

# 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 ..... 16/06/2022 22:59 (SGT)  
Date of Accident ..... 15/06/2022 12:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Upper Cross St  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNF2700C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KHEE HO YUEN  
NRIC No ..... SXXXX751J  
Email Address ..... kee.hoyuen@gmail.com  
Mobile Phone No ..... (Phone) +65-98577662  
Alternative Phone No ..... +65-98577662

### VEHICLE PARTICULARS

Manufacturer ..... Porsche  
Model ..... 718  
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 ..... 2500

### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPPHQ22-002984  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KHEE HO YUEN  
NRIC No ..... SXXXX751J

Date Of Birth .....	27/06/1974
Occupation .....	Indoor
Date Of Driving Pass .....	28/11/1998
Driving experience .....	23 YEARS AND 7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98577662
Alt. Phone Number .....	+65-98577662
Email Address .....	khee.hoyuen@gmail.com
Address .....	3 Zion close
Address complement .....	#16-10
Postcode .....	247813
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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) .....	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

My vehicle SNF2700C was stationary along the junction of Upper Cross St towards Havelock Road on the 4th lane while waiting for the traffic to turn into green. As the traffic had turned into green, while I was driving ahead towards Havelock Road suddenly I felt an impact coming from the right rear side of my vehicle and discovered that the 3rd party SMU5621K had come into my lane from the 1st lane. We immediately stop our vehicle at the side road to take some photos and exchange particulars. No injuries were involved at the scene.

#### 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 .....	SMU5621K
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Outlander
Vehicle Variant .....	-

Vehicle Colour .....	White
Vehicle Category .....	Private car
Name of Driver .....	SONG HAIMING
NRIC No .....	SXXXXX060Z
Contact Number .....	(Phone) +65-97289069
Address .....	Na
Address complement .....	Na
Postcode .....	Na
Insurance Company Name .....	-
Nature Of Damage .....	Na
Details of property damaged in accident .....	Na
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN****IMPORTANT NOTICE**

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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.
- (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.

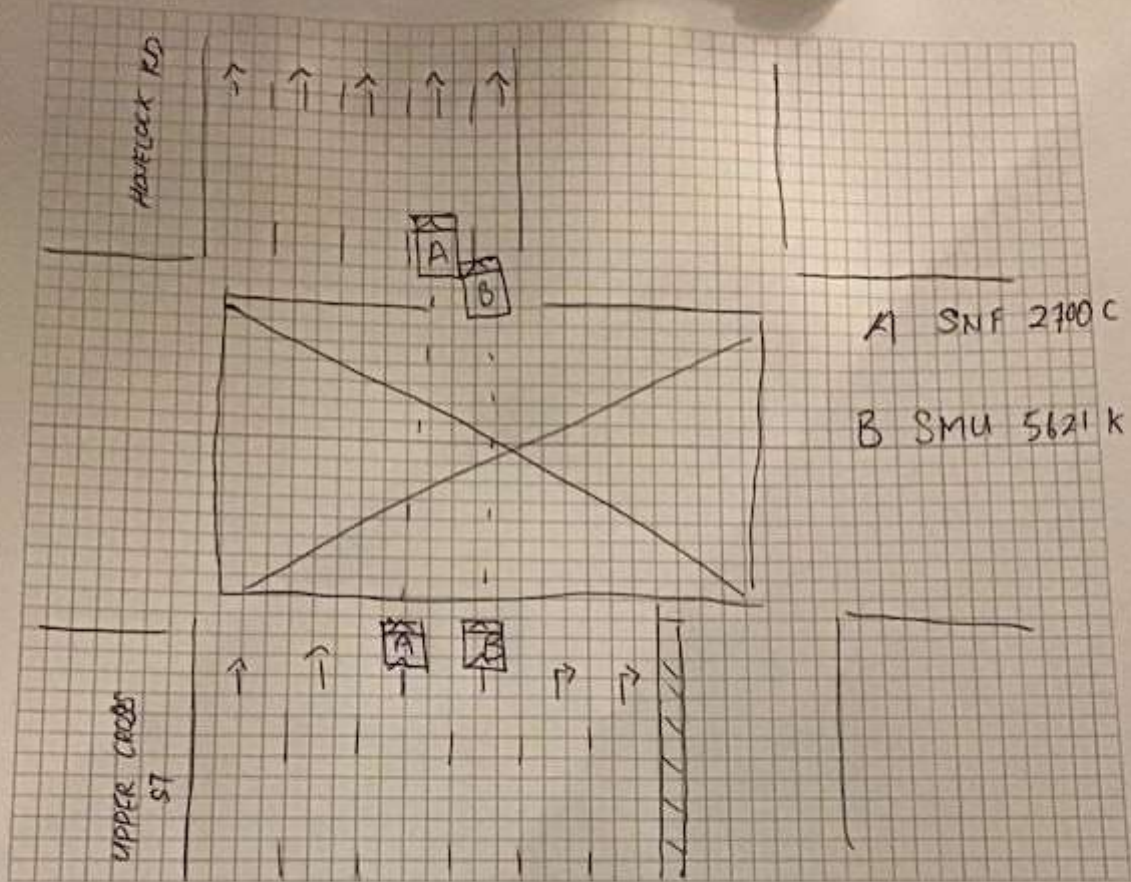
  
 Policyholder's Signature  
 Date & Time:

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

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
 MUHAMMAD SUMARDI BIN MOHD AFFANDI  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

ACCIDENT DIAGRAM

Ver. 30042021



*[Signature]*

Policyholder's Signature  
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
MUHAMMAD SUMARDI BIN MOHD AFFANDI

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



## SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle SNF2700C was stationary along the junction of Upper Cross St towards Havelock Road on the 4th lane while waiting for the traffic to turn into green. As the traffic had turn into green, while I was driving ahead towards Havelock Road suddenly I felt an impact coming from the right rear side of my vehicle and discover that the 3rd party SMU5621K had came into my lane from the 1st lane. We immediately stop our vehicle at the side road to take some photos and exchange particulars . No injuries was involved at the scene.

## 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:

## VERIFY BY AJAX MARS (ARC)

## REPORTING OFFICER

MUHAMMAD SUMARDI BIN MOHD AFFANDI

\_\_\_\_\_  
 Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: