NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date : 5/7/2022

Time :

By Fax :

TO :

EQ INSURANCE CO LTD

Accident involving Your insured vehicle No. SMEB918H with
My vehicle No. SCR 23D on 2/7/22 along 165A MOULMEIN ROAD

1. I, the owner of Vehicle No. SCR23D intend to make a 3rd party claim against your insured.

2. My Vehicle is now at the workshop **Guan Motor Works** Tel : **6453 6111** and is available for your inspection before repairs are carried out.

3 Please acknowledge receipt of this Notification by return fax to **6453 8292** and reply within 2 days whether you wish to inspect the vehicle or waive inspection.

ONG

Signature
Name :
NRIC :

K TEO & CO
Advocates & Solicitors
101A Upper Cross Street #08-17
People's Park Centre Singapore 058358
Tel : 6535 4788 Fax : 6535 4245

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 02 Jul 2022 / 09:40:00)

Vehicle Insurance Details

Vehicle No.:

SME6918H

Make Description/Model:

MAZDA / MAZDA3 1.6L SDN LUX

Insurance Company Name:

EQ INSURANCE COMPANY LTD

Business Transaction Reference No.:

20220704104840470679

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print

SF0F22740003 / FALCON-AIR AUTO SERVICES PTE LTD [575721]
ENTRY DATE & TIME: 04/07/2022 12:16 (SGT)
SUBMITTED BY: Florence Loh
VERSION: 1 (04/07/2022 12:16 (SGT))

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	04/07/2022 12:16 (SGT)
Reported by	Driver
Date of Accident	02/07/2022 09:40 (SGT)
Exact Location of Accident	165a Moulmein Rd, Singapore 308091
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCR23D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG CHENG KEE
NRIC No	SXXXX340Z
Email Address	ong_jie_hui@hotmail.com
Mobile Phone No	(Phone) +65-96342260
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	IS200T EXECUTIVE
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG21013741

DRIVER

Name of Driver	ONG JIE HUI
NRIC No	SXXXX517D
Date Of Birth	29/07/1998
Occupation	Indoor

Date Of Driving Pass	26/10/2016
Driving experience	5 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98632453
Alt. Phone Number	-
Email Address	ong_jle_hui@hotmail.com
Address	23 JUBILEE ROAD
Address complement	-
Postcode	128562
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Major/Minor Rd
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 SKETCH PLAN.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - GUAN MOTOR WORKS

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME6918H
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	RUBY
-	GXXXX925T
Contact Number	(Phone) +65-86926609
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	ALFIN
Phone	(Phone) +65-97595706
Email	-

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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.
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.
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 incident shall be collectively referred to as the "Insurers"), the Insurers' 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) photos;

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan