

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	03/04/2023 15:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/04/2023 12:22 (SGT)
Exact Location of Accident	Newton Flyover, Singapore
Additional Location Information	NEWTON FLYOVER, SLOW TRAFFIC
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3560D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HOO POH SAN KELVIN
NRIC No	SXXXX961E
Email Address	HPS001SG@YAHOO.COM
Mobile Phone No	(Phone) +65-91762854
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
Variant	1.8 TFSI S-TRONIC
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	1798

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-004082

DRIVER

Name of Driver	HOO POH SAN KELVIN
NRIC No	SXXXX961E
Date Of Birth	05/09/1970
Occupation	Indoor

Date Of Driving Pass	11/06/1996
Driving experience	26 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91762854
Alt. Phone Number	-
Email Address	HPS001SG@YAHOO.COM
Address	49 HINDHEDE WALK
Address complement	#10-08
Postcode	587976
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 - Head to Rear
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)	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	HOO HOI TZER
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

MY CAR WAS HIT FROM THE REAR BY THE VAN GBJ3592L, DRIVER TAN CHIN SEAN. HP: 98503480.

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	GBJ3592L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	TAN CHIN SEAN
Contact Number	(Phone) +65-98503480
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.

 63 Apr
12 noon
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre
Personnel Tay Kong

Sketch Plan

Refer video footage

Describe Circumstances of the Accident

My car was hit from the rear by the
 Van GBJ 3592L, Driver Tan Chin Sean.
 hp 9850 3480.

Declaration

We declare the foregoing particulars are true in every respect.

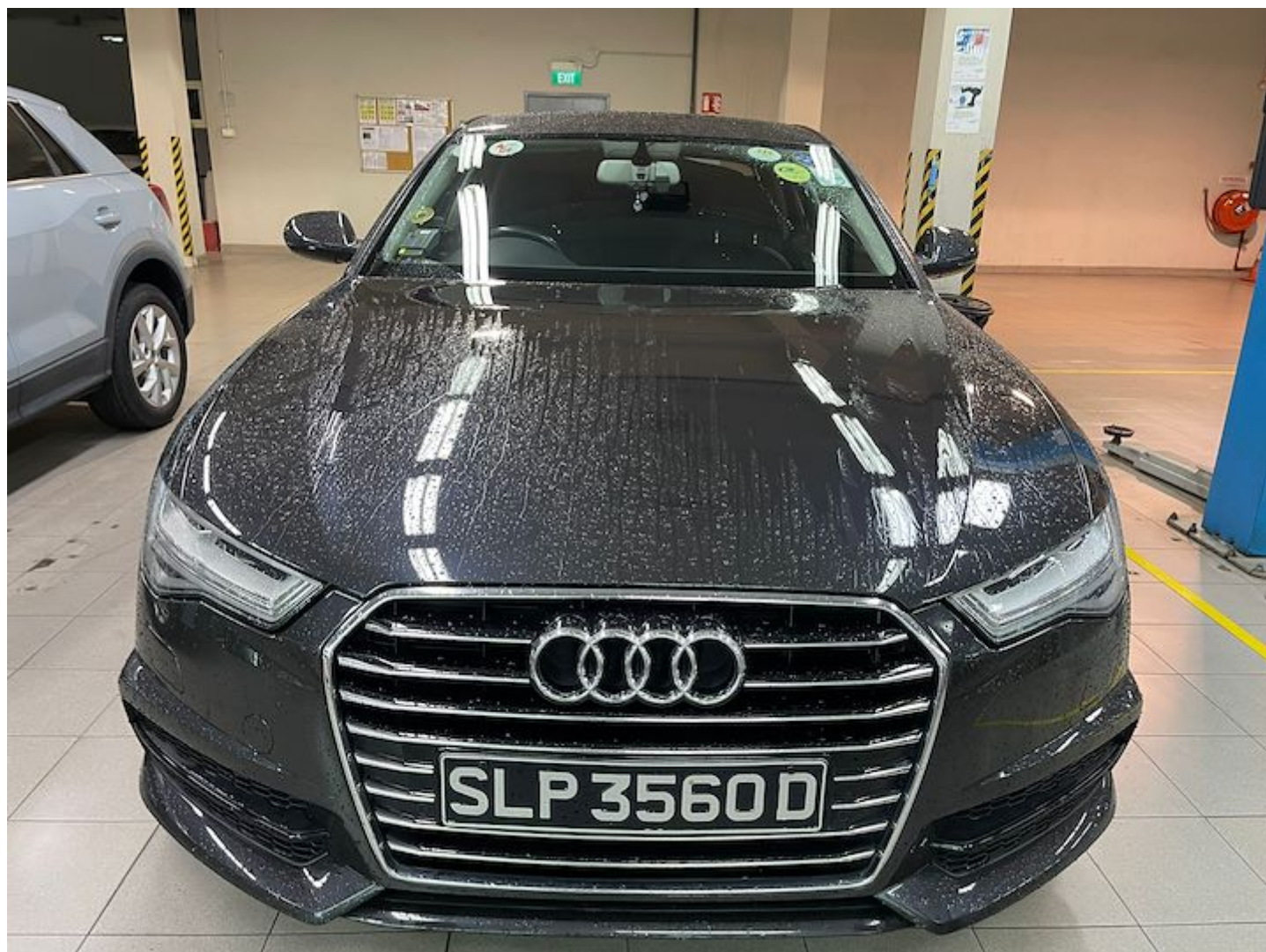
Policyholder's Signature / Date &
 Time

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

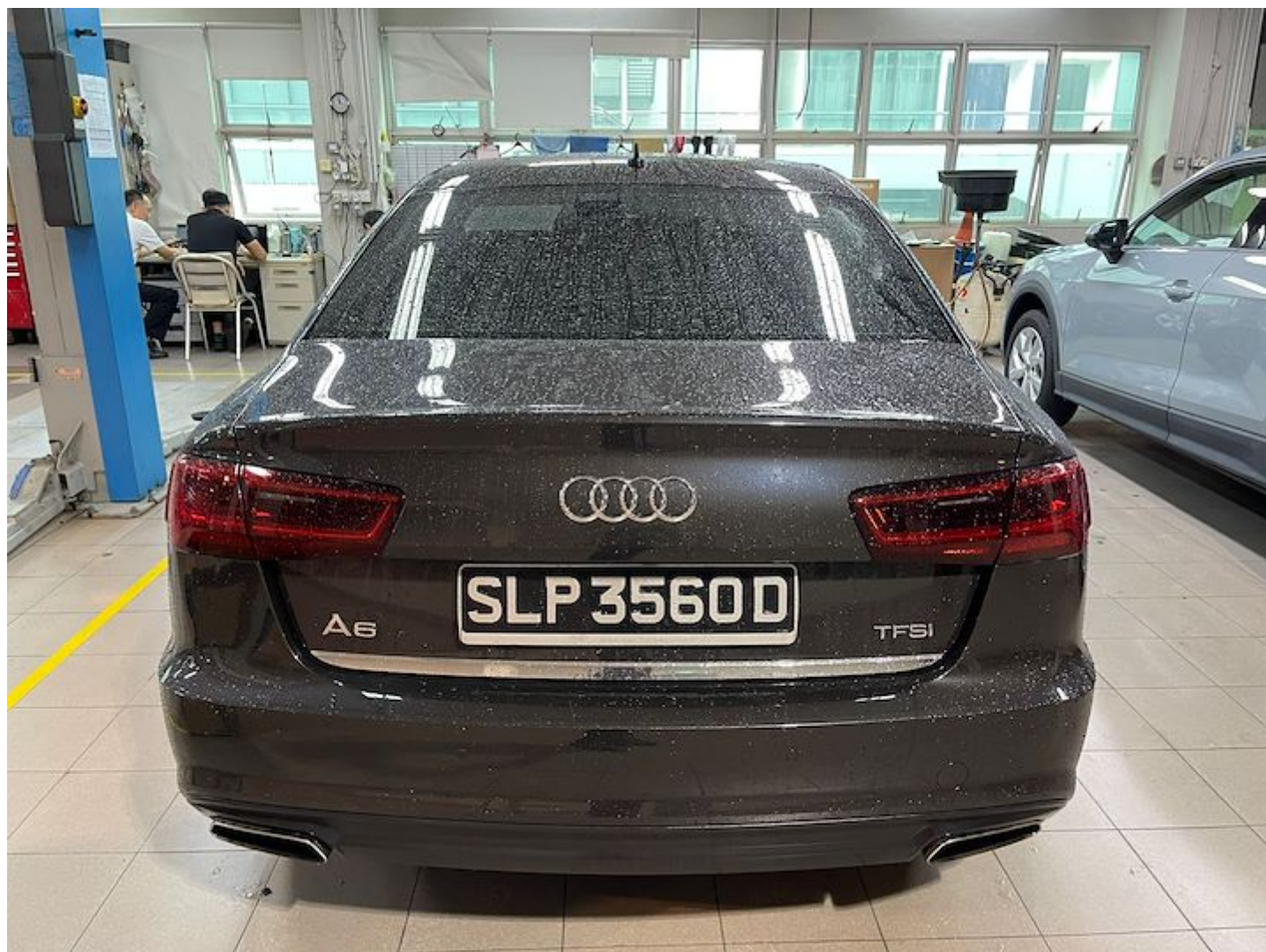
Witnessed by Reporting Centre
 Personnel



Tomy Pong







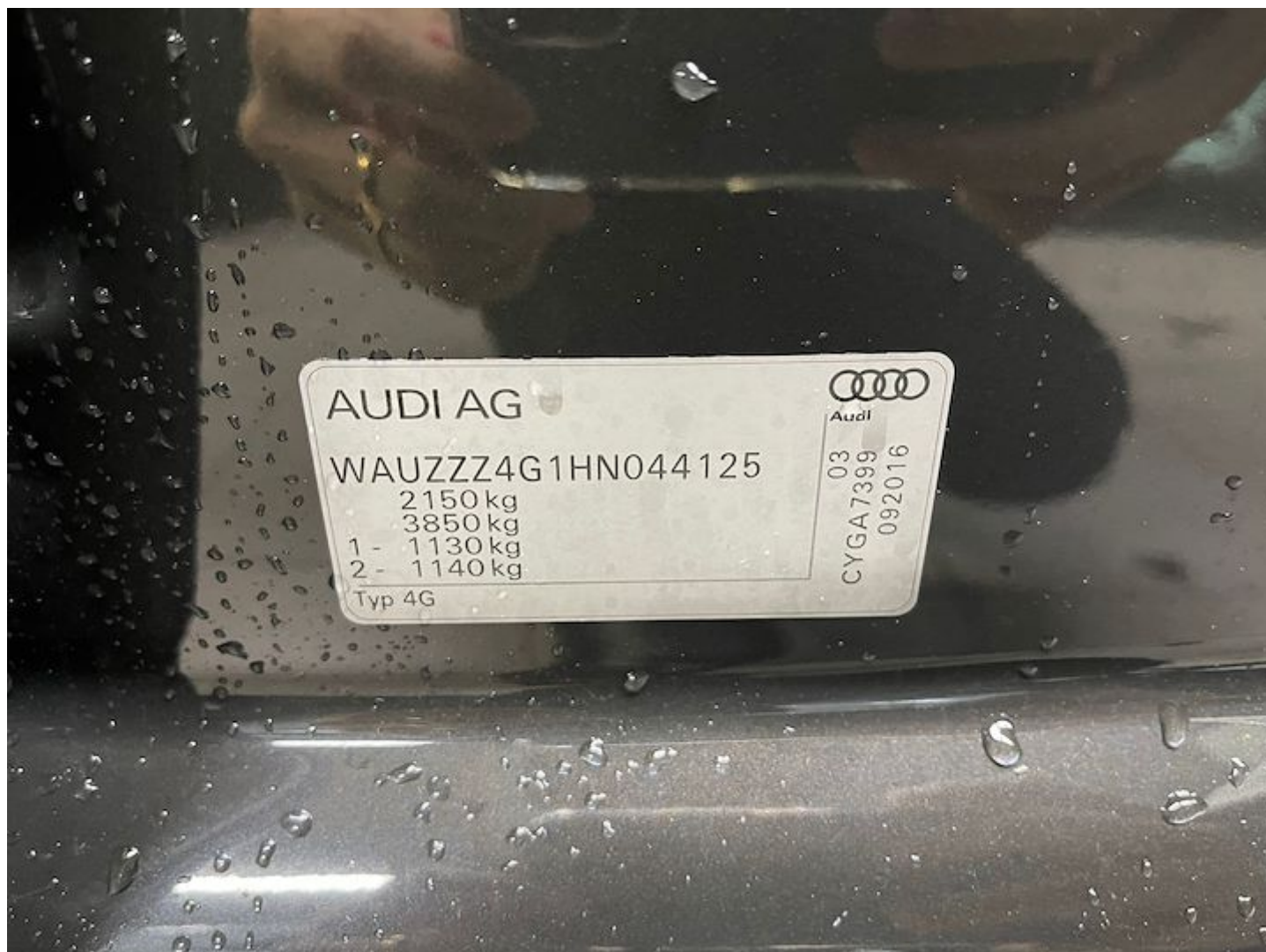




























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP1423430002 Vehicle Registration No: SLP 3560 D
Name(as shown in NRIC) : HOO POH SAN KELVIN NRIC/FIN/Passport No : SXXXX961E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 49 HINDHEDE WALK, #10-08 Singapore(587976)
Contact (Tel) : _____ Mobile No. : 91762854
Email Address : HPS001SG@YAHOO.COM
Date of Accident : 01/04/2023 Time of Accident : 12:22
Place of Accident : NEWTON FLYOVER, SLOW TRAFFIC
Insurance Company : EQ Insurance Company Ltd

(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:

TO CONVERT REPORTING ONLY TO CLAIMING THIRD PARTY CLAIM.

Policyholder / Driver's Signature
Date: 12 Apr 2023



Reporting Centre Personnel's Signature
Name: Tony Foo
NRIC/FIN No.: SXXXX948E
Date: 12/4/23