

## 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	03/02/2018 10:41
Date Of Accident	02/02/2018 15:05
Exact Location Of Accident	AYE - MCE BEFORE CLEMEN TI EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ3302B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW WAI LOON
NRIC No	S8706836F
Email Address	WAILOON.CHEW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96861728
Alternative Phone No	OFFICE-96867128

### Vehicle Particulars

Manufacturer	BMW
Model	325I
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?	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	V8008749
Cover Note Number	

### Driver

Name of Driver	CHEW WAI LOON
NRIC No	S8706836F
Date Of Birth	19/02/1987
Occupation	INDOOR
Date Of Driving Pass	01/01/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96861728
Fax Number	
Contact Number	OFFICE-96867128
Email Address	WAILOON.CHEW@GMAIL.COM

Address

BLK759 CHOA CHU KANG NORTH 5 #08-151 S680759

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

Weather Conditions RAINING

Road Surface WET

### 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? NO

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) 1

### 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

REFER TO ATTACHED 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKB1979D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIEW KIAH HENG

NRIC/Passport Number S7700616H

Contact Number NA

Address NA

Postcode NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Accident Sketch Plan Pg. 1


### SKETCH PLAN


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5. Any false reporting may be referred to the Police for investigation.
6. 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.
7. 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)**

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:

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

# Accident Sketch Plan Pg. 1

## SKETCH PLAN

<p>AYE Towards MCE Before Clement. Exit II.</p>	<p>A A A B</p>	<p>A: SJQ3302B B: SKB1979D</p>
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## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/02/2018 at about 3:05 pm. I was  
travelling along AYE Towards MCE Before.  
Clement: Exit II. I was slowing down due  
to front traffic. Suddenly vehicle B  
hit my rear.

<p>Great Eastern SJQ 3302 B Date of Accident 2/2/18</p>	<p><input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim <input checked="" type="checkbox"/> Other Workshop Fastech</p>
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<p><input checked="" type="checkbox"/> Other Workshop <input checked="" type="checkbox"/> Third Party Claim <input checked="" type="checkbox"/> Own Damage Claim <input type="checkbox"/> Reporting Only</p>	<p>Vehicle No. Date of Incident Insurance Co.</p>
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## 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: 3/02/18  
922 AM

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

# POLICE REPORT FOR LOST DL Pg. 1



**SINGAPORE  
POLICE FORCE**



A/20180202/2120

1 of 2

Report No. A/20180202/2120

## POLICE REPORT (NP322)

Police Station Of Origin  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

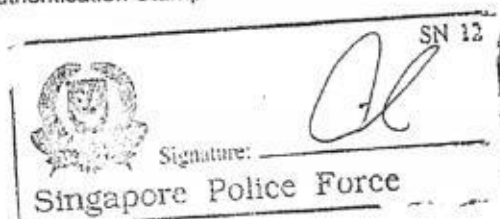
Date/Time Report Made 02/02/2018 18:03	Vide Report No.	Station Diary No. 171
Name Of Informant CHEW WAI LOON	Address APT BLK 759 CHOA CHU KANG NORTH 5 #08-151 SINGAPORE 680759	
ID Type / ID No. NRIC NO / S8706836F	Contact No. Home/Office	Mobile 96867128
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Sales and marketing manager	Sex Male	Age 30
Institution/School Name	Date of Birth 19/02/1987	Race Chinese
Date/Time Of Incident 02/02/2018 15:00	Location Of Incident 3 GATEWAY DRIVE WESTGATE SINGAPORE 608532	

### Brief details.

On the above mentioned date, time and location, I discovered that the below mentioned item was no longer in my possession. I made a check but to no avail. I do not remember the exact location where I lost the said item.

I wish to state that I passed my driving test in the month of January 2009.

Property Information	
Signature Of Officer Recording The Report A / Sgt 2 ONG CINDY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/02/2018 18:03
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / ASP CAI ZHIHENG Contact No.: 62240000	Classification Of Case:
Authentication Stamp	FUPO hotline number: 68429645



## POLICE REPORT FOR LOST DL Pg. 1



**SINGAPORE  
POLICE FORCE**



A/20180202/2120

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. A/20180202/2120

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence		S870683 6F	1		ONE SINGAPORE DRIVING LICENCE BEARING S8706836F

Signature Of Officer Recording The Report:

A / Sgt 2 ONG CINDY

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
A / Central Police Divisional Investigation Branch /  
ASP CAI ZHIHENG  
Contact No.: 62240000

Authentication Stamp

Signature Of Informant:

Date/Time:

02/02/2018 18:03

Classification Of Case:

FUPO hotline number: 68429645