## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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.

- 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.	2 MI	
The second secon	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 CLEMEMTI EXIT	
Country/State of Loss	SINGAPORE	
Country/State of Loss	DETAILS OF OWN VEHICLE	
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Country/State of Edds		
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ3302B	
Insured/Policyholder		A DESCRIPTION OF THE RESIDENCE OF THE RE
Name Of Registered Owner	CHEW WAI LOON	
NRIC No	S8706836F	
Email Address	WAILOON.CHEW@GMAIL.COM	

Elliali Address	# 00411 OF 00004700
Mobile Phone No	(LOCAL) +65-96861728
	OFFICE-96867128
Alternative Phone No	OTTIOE GOOD TE

Vehicle Particulars	
Manufacturer	BMW
Manuacture	

Manufacturer	100000000
Model	3251
Exact Purpose for which vehicle was being used	at

time of accident	
Are you claiming under your own insurance policy	NO

for repair to your vehicle?	
If No, Please state action to be taken	THIRD PARTY
	PRIVATE CAR
Vehicle Category	

Insurance Company	
Illisurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Name of Insurance Company	GREAT EASTERN CENTER TO THE

The state of the s	COMPDEHENSIVE
Type Of Coverage	COMPREHENSIVE
	NO
Fleet Policy	

i legg i olioj	1/0000740
Policy Number	V8008749

Cover Note Number	
Driver	<b>公共国建设部署第10000000</b>
Name of Deliver	CHEW WAI LOON

Name of Driver	CHEW WAI LOOK
NRIC No	S8706836F
Date Of Birth	19/02/1987
Occupation	INDOOR
Date Of Driving Pass	01/01/2009
Date Of Diffing	

Date Of Dilving 1 des	The state of the s
	9 YEARS AND 1 MONTH
Driving Experience	

MALE Gender (LOCAL) +65-96861728

Mobile Number Fax Number

OFFICE-96867128 Contact Number WAILOON.CHEW@GMAIL.COM EMail Address

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?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

NO

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)

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 NA

Postcode

NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 30

### Accident Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
  - (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
- 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.
- 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.
- 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

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## POLICE REPORT FOR LOST DL Pg. 1





Report No. A/20180202/2120

### POLICE REPORT (NP322)

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

Date/Time Report Made 02/02/2018 18:03	Vide Rep	Vide Report No.			
Name Of Informant CHEW WAI LOON	Address  APT BLK 759 CHOA CHU KANG NO SINGAPORE 680759			ORTH 5 #08-151	
ID Type / ID No. NRIC NO / \$8706836F	Contact No. Home/Office		Mobile 96867128		
Nationality SINGAPORE CITIZEN	Email Ad	dress		-	
Occupation Sales and marketing manager	Sex Male	Age 30	Date of Birth 19/02/1987	Race Chinese	
Institution/School Name	Language				
Date/Time Of Incident 02/02/2018 15:00	Location Of Incident 3 GATEWAY DRIVE WESTGATE SINGAPORE 6085				

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 Informant:
Signature Of Officer Recording The Report	Signature of informant.
A / Sgt 2 ONG CINDY	X
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
Singapore Police Force	

## POLICE REPORT FOR LOST DL Pg. 1





POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. A/20180202/2120

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

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

0

FUPO hotline number: 68429645

Signature Of Informant: