

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 Actual 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 26/09/2022 16:05 (SGT)
Reported by Both
Date of Accident 24/09/2022 18:58 (SGT)
Exact Location of Accident Singapore
Additional Location Information BIDEFORD ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDP1819S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG HIAN KOON
NRIC No S6825462J
Email Address mike_trigem@yahoo.com
Mobile Phone No (Phone) +65-96169358
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer BMW
Model 730i
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1998

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Policy Number / Cover Note Number DMPPHQ22-004898

DRIVER

Name of Driver ONG HIAN KOON
NRIC No S6825462J
Date Of Birth 26/06/1968
Occupation Indoor

Date Of Driving Pass	19/10/2012
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96169358
Alt. Phone Number	-
Email Address	mike_trigem@yahoo.com
Address	The Marbella, 33 Mount Sinai Rise 276954
Address complement	#24-08
Postcode	276954
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)	4
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	-

PASSENGER 1

Name	Teo Wan Chuan
Gender	Female

PASSENGER 2

Name	Emily Ong Li Ying
Gender	Female

PASSENGER 3

Name	Matthew Ong QinJun
Gender	Male

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

HEAVY TRAFFIC FLOWS ON THE LEFT LANE,VEHICLES QUEUING TO PARAGON SHOPPING CENTRE DROP OFF POINT.I WAS DRIVING ON THE CENTRE LANE. HENCE THERE WAS 2 LANES TOWARDS THE DROP OFF POINT,I SLOWLY MADE A LEFT TURN. AS I WAS TURNING LEFT AND I WAS ALREADY PASSED BY THE VEHICLEN ON MY LEFT.SUDDENLY THE VEHICLE INCHED OUT. AS A RESULT THE VEHICLE BRUSHED INTO MY VEHICLE.

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 SDT6180X
Vehicle Manufacturer Porsche
Vehicle Model Cayman
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver SHAMSIAH BINTE TIAP
NRIC No S7336212A
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

PASSENGER 1

Name Passenger 1
Gender Female


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.

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

Describe Circumstances of the Accident

HEAVY TRAFFIC FLOWS ON THE LEFT LANE, VEHICLES QUEUING TO PARAGON SHOPPING CENTRE DROP OFF POINT. I WAS DRIVING ON THE CENTRE LANE. HENCE THERE WAS 2 LANES TOWARDS THE DROP OFF POINT, I SLOWLY MADE A LEFT TURN. AS I WAS TURNING LEFT AND I WAS ALREADY PASSED BY THE VEHICLE ON MY LEFT. SUDDENLY THE VEHICLE INCHED OUT. AS A RESULT THE VEHICLE BRUSHED INTO MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

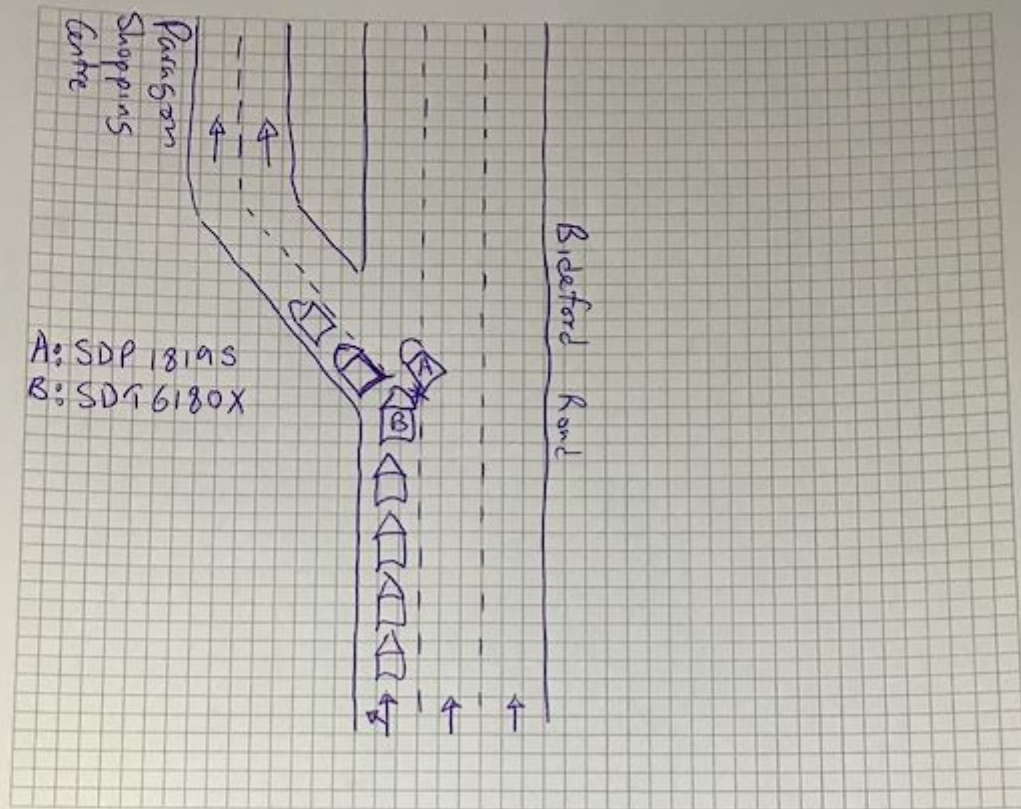
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed By Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

Ver. Jun2022



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





































