

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	18/07/2022 17:08 (SGT)
Reported by	Both
Date of Accident	15/07/2022 23:09 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 152 YISHUN ST. 11 CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC560E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIAW TZER CHIN
NRIC No	S7711290A
Email Address	evilzbanana@yahoo.com
Mobile Phone No	(Phone) +65-93694622
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	FIT 1.3GF CVT
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	1317

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ21-008865

DRIVER

Name of Driver	LIAW TZER CHIN
NRIC No	S7711290A
Date Of Birth	27/04/1977
Occupation	Indoor

Date Of Driving Pass	27/12/2011
Driving experience	10 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93694622
Alt. Phone Number	-
Email Address	evilzbanana@yahoo.com
Address	BLK 152 YISHUN ST. 11 #02-46
Address complement	-
Postcode	760152
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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 ATTACHED. *THIRD PARTY CLAIM BY TSL AUTO GARAGE*

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA5228S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MDM TEM GEK LANG
Contact Number	(Phone) +65-98206025

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

SKETCH PLAN

VEH NO: SMC 560E

INSURER: EQ

DATE OF ACC: 15/7/22 @ 11:09pm

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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.

[Signature] 18/07/2022
2.07pm
Policyholder's Signature / Date & Time

[Signature] 18/07/2022
2.07pm
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 18/7/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) (45)

Sketch Plan

PLEASE
TURN
OVER

Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

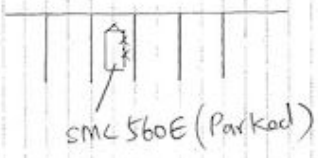
(☒) Claim OD (TP) at other workshop (Nightz Concepts)

Sketch Plan

Blk 152 Yishun St. 11

Car Park

Third Party - SKA 52285
Mdm Tem Gek Lang
(Son - Mr. Ong,
HP-98206025)




SMC 560E (Parked)


When I noticed the dent and scratches on my ~~car~~ driver's car door, it was already the next day.
I called the Traffic Police. The Traffic Police Report number is L / 20220716 / 0059.
~~The~~ My camera in my car showed footage of the ~~acc~~ incident was ~~at~~ on 15/07/2022 at 11.09.30 pm.

Declaration


I/We declare the foregoing particulars are true in every respect.

 18/07/2022
2.06pm

Policyholder's Signature / Date & Time

 18/07/2022
2.07pm

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

 18/7/22

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
(YS)























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1I227I0008 Vehicle Registration No: SMC 560 E
 Name (as shown in NRIC): Liau Tzer Chin NRIC/FIN/Passport No: S7711290A
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 152 Yishun St. 11 #02-46 Singapore (760152)
 Contact (Tel): _____ Mobile No.: 9369 4622
 Email Address: evilzbanana@yahoo.com
 Date of Accident: 15/7/22 Time of Accident: 23:09
 Place of Accident: Blk 152 Yishun St. 11 Car Park
 Insurance Company: EA

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Workshop name Nightz Concepts is incorrect.

Amend to TSL Auto Garage.

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name: Sharon
 NRIC/FIN No.: _____
 Date: 19/7/22

