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 Authorised 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 ability
- 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 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 lodgement of this report to the insurers, you aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
原建铁矿 建对原原设计划域	ACCIDENT STATEMENT
Date Of Report	14/12/2015 14:02
Date Of Accident	13/12/2015 15:15
Exact Location Of Accident	PIE NEAR THE EXIT OF ENG NEO AVE
Country/State of Loss	Singapore
美国民族科学科学科学科学科	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU9599L
Insured/Policyholder	
Name Of Registered Owner	LAU GIAM TONG
NRIC No	S1332265A
Email Address	lau19@singnet.com.sg
Mobile Phone No	(LOCAL) +65-96786901
Alternative Phone No	Others-63665453

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS 1.6 AUTO

Exact Purpose for which vehicle was being used

at time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category

Insurance Company

Name of Insurance Company

Type Of Coverage

Fleet Policy

Policy Number

Cover Note Number

Driver

NRIC No

Name of Driver

Date Of Birth

Occupation

Date Of Driving Pass

Driving Experience Gender

Mobile Number

Fax Number

Contact Number EMail Address

Third Party

Private Car

Overseas Assurance Corporation Ltd

Comprehensive

No

2015-V0083424-VDP-R004

LAU GIAM TONG

S1332265A

26/02/1958

Indoor

17/04/1978

37 Years And 7 Months

Male

(Local) +65-96786901

Others-63665453

lau19@singnet.com.sg

Address

Postcode

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured

Owner

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

Collision- Head to Rear (TP Hit Insured)

Weather Conditions

AFTER RAIN

Road Surface

Wet

Other Information

Was any foreign vehicle involved in this accident?

No

Was any body injured in the Accident?

No

Was any other material or property damaged?

Yes

Was there any video captured by Car Camera?

Number of Passengers (Including Driver)

No

Details of Police Action

Was the accident reported to the police?

No

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

No

If Yes, against whom?

Circumstances of Accident

Are accident photos available for attachment?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKF9034G

Vehicle Make/Model/Colour

TOYOTA / CAMRY

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

81118080

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

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)

! 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 ma;
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan

Time

Sketch Plan Pg.2

	rcumstances of the Accident
	On 13/12/2015 (b) about 1515 Mrs. I was driving along PTE near to Eng New ME Exit on the Third lane.
	New to Eng New Mike Exist on the think live along PTE
	or the original lane.
	Su Ado 1 Ca Ves 1 la Cago au Maria
	Suddenly of Vehille from my Near on the 2ha (une (ut finte 12.) The un the near and Coiliseded out my car, forces my Vchicke fo Spin
-	Tall Of the near and Colliseded out my car forces my lichick
	to Spin
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 $\ensuremath{\mathsf{I/\!We}}$ 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