

# 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	19/06/2023 19:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/06/2023 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 925 YISHUN CENTRAL 1 MSCP DECK 2A
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG6240D
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ARUNACHALAM MUTHIAH
NRIC No	S7978516D
Email Address	arunmuthu22@yahoo.com
Mobile Phone No	(Phone) +65-91830645
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	999

### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ23-001576

### DRIVER

Name of Driver	NACHAMMAI D/O SELVA NACHIAPPAN
NRIC No	S8211615Z
Date Of Birth	09/04/1982
Occupation	Indoor

Date Of Driving Pass .....	28/05/2016
Driving experience .....	7 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-91830645
Alt. Phone Number .....	-
Email Address .....	shanacha19@yahoo.com
Address .....	BLK 287 YISHUN AVE 6 #09-72
Address complement .....	-
Postcode .....	760287
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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) .....	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 .....	DAUGHTER
Gender .....	Female

#### 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 STATEMENT

#### 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 .....	SLB1357L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ALVIN KHOO
NRIC No .....	S9237811Z
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

SKETCH PLAN

VEH NO: SJ66240D  
INSURER: EQ1  
DATE OF ACC: 17/06/23 @ 12.15


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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.

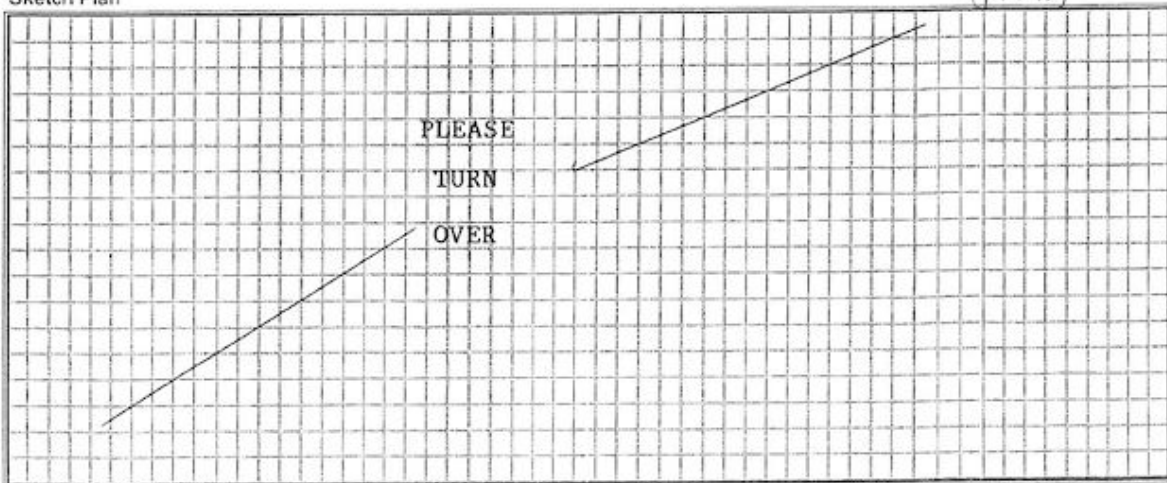
  
Policyholder's Signature / Date & Time 19/06/23

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

  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) Donlyn (YS) 19/06/23

**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 ( )

Sketch Plan

A: SJ6 6240D  
(w/ 1 passenger, Daughter)

B: SLB1357L  
(w/ 2 passengers)

Location: B1K 925  
Yishun Central 1 MSCP  
Deck 2A

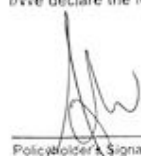
Vehicle No: SJ6 6240D (EOI)

Date & Time: 17/06/23 @ 1215 (clear day)

I was driving slowly up the ramp, to look out for vehicle on the left. Out of a sudden, I saw motor SLB1357L dashed in front of my vehicle and as a result, his vehicle RH portion had grazed through the front LH portion of my vehicle. No one was injured on that day till I received a message <sup>on the way</sup> from driver of SLB1357L to inform that he have a slip disc and schedule to go for MRI Scan.

Declaration

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

 19/6/23  
Policyholder's Signature / Date & Time

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

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





























