

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 withholding 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 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 Report	22/01/2018 09:42
Date Of Accident	20/01/2018 12:55
Exact Location Of Accident	ALONG CTE NEAR EXIT 12A - ANG MO KIO AVE 3 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ7820L
Insured/Policyholder	
Name Of Registered Owner	CHUA KOK HWA
NRIC No	S1511865B
Email Address	CHUAZHAO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97548390
Alternative Phone No	OFFICE-97548390

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2017-V0099809-VDP
Cover Note Number	

Driver

Name of Driver	CHUA ZHAO
NRIC No	S8930662J
Date Of Birth	16/08/1989
Occupation	INDOOR
Date Of Driving Pass	24/08/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90602167
Fax Number	
Contact Number	
Email Address	CHUAZHAO@GMAIL.COM

Address	BLOCK 503 BUKIT BATOK STREET 52 #08-175
Postcode	650503
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : GOH PEIQI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BUKIT BATOK NPC - PLEASE REFER TO THE ATTACHED POLICE REPORT
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please refer to the attached Sketch Plan and the accident details including the police report

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Details of Witness 1

Name	GOH PEI QI
Phone Number	81807526
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB1273G
Vehicle Make/Model/Colour	GREY SKODA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHNG NINA
NRIC/Passport Number	S8808836J

Contact Number	93824468
Address	
Postcode	
Insurance Company Name	FWD SINGAPORE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.
- (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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/1/2018

5.14pm

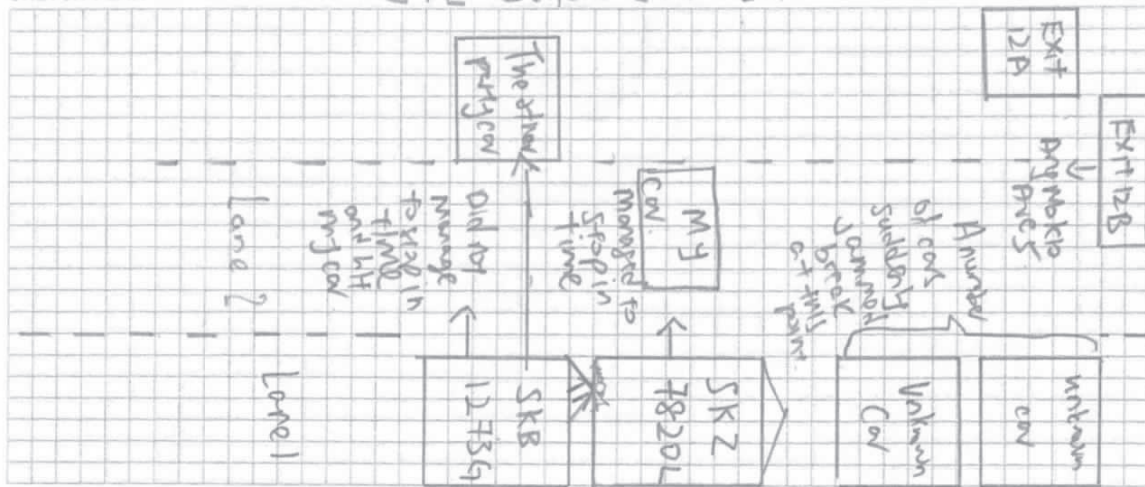
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

CTE Before Exit 12A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My wife and I were driving on CTE at around 12.50 - 12.55pm and in the midst of driving, the cars in front of us in lane 1 slowed down drastically. The car in front of us came to a stop. I managed to jam my brake in time to prevent my car from hitting the car in front. The car that was behind us (SKB 1273 G) could not stop in time and hit us at the back. There was an impact felt, can be described as medium to low. A lady driver was behind SKB 1273 G. Her name is Chng Nina (S8808836 J). She was alone in the car. In my car (SKZ 7820 L), there were 2 passengers - Driver: Chua Zihao (S89306623), Goh Peirol (S9140402 H). No one was injured at the time of accident. This accident happened along CTE, near Exit 12A (Ang Mo Kio Ave 3 exit) and Exit 12B (Ang Mo Kio Ave 5 exit).

FOR THIRD PARTY CLAIM

DECLARATION

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: 2/1/2018

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: