VERSION: 1 (28/08/2024 17:07 (SGT))



SINGAPORE ACCIDENT STATEMENT

- 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 witholding 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 First Submission 28/08/2024 17:07 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 28/08/2024 15:05 (SGT) **Exact Location of Accident** Singapore Additional Location Information ALONG PIE TWDS TUAS Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

30/11/2016 12:11 (SGT)

Vehicle Registration Number SLJ2018S

INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner GOH MENG KWANG PHILIP

NRIC No SXXXX213G

Email Address PHILIPMKGOH@HOTMAIL.COM

Mobile Phone No (Phone) +65-91881450

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model CITY 1.5 SV CVT

Variant

Exact purpose for which vehicle was being used at time of

Private use

Are you claiming under your own insurance policy for repair to

vour vehicle? No - Claiming third party

Vehicle Category Private car Transmission Auto

CC 1497 Vehicle Fuel Petrol

First Regisration Date 30/11/2016

Chassis no MRHGM6660HP000252 Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Singapore Life Ltd Policy Number / Cover Note Number 11404351

DRIVER

Name of Driver GOH MENG KWANG PHILIP NRIC No. SXXXX213G Date Of Birth 05/01/1965 Occupation Indoor **Driving Pass Date** 17/09/1992 **Driving License Pass Class Driving License Validity** Valid Driving experience 31 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-91881450 Alt. Phone Number **Email Address** PHILIPMKGOH@HOTMAIL.COM BLK 94B BEDOK NORTH AVENUE 4 05-1379 SINGAPORE Address 461094 Address complement Postcode 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) 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN ATTACHED.

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

SLK3663S

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

Private car

SXXXX438G

SHAUN CHENG ZHIWEI

SKETCH PLAN

IMPORTANT NOTICE

- 4 The coupling accepting the minimum of the company of the company of the coupling of the company of the compan
- Any false reporting may be referred to the Police for investigation.
- 5 The 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.
- By the lodgment 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) Tunderstand, 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
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Poncyholida sa khartu el Dara

Poncyholiff (alkanatu e. 1 3 Tima Driver's Signature

indiversion obtate objectholde (i Date)

Reporting Centre Parisonnel's Signature Name
NACCION NO

SKETCH PLAN

>	PIE	TOWARD	CHANG	l
В	X	A	>	LANE 1
		SLJ		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

				PIE TOWA VOT MEAN		7/61.	
AT	ABUNT	1505 4	ES, NO	FAR OLD	POLICE	ACADO	emy.
MY	CAR	5072018	8 (A)	WAS REA	R ENDED	84	SLR36635 (

DECLARATION

If We declare the foregoing particulars are tibe in every respect

200 4 20 00 124

28 8 24 (TAMPASS) 2)

