

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	18/02/2023 13:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/02/2023 20:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTSIDE MUSTAFA CENTRE IN FRONT OF THEIR CAFE, ALONG SYED ALWI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDP1236Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA CHIN CHOON KAVIN
NRIC No	S7211758A
Email Address	KAVINCHIACC@GMAIL.COM
Mobile Phone No	(Phone) +65-90055568
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-009020

DRIVER

Name of Driver	CHIA CHIN CHOON KAVIN
NRIC No	S7211758A
Date Of Birth	07/04/1972

Occupation	Indoor
Date Of Driving Pass	20/04/1993
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90055568
Alt. Phone Number	-
Email Address	KAVINCHIACC@GMAIL.COM
Address	BLK 290 CHOA CHU KANG AVE 3 #08-256
Address complement	-
Postcode	680290
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	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	3
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)	2
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	MOHD KHALIS
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

REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH3603A
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

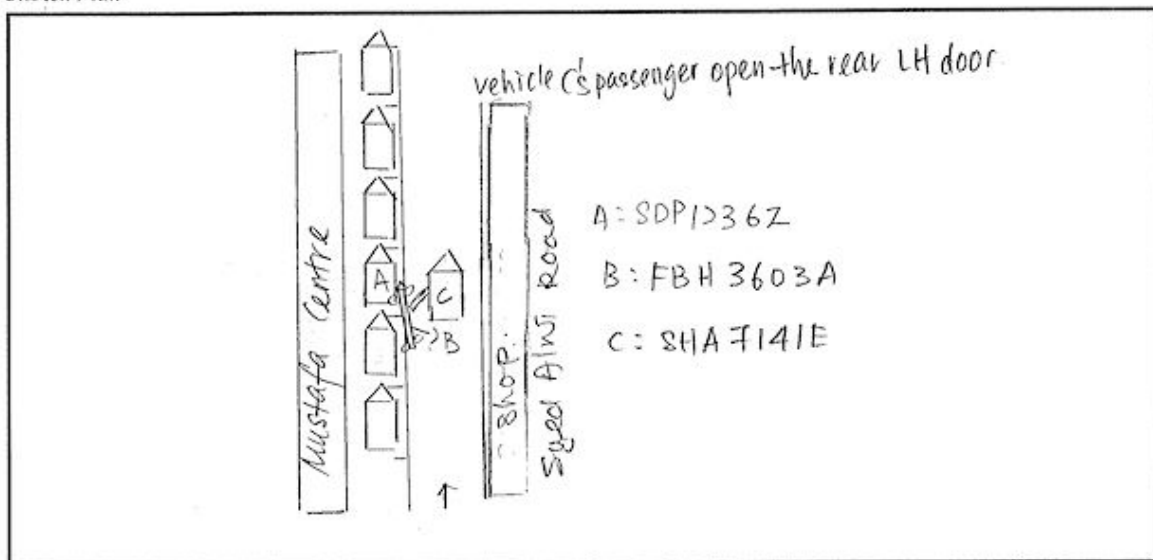
Vehicle Registration Number	SHA7141E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

Sketch Plan



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of accident: 17/02/23 Time: Approx: 8.10pm Location: SYED AWI Rd.
 My Vehicle A: SDP12362 Vehicle B: _____ Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident

I was in the car at the time of the accident, approx: before 8.10pm. Around 8.05pm. I was together with a passenger Mohd Khalis.

My engine had just started. I was about to check blind spots etc to move off. Suddenly I heard a loud bang on my rear right side. I also saw a taxi ~~putted~~ stopped along side my car and a motor bike in between my car and the taxi. Taxi licence no: SHA 7141E, motorbike licence no: FBH 3603A.

I then got down to see what exactly happened. I saw that my car was scratched on the rear right and my door guard fell off. I also saw the motor bike ~~was~~ rider had stopped and hit the taxi door. Passengers were coming down the taxi. He stopped right in the middle of the road! The motor bike sustained some scratches as well. The 2 passenger started to say sorry to the motor bike rider. I saw that he was injured, on his left knuckles and right forearm.

After a while the taxi driver drove his taxi to the side of the road. We then all exchange particulars. Unfortunately the 2 passengers "ran" away.

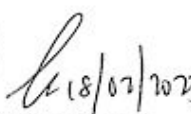
Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

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

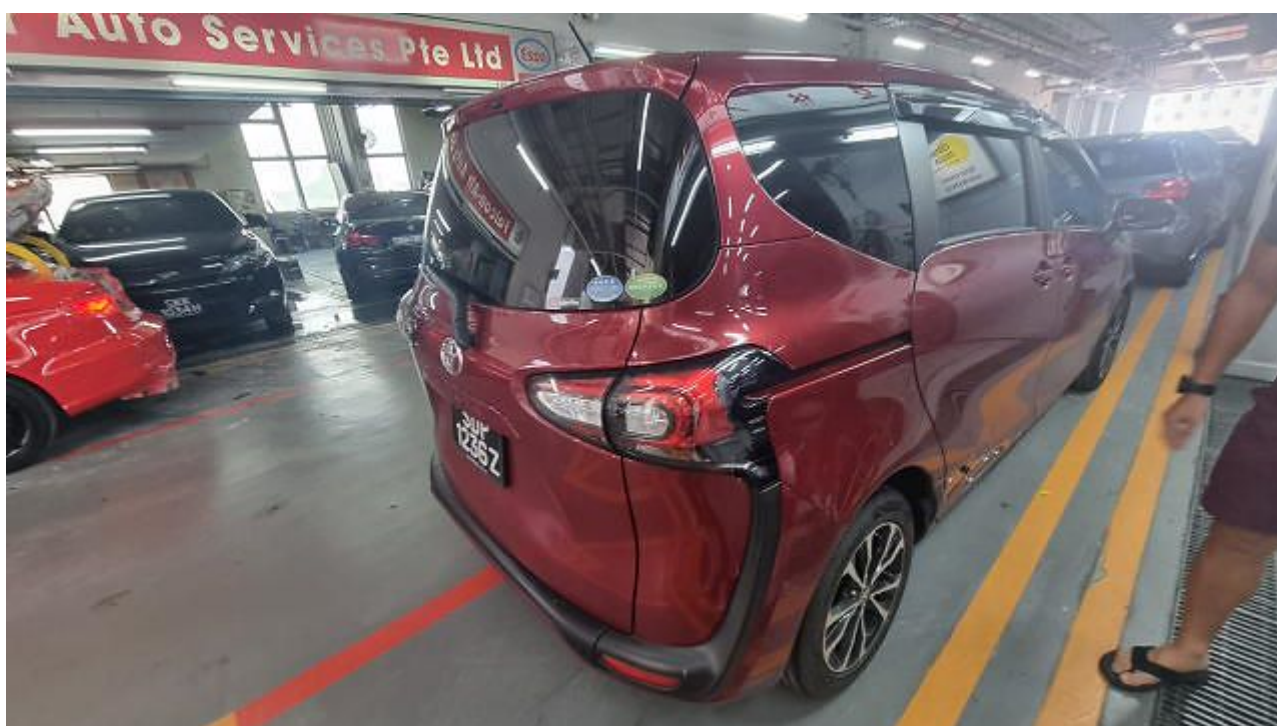
 
 Witnessed by Reporting Centre Personnel

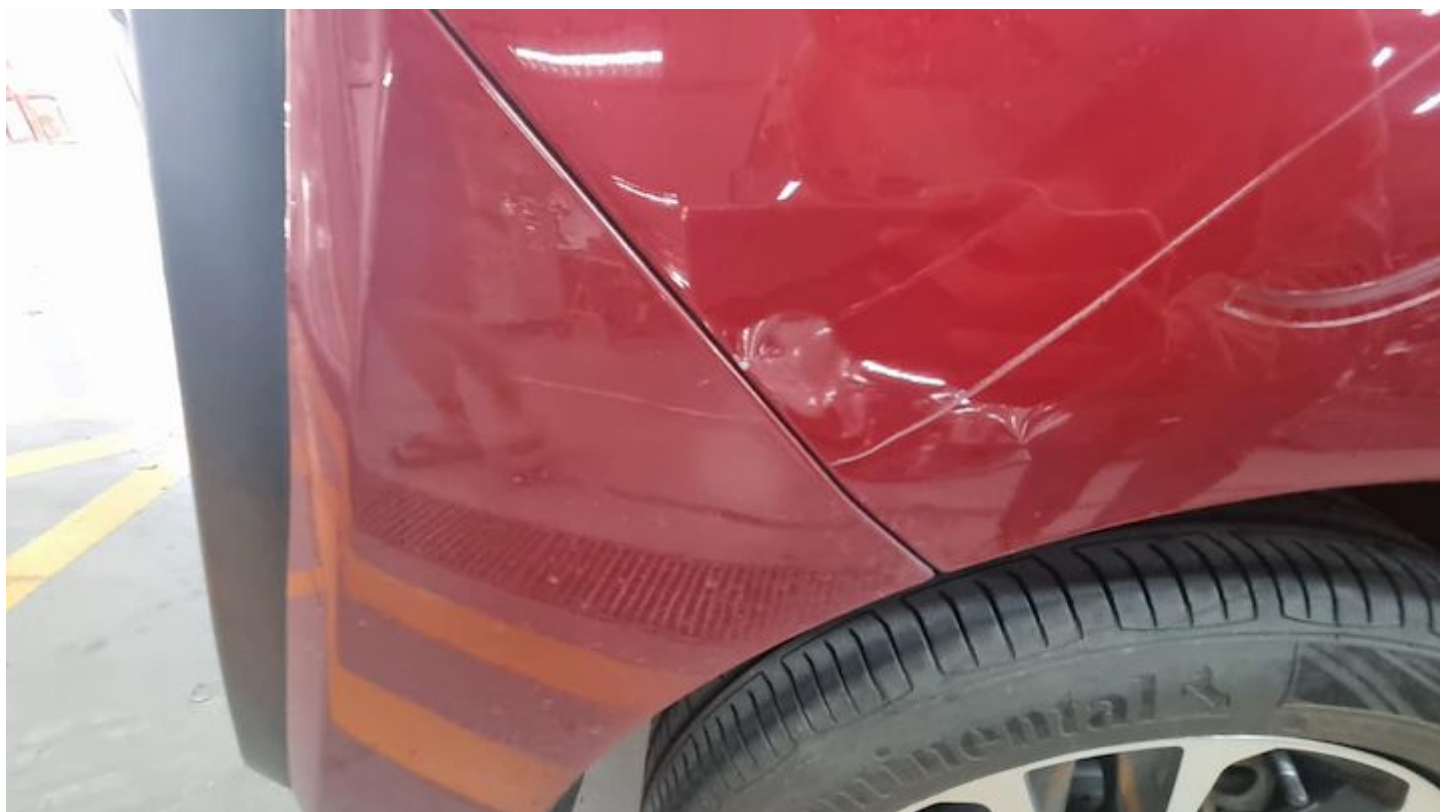
REPORTED

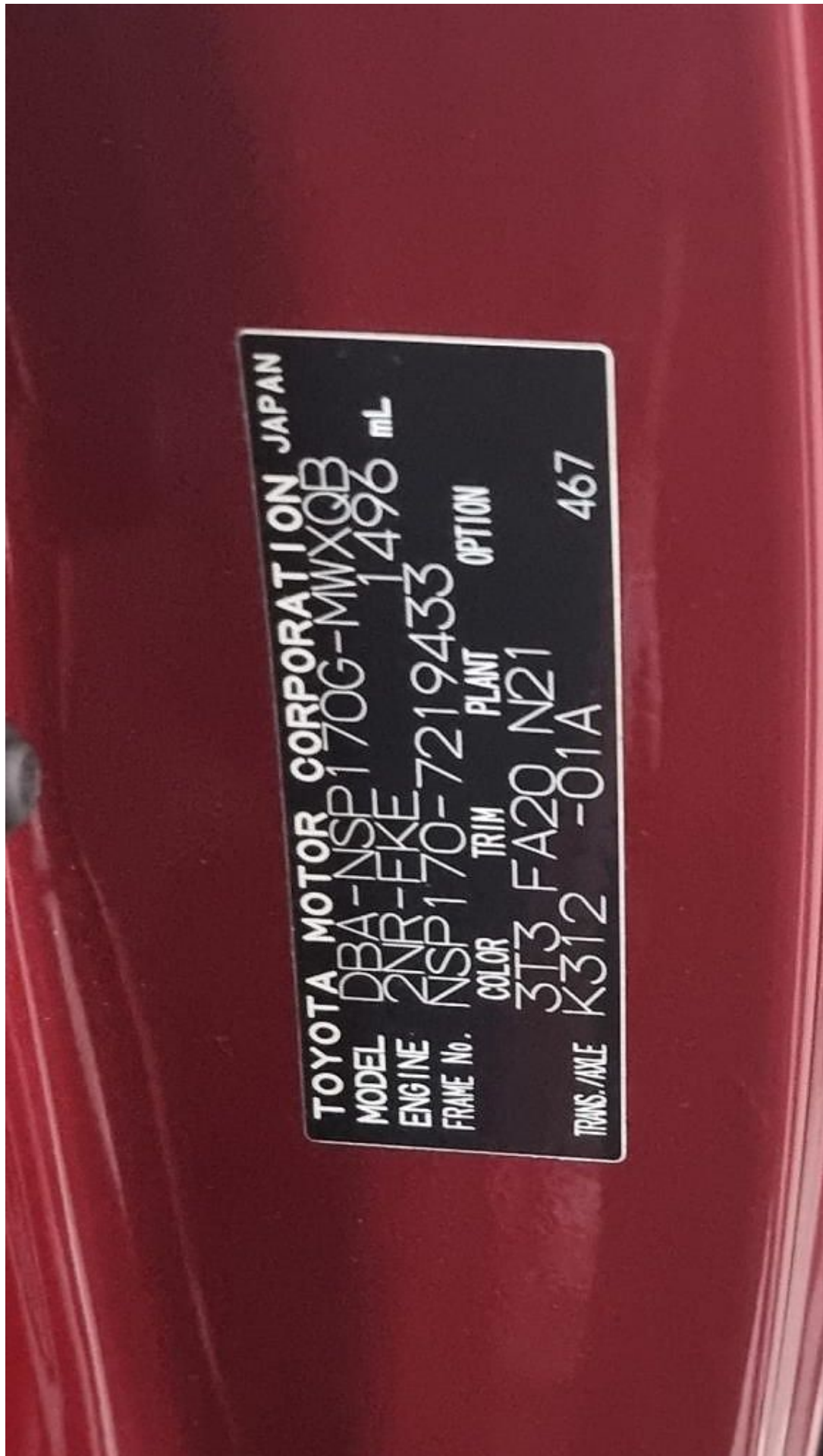












EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
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reg no. 1978-00490-N

PRIVATE CAR
SCHEDULE

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Agency	A000177	Class of Policy	PRIVATE CAR	Policy Number	DMPPHQ22-009020
Account	A000177	Issued on	07/11/2022 in Singapore	Replacing Policy no.	DMPPHQ21-008155
Client	0193689	Acceptance Date	07/11/2022		

Period of Insurance from 10/11/2022 to 09/11/2023, both dates inclusive

Insured's Name CHIA CHIN CHOON
Address BLK/HOUSE NO. 290 #08-256
CHOA CHU KANG AVENUE 3
SINGAPORE 680290

Business/Occupn Executive (Office)

Premium	Basic Annual Premium	SGD725.95		
	Safe Driver Discount	SGD39.93-		
	Plus NCD Protector @ 10%	SGD72.60		
	Total Annual Premium	SGD758.62	Premium Due	SGD758.62
			Premium GST	SGD53.10
			Total Due	SGD811.72

Risk No. 001	PRIVATE CAR	Make/Model	TOYOTA SIENTA 1.5 MPV	1496cc
1. Registration	SDP1236Z	No. of seats	7	Body Type MPV
Type of Cover	Comprehensive	Capacity cc's	1496	Yr of Manuf/Regn 2019/2020
Engine No.	2NR1155161			NCB% 50.00
Chassis No.	NSP1707219433			Certificate Ref. MX2
Sum Insured: Market Value at the time of loss			SGD0.00	
Insured/Named Drivers			SGD500.00	
Unnamed Drivers			SGD1,000.00	
YEID		Additional	SGD3,000.00	
Named Drivers Insured				

PRIVATE CAR COMPREHENSIVE - CLASSIC PLAN (Ver. 10)

For information on Motor Claims Framework (MCF), please visit GIA websites
(www.gia.org.sg /pdfs /Industry /Motor /MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the
Certificate of Insurance. You will have to pay the Excess for every claim made
against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have

Continued on page 2

A Member of Citystate



PM2005-Ver3.0