SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/06/2018 19:09
Date Of Accident	19/06/2018 19:00
Exact Location Of Accident	AMK CENTRAL 2 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT6632B
Insured/Policyholder	
Name Of Registered Owner	SPARCO PAINTS(S) PTE LTD
Co Reg No	198402484H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA COROLLA ALTIS 1.6L CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20181101
Driver	
Name of Driver	TAN CHOH KHENG
NRIC No	S0111915Z
Date Of Birth	28/08/1948
Occupation	INDOOR
Date Of Driving Pass	11/12/1970
Driving Experience	47 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96480941
Fax Number	
Contact Number	OFFICE-96480941

NOEMAIL

Address BLK 93 GEYLANG BAHRU

#13-3074

Postcode 330093

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 2
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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

2

GENDER: : MALE

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

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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 SGU6269J

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)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. Any firls reporting provide referred to the Police for investigation.
- The report will be forwarded by the insurers of the GSA Records Management Conne established by the General Insurance Association of Emperore (GSA) for attinuing and that copies of this report will for a fee by made evaluate upon application by insurested parties.
- By the lodgment of this report to the insurers, you hareby consent to the archiving of this report at the controlled to copies of the expect being made available aforecast.
- I. Consont under the Pertonal Data Protection Act (PDPA)

Lundvertans, acknowledge, agree and correct that:

- (a) My insuler, my workshop and the General Interacts, Association of Singapore ("GIA") may/are permitted to collect, use, gluciuse and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or postessed 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 socioent (all insurer(s) who have insured vehicle(s) involved in this socioent (all insurer(s) who have insured vehicle(s) involved in this socioent (all insurer(s) who have insured vehicle(s) involved in this socioent (all insurer(s) who have insured vehicle(s) involved in this socioent deal De 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)
 - processing, handling ordifor dealing with my claims including the artifement of the claims and any necessary levestigations relating to the claims;
 - in Finnestigating the accident and/or my dainus
 - pin) carming out and/or desiling with my instructions or responding to any enquiries by may
 - (iii) administering my claums (including the making of correspondence, statements, invokes, reports or notizes to me, which could invoke disclassing of certain paramal data about me to bring about delivery of the same as well as an the external cores of coverage and packages); and/or
 - (v) consolving with applicable law in establishming processing, handling and/or dealing with my claims (collectively the "Purposes")
- (1) of instruction who have trained vehic of the involved in this accident and the instruct of lawyers flaw firms, may/are particled to eafler, und, disclaim and/or process my Parsonal information for one or more of the above Purpose; and
- 11 my Paramot instantists may fee be disclosed by any of the Invitors and for GIA to shell third party service providers or agents (notice) by their temperal aw firms), which may be steed outside of Singapore, for one or more of the above Purposes.
- (a) Invitational information will also be collected one set of the compile duties history for the purpose of fraud Setection, injurising tion and management in present and all fature deline.
- (a) the information so reflected under (d) above day be shared / Caclassia.
 - (i) to all insurers and/or any other third parties that essist in evaluating, investigating, controlling or managing fraud, regulators, few enforcement and government against as reasonably required for the purposes stated, or
 - (ii) for earnalying with requirements under any regulations, laws as court orders.

Foreigners Sprawe

Driver's Signiture (If driver is not the oplity/tolder) Date & Time: Reparting Centre Personner's Name: HRIC/FIN No.:

STREET,

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Accident Sketch Plan

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