

## 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	25/06/2018 17:07
Date Of Accident	25/06/2018 09:30
Exact Location Of Accident	BKE TOWARD PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	ET9933J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACCORD MOTOR ENTERPRISE
Co Reg No	53135646M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93239933
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E350 COUPE-3.5 (A)
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	BVWTSB0002371802
Cover Note Number	

### Driver

Name of Driver	ONG HENG JOO
NRIC No	S7806013A
Date Of Birth	04/03/1978
Occupation	INDOOR
Date Of Driving Pass	24/01/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93239933
Fax Number	
Contact Number	
EMail Address	ONGHENGJOO@YAHOO.COM.SG

Address	BLK 884 UPPER BUKIT TIMAH ROAD #07-11
Postcode	678183
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	CHAIN COLLISION
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?	
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

Please Refer Sketch Plan

#### 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	SGY9819G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96468965
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBB6032J
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number 83490570

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

Veh A: ET9933J

Veh B: SGY 98196

Veh C: FBB 6032J

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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.

ACCORD MOTOR ENTERPRISE  
170, Upper Bukit Timah Road  
#06-01 Bukit Timah Shopping Centre  
Singapore 588170

Policyholder's Signature

Date & Time

25/06/18  
2.20pm

Driver's Signature

(if driver is not the policyholder)

Date & Time

25/06/18  
2.20pm

Reporting Centre Personnel's Signature

Name:

NRIC / Fin No.:

## Sketch Plan #2

### SKETCH PLAN

Veh A: ET 9433 J  
 Veh B: 86Y 9819 G  
 Veh C: FBB 6032 J

BKE Viaduct To PIE

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While travelling at the Viaduct toward PIE I noticed Vehicle C which was in front of me lost his balance. I slow down my speed in order to avoid hitting him. Sec later, Vehicle C fell and skidded & I braked my car to a complete stop. In order to protect him, I stopped my car behind him with some distance. However Vehicle B which was behind me can't stop in time and hit onto my rear, the impact was huge that that my car dashed forward and hit the bike which was on the floor.

### IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

### DECLARATION

(We declare the foregoing particulars are true in every respect.)

**ACCORD MOTOR ENTERPRISE**  
 170, Upper Bukit Timah Road  
 #09-01 Bukit Timah Shopping Centre  
 Singapore 59179

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: