

# 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 .....	13/07/2023 11:43 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	12/07/2023 15:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	KAKI BUKIT ROAD 1
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBF3893P
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	DEL ENTERPRISE PTE LTD
Company Reg No .....	2XXXXX699d
Email Address .....	cs1@del.com.sg
Mobile Phone No .....	(Phone) +65-97104295
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv350
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2488

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMCHHQ23-000048

### DRIVER

Name of Driver .....	WONG WEI HAO SHAWN
NRIC No .....	SXXXX911D
Date Of Birth .....	02/09/1995
Occupation .....	Outdoor

Date Of Driving Pass .....	08/10/2016
Driving experience .....	6 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97104295
Alt. Phone Number .....	-
Email Address .....	cs1@del.com.sg
Address .....	APT BLK 126A EDGEDALE PLAINS
Address complement .....	# 03-334
Postcode .....	821126
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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

PLEASE REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBC9411Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	WONG WEI HAO SHAWN
Gender .....	Male
Phone No .....	(Phone) +65-97104295
Address .....	APT BLK 126A EDGEDALE PLAINS
Address Complement .....	# 03-334
Post Code .....	821126
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND HAND
Injured person in which vehicle? .....	GBF3893P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

## 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

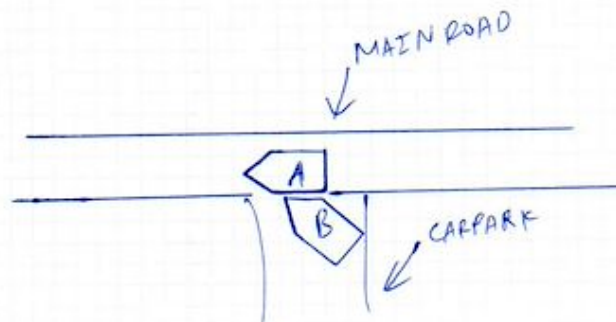


Driver's Signature (If driver is not the policyholder) / Date & Time

KAKI BUKIT ROAD 1

Witnessed by Reporting Centre Personnel

A: GBF3893P  
B: GBC9411Z



## Describe Circumstances of the Accident

I (GBF3893P) WAS TRAVELLING ALONG KAKI BUKIT ROAD 1. I WAS TRAVELLING STRAIGHT AHEAD PASSING EUNOS TECHNOLINK CARPARK EXIT. VEHICLE B WAS EXITING FROM EUNOS TECHNOLINK CARPARK. VEHICLE B (GBC9411Z) FAILED TO CHECK BEFORE MOVING OFF AND COLLIDED WITH THE LEFT PORTION OF MY VEHICLE.

## Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date & Time




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



Witnessed by Reporting Centre Personnel































**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: SN09237D0003 Vehicle Registration No: GBF3893P  
 Name (as shown in NRIC): WONG WEI HAO SHAWN NRIC/FIN/Passport No: S9531911D  
 (\* Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: APT BLK 126A EDGEDALE PLAINS #03-334 Singapore (821126)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 97104295  
 Email Address: CSI@DEL.COM.SG  
 Date of Accident: 12/7/2023 Time of Accident: 1500  
 Place of Accident: KAKI BUKIT ROAD 1  
 Insurance Company: EQ

**(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 INCLUDE WONG WEI HAO SHAWN (DRIVER OF GBF3893P) AS INJURED PERSON**

*Amend add Injury - Neck and Hand*

  
 Policyholder / Driver's Signature  
 Date: \_\_\_\_\_



 13/07/2023  
 Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_