### 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 <u>truthful and accurate</u> 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 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

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|--|--|
|  | ACCIDENT STATEMENT   |
| Date Of Report   | 19/03/2018 16:28   |
| Date Of Accident   | 19/03/2018 08:45   |
| Exact Location Of Accident   | SELEGIE ROAD   |
| Country/State of Loss  | SINGAPORE  |
|  | DETAILS OF OWN VEHICLE   |
| Vehicle Registration Number  | PA9151T  |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | LET'S GO LIMO  |
| Co Reg No  | 53125419D  |
| Email Address  | DCASH.DK@GMAIL.COM   |
| Mobile Phone No  |  |
| Alternative Phone No   | OFFICE-NOPHONE   |
| Vehicle Particulars  |  |
| Manufacturer   | TOYOTA   |
| Model  | HIACE-3.0 D HIGH-ROOF 14 SEATER (A)  |
| Exact Purpose for which vehicle was being used at time of accident           | t .  |
| 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   | GOODS VEHICLE  |
| Insurance Company  |  |
| Name of Insurance Company  | ALLIED WORLD ASSURANCE COMPANY, LTD  |
| Type Of Coverage   | COMPREHENSIVE  |
| Fleet Policy   | NO   |
| Policy Number  | BVBPSB0005061701   |
| Cover Note Number  |  |
| Driver   |  |

Name of Driver KOH KENG CHENG

NRIC No S1482060D

Date Of Birth 22/05/1961

Occupation OUTDOOR

Date Of Driving Pass 28/07/1981

Driving Experience 36 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94872477

Fax Number
Contact Number

EMail Address DCASH.DK@GMAIL.COM

Address BLK 311 UBI AVE 1 #02-375

Postcode 40031

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 SIDE SWIPE
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?

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 1

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

### **Circumstances of Accident**

While I travelling along Selegie Road, Suddenly vehicle B cut into my lane and collided with my vehicle.

### Attachment(s)

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

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJS691L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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### **Sketch Plan**

|               | Veh A:<br>Veh B: |        |       | -     |             |          |        |          |          |         |       |         |          |         |        |      |
|---------------|------------------|--------|-------|-------|-------------|----------|--------|----------|----------|---------|-------|---------|----------|---------|--------|------|
|               |                  |        |       |       |             |          |        |          |          |         |       |         |          |         |        |      |
| While<br>and  | 1 travelt        | ing al | ith   | Sele  | gie<br>Vehi | Road     | Ţ      | Sudd     | enly     | Vehi    | cle   | В       | Cut      | (nto    | my     | lane |
|               |                  |        |       |       |             |          |        |          |          |         |       |         |          |         |        |      |
|               |                  |        |       |       |             |          |        |          |          |         |       |         |          |         |        |      |
|               |                  |        |       |       |             |          |        |          |          |         |       |         |          |         |        |      |
|               |                  |        |       |       |             |          |        |          |          |         |       |         |          |         |        |      |
|               |                  |        |       |       |             |          |        |          |          |         |       |         |          |         |        |      |
|               |                  |        |       |       |             |          |        |          |          |         |       |         |          |         |        |      |
|               |                  |        |       |       |             |          |        |          |          |         |       |         |          |         |        |      |
| MPORT         | ANT NOT          | E      |       |       |             |          |        |          |          |         |       |         |          |         |        |      |
| Detel Provide | eneral Co        |        | - Cor | nduct | of Cla      | im of th | ne Mot | or Polic | y, you l | have to | decid | de with | nin 21 d | lays of | occurr | ence |
|               | very of dan      |        |       |       |             |          |        |          |          |         |       |         |          |         |        |      |

LET'S GO LIMO
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

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#### Sketch Plan #2

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Mangement Centre establised 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 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' law yers/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;

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- (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 w ith applicable law in administering, processing, handling and/or dealing w ith 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.

| LEPS GO LIMO                           |                          | u  | -1 |    |                     |   |  |  |  |
|--|--------------------------|----|----|----|---------------------|---|--|--|--|
| Policyholder's Signature / Date & Time | Driver's Signa<br>& Time |    |    |    | olicyholder) / Date | Witnessed by Reporting Centre Personnel |  |  |  |
| Sketch Plan                            | & 1 me                   | 19 | 3  | 18 | 1540 hrs.           |   |  |  |  |
| Veh A: PA 9151T                        |                          | Н  |    |    |                     |   |  |  |  |
| Volumes SJS 691 L                      |                          | Н  |    |    |                     |   |  |  |  |
|  |                          | Ш  |    |    |                     | (Bus stop )                             |  |  |  |
|  |                          | Ш  |    |    |                     |   |  |  |  |
|  |                          | Ш  |    |    |                     |   |  |  |  |
|  |                          | Ш  | 1  |    | Sal                 | egia Rd                                 |  |  |  |
|  |                          |    | İ  |    |                     |   |  |  |  |
|  |                          |    | 1  |    |                     |   |  |  |  |
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### Nric & Driving Licence Pg. 1





































