

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	13/04/2018 14:05
Date Of Accident	13/04/2018 09:10
Exact Location Of Accident	ALONG TPE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2924S
Insured/Policyholder	
Name Of Registered Owner	TEO YUN QUAN BRYAN-MARK
NRIC No	S8538681F
Email Address	BRYANMARKTEOYUNQUAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96276358
Alternative Phone No	OFFICE-96276358
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.5 TURBO VTI-S SR (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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-V0102232-VDP
Cover Note Number	
Driver	
Name of Driver	TEO YUN QUAN BRYAN-MARK
NRIC No	S8538681F
Date Of Birth	27/12/1985
Occupation	INDOOR
Date Of Driving Pass	18/02/2005
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96276358
Fax Number	
Contact Number	OFFICE-96276358
EMail Address	BRYANMARKTEOYUNQUAN@GMAIL.COM

Address BLK 308B PUNGGOL WALK #08-376
 Postcode S822308
 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 CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 2
 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) 2
 Passenger 1 NAME: : VANESSA LIM
 GENDER: : FEMALE

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

PLEASE REFER TO REPORT ATTACHED.

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 SJP2280S
 Vehicle Make/Model/Colour NA
 Details Of Properties NA
 Vehicle Category PRIVATE CAR
 Name of Driver TAY QING MEI EVELYN
 NRIC/Passport Number S8619263B
 Contact Number 82228851
 Address NA
 NA
 Postcode NA
 Insurance Company Name
 Nature Of Damage NA
 No. Of Passenger (Including Driver)

Accident Sketch Plan

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: 13/4/18

1:33pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/4/18

1:33pm

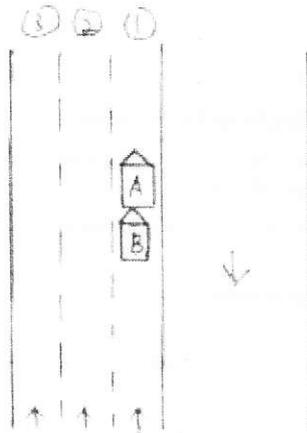
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN



(A) SLG 2924S

(B) SJP 2280S

Along TPE Towards Changi

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13-04-2018 @ about 9:10hrs. I was driving my car (SLG 2924S) along TPE Towards Changi in right most lane with a passenger. Vehicle in front of me has stopped so I slow down and stop too. After a while I felt an impact from behind and when I came out inspect my car I realized that vehicle B (SJP 2280S) did not stop in time and collided onto rear portion of my car. Hence I hereby lodge this report to claim against vehicle B (SJP 2280S)'s insurance for my accident damages. My ^{passenger} will go to see doctor if any uncomfortable after this.

Insurance Co. <u>Great-Eastern</u>
Vehicle No. <u>SLG 2924S</u> Date of Accident <u>13/04/2018</u>
<input type="checkbox"/> Reporting Only
<input type="checkbox"/> Case Damage Claim
<input checked="" type="checkbox"/> Third Party Claim

Workshop Avance Auto Service

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 13/4/18
1:35 P

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/4/18
1:38 P

Reporting Centre Personnel's Signature
Name:
NRIC/INN: