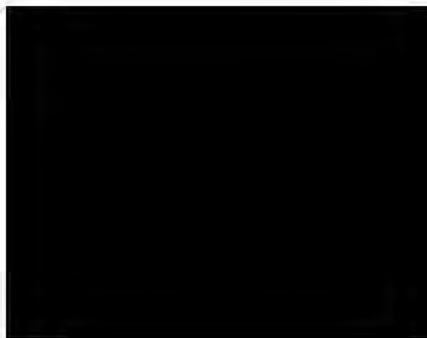
Name of Insurance Company	ECICS Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MPC21A00047500
Cover Note Number	21/04/2022 - 26/04/2022

#### DRIVER

Name of Driver	TAN BOON HOCK
NRIC No	



Date Of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_  
Date Of Driving Pass \_\_\_\_\_  
Driving experience \_\_\_\_\_  
Gender \_\_\_\_\_  
Mobile Number \_\_\_\_\_  
Alt. Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
Address complement \_\_\_\_\_  
Postcode \_\_\_\_\_  
Is the driver the policyholder? \_\_\_\_\_  
If No, Relationship of the Driver with the Insured \_\_\_\_\_  
Does Driver Own Other Vehicles? \_\_\_\_\_  
Vehicle Registration Number of Other Vehicle Owned by Driver \_\_\_\_\_  
Insurance Company of Other Vehicle Owned by Driver \_\_\_\_\_



Yes  
-  
No  
-  
-

#### 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) \_\_\_\_\_ 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? \_\_\_\_\_ 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? \_\_\_\_\_ No  
Was there any audio recorded? \_\_\_\_\_ No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number \_\_\_\_\_ SGL2882L  
Vehicle Manufacturer \_\_\_\_\_ Jaguar  
Vehicle Model \_\_\_\_\_ -  
Vehicle Variant \_\_\_\_\_ -  
Vehicle Colour \_\_\_\_\_ -  
Vehicle Category \_\_\_\_\_ Private car  
Name of Driver \_\_\_\_\_ -  
Contact Number \_\_\_\_\_ (Phone) +65-93857588  
Address \_\_\_\_\_ -  
Address complement \_\_\_\_\_ -



Postcode	_____	-
Insurance Company Name	_____	-
Nature Of Damage	_____	-
Details of property damaged in accident	_____	-
No. Of Passenger (Including Driver)	_____	-

**SKETCH PLAN**

1. VEHICLE NO.: SJF9190A  
 2. INSURER CO: ECICS  
 3. ACCIDENT DATE & TIME: 13/04/22 @ 100.5

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

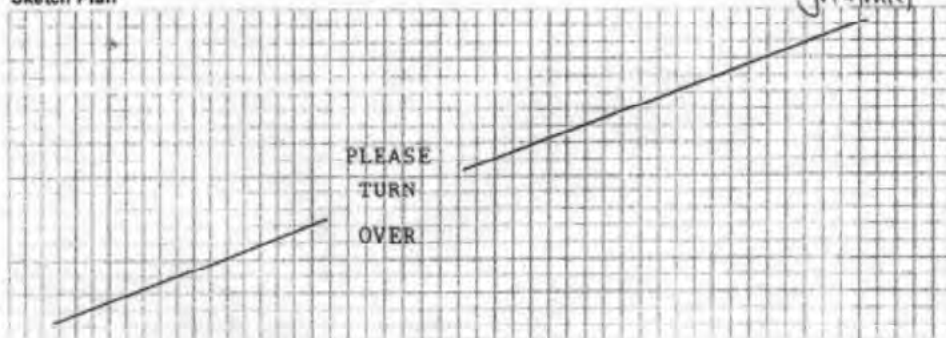
Promotion  
13-Apr-22  
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Dorothy (MMS) 13/04/22

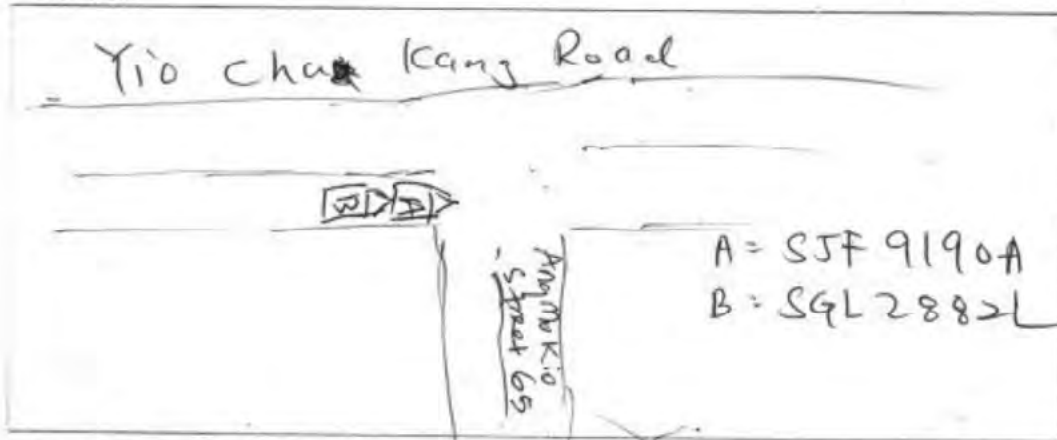
**Sketch Plan**



PLEASE  
TURN  
OVER



Date of accident: 130422 Time: 10.05am Location: Yio Chu Kang Road towards Ang Mo Kio Street 65  
 My Vehicle A: SJF 9190A Vehicle B: SGL 2882L Vehicle C: —  
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, car A stop at Yio Chu Kang red traffic light.  
 Suddenly car B hits me from behind.

12wistbh@gmail.com  
 claims under = sau Hock Motor Services

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:  
 My workshop :  
 Email address :  
 & myself :  
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/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:

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















