

# 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 .....	13/07/2022 03:35 (SGT)
Reported by .....	Both
Date of Accident .....	11/07/2022 08:35 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CLEMENTI AVE 2 JUNCTION OF COMMONWEALTH AVE WEST
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMY1235Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIEU KIM LAN
NRIC No .....	S1752146B
Email Address .....	jocelyn1716@gmail.com
Mobile Phone No .....	(Phone) +65-88991935
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	T-CROSS
Variant .....	1.0 SUV
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	999

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMPPHQ22-001196

### DRIVER

Name of Driver .....	LIEU KIM LAN
NRIC No .....	S1752146B
Date Of Birth .....	11/02/1966
Occupation .....	Indoor

Date Of Driving Pass .....	05/02/1988
Driving experience .....	34 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88991935
Alt. Phone Number .....	-
Email Address .....	jocelyn1716@gmail.com
Address .....	45 Faber Crescent
Address complement .....	-
Postcode .....	129487
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
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

MY VEHICLE WAS ALREADY STOPPED AT THE FILTER LANE. I REVERSED MY VEHICLE AS I REALISED THAT I MADE A WRONG TURN. AS I REVERSING ,MY VEHICLE CAME TOO CLOSE WITH THE BUS.(BUS STATIONARY) .AS A RESULT MY VEHICLE BRUSHED INTO THE BUS LEFT REAR SIDE PORTION.

#### 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 .....	SMB3023A
Vehicle Manufacturer .....	Man
Vehicle Model .....	NL320F (A22)
Vehicle Variant .....	-
Vehicle Colour .....	Green
Vehicle Category .....	Bus

Name of Driver .....	MR KOH
Contact Number .....	(Phone) +65-92965108
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**

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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 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.



 Policyholder's Signature / Date &  
Time

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

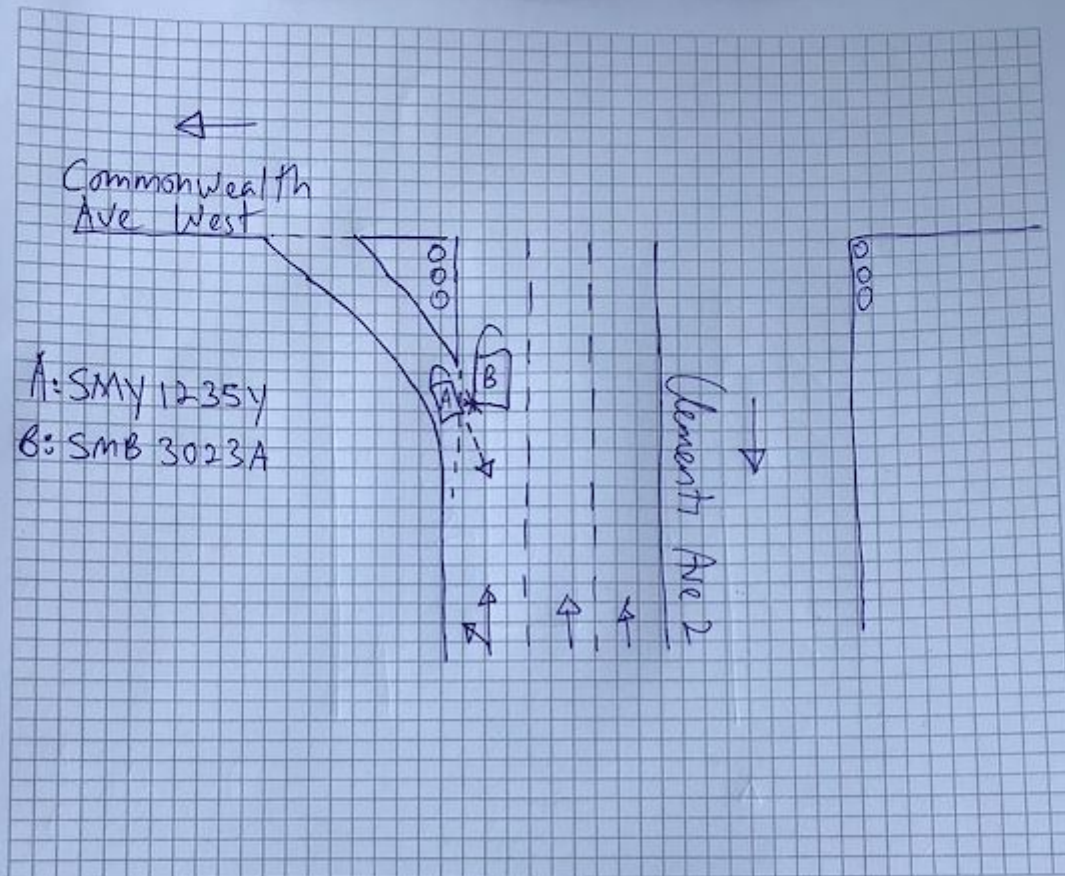
 Witnessed By Reporting Officer  
Aizam Bin Atan

 Witnessed by Reporting Centre  
Personnel
**Sketch Plan**

REFER TO ATTACHED ACCIDENT DIAGRAM

ACCIDENT DIAGRAM

Ver. Jun2022



Janly  
Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer  
Aizam Bin Atan

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

AJAX MARS PTE LTD



**Describe Circumstances of the Accident**

MY VEHICLE WAS ALREADY STOPPED AT THE FILTER LANE. I REVERSED MY VEHICLE AS I REALISED THAT I MADE A WRONG TURN. AS I REVERSING ,MY VEHICLE CAME TOO CLOSE WITH THE BUS.(BUS STATIONARY) .AS A RESULT MY VEHICLE BRUSHED INTO THE BUS LEFT REAR SIDE PORTION.

**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 Officer  
Aizam Bin Atan  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel









































